**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>
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<tbody>
<tr>
<td>1</td>
<td>Welcome and Apologies for Absence: Simmy Akhtar (Healthwatch)</td>
<td>Verbal</td>
<td>To Note</td>
<td>RC 1.30pm</td>
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<td>2</td>
<td>Declarations of Interest</td>
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<td></td>
<td>In accordance with Standing Order 7.3.2 (i) members and non-members are asked to declare interests which are relevant and material to this meeting</td>
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<td>3</td>
<td>Confirmation of Quoracy (following consideration of interests declared pertaining to the agenda)</td>
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<td>4</td>
<td>Minutes from previous meeting held on 7th June 2016 Action List and Matters Arising Minutes from the Stoke-on-Trent CCG Annual General Meeting held on the 28th June 2016 Dr Ruth Chambers, CCG Chair</td>
<td>Enc 4.1 Enc 4.2 Enc 4.3</td>
<td>To Note / Decision</td>
<td>RC 1.30pm (5 mins)</td>
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<td>5</td>
<td>Strategic</td>
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<td>1.30</td>
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<tr>
<td>5.1</td>
<td>Chair’s Address Dr Ruth Chambers, CCG Chair</td>
<td>Enc 5.1</td>
<td>To Note</td>
<td>RC 1.35pm (10 mins)</td>
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<tr>
<td>5.2</td>
<td>Clinical Accountable Officer’s Report • Planning Committee Chair’s Report • Organisational Development Committee Report Dr Andrew Bartlam, CCG Clinical Accountable Officer</td>
<td>Enc 5.2</td>
<td>To Note / Decision</td>
<td>AB 1.45pm (10 mins)</td>
</tr>
<tr>
<td>5.3</td>
<td>The Sustainability and Transformation Plans Update John MacDonald, Independent Chair Of The Staffordshire Transformation Programme</td>
<td>Verbal</td>
<td>To Note</td>
<td>JM 1.55pm (15 mins)</td>
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<td>6</td>
<td>Quality</td>
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<td>6.1</td>
<td>Quality and Performance Report Lorraine Cook, Head of Quality</td>
<td>Enc 6.1</td>
<td>To Note</td>
<td>LC 2.10pm (10 mins)</td>
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<td>7</td>
<td>Finance</td>
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<tr>
<td>7.1</td>
<td>Finance Report Iain Stoddart, Chief Finance Officer</td>
<td>Enc 7.1</td>
<td>To Note</td>
<td>IS 2.20pm (10 mins)</td>
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<td>8</td>
<td>Governance</td>
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| 8.1 | Audit Committee Chair’s Report Meeting in Common with North Staffordshire CCG held on 19th July 2016  
John Howard, Chair of the Audit Committee and CCG Lay Member Governance | Enc 8.1 | To Note / Decision |
| 8.2 | Risk Register  
Lisa Taylor, Governance Manager | Enc 8.2 | To Note |

<table>
<thead>
<tr>
<th>9</th>
<th>Assurance</th>
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| 9.1 | Governing Body Assurance Report  
CCG Clinical Accountable Officer / Clinical Directors | Enc 9.1 | To Note |
| 9.2 | Patient and Public Engagement / Patient Congress Update  
Sally Parkin, Director Partnerships and Engagement  
Margy Woodhead, CCG Lay Member - PPI | Enc 9.3 | To Note |

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<thead>
<tr>
<th>10</th>
<th>Any Other Business</th>
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<tbody>
<tr>
<td>❖ Questions from the Public</td>
<td>Verbal</td>
<td>Information</td>
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<tr>
<td>❖ Any other key issues</td>
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<td>❖ Committee Effectiveness</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 4th October 2016</td>
<td>1.30pm</td>
<td>Smithfield 1</td>
<td>RC</td>
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### Agenda Item 4.1

Minutes of the Public Meeting of Stoke-on-Trent Clinical Commissioning Group Governing Body
Held on Tuesday 7th June 2016 at 1.30pm – 4.00pm
The Minton Room, Stoke-on-Trent CCG, Herbert Minton Building, 79 London Road, Stoke-on-Trent
UNCONFIRMED MINUTES

<table>
<thead>
<tr>
<th>Present:</th>
<th>Member Role</th>
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<tbody>
<tr>
<td>Dr Ruth Chambers OBE</td>
<td>CCG Chair (Meeting Chair)</td>
</tr>
<tr>
<td>Dr Andrew Bartlam</td>
<td>CCG Clinical Accountable Officer</td>
</tr>
<tr>
<td>Margy Woodhead</td>
<td>CCG Lay Member – Patient and Public Involvement</td>
</tr>
<tr>
<td>Dr Steve Fawcett</td>
<td>CCG Clinical Director, Acute Services</td>
</tr>
<tr>
<td>Dr Waheed Abbasi</td>
<td>CCG Clinical Director, Mental Health &amp; Specialist Groups</td>
</tr>
<tr>
<td>John Howard</td>
<td>CCG Lay Member – Governance</td>
</tr>
<tr>
<td>Cheryl Hardisty</td>
<td>CCG Director of Commissioning</td>
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<table>
<thead>
<tr>
<th>In attendance</th>
<th>Member Role</th>
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<tbody>
<tr>
<td>Rachel Barker</td>
<td>CCG Executive Assistant</td>
</tr>
<tr>
<td>Lisa Taylor</td>
<td>CCG Quality and Governance Manager</td>
</tr>
<tr>
<td>Alistair Mulvey</td>
<td>CCG Interim Turnaround Director</td>
</tr>
<tr>
<td>Dr John Gibby</td>
<td>CCG Locality Lead GP</td>
</tr>
<tr>
<td>Jane Tipping</td>
<td>CCG Head of Planning and Strategy</td>
</tr>
<tr>
<td>Lorraine Cook</td>
<td>CCG Head of Quality</td>
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<tr>
<td>Sarah Thirlwall</td>
<td>CSU Communications Manager</td>
</tr>
<tr>
<td>Emma Sutton (Item 9.2)</td>
<td>CCG Clinical Director Primary Care</td>
</tr>
<tr>
<td>Sarah Blenkinsop (Item 9.2)</td>
<td>Head of Commissioning Primary Care</td>
</tr>
<tr>
<td>Dave Rushton</td>
<td>Healthwatch Engagement Officer Stoke-on-Trent</td>
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<tr>
<th>Apologies:</th>
<th>Member Role</th>
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</thead>
<tbody>
<tr>
<td>Sandra Chadwick</td>
<td>CCG Chief Operating Officer</td>
</tr>
<tr>
<td>Iain Stoddart</td>
<td>CCG Chief Financial Officer</td>
</tr>
<tr>
<td>Jayne Downey</td>
<td>CCG Director of Nursing and Quality</td>
</tr>
<tr>
<td>Noreen Dowd</td>
<td>CCG Interim Director of Strategy, Planning and Performance</td>
</tr>
<tr>
<td>Dr Simon Mellor</td>
<td>CCG Secondary Care Doctor</td>
</tr>
<tr>
<td>Zara Jones</td>
<td>Director of Director of Strategy, Planning and Performance</td>
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<tr>
<td>Dr Harald Van Der Linden</td>
<td>LMC Secretary</td>
</tr>
<tr>
<td>Louise Rees</td>
<td>Chief Operating Officer Commissioning and Procurement Stoke City Council</td>
</tr>
<tr>
<td>Zafar Iqbal</td>
<td>Public Health Director</td>
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<th>Members of the Public:</th>
<th>Member Role</th>
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<tbody>
<tr>
<td>Dave Blackhurst</td>
<td>Member of the Press – The Sentinel</td>
</tr>
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5 Members of the Public in attendance

### Action

1. **Chairman's Introduction, Welcome and Apologies**
   
   RC welcomed members to the Governing Body meeting.
   
   Apologies of absence were noted as above.

2. **Members' Declaration of Interest**
   
   There were no additional Declaration of Interests declared.
   
   The Declaration of Interest Register was available for review at the meeting.

3. **Confirmation of Quoracy**
   
   The meeting was confirmed as quorate.

4. **Minutes from previous meeting held on 5th April 2016**

The minutes of the meeting held on the 5th April 2016 were **noted** and **agreed** as a true and accurate record of the meeting.

### 5.1 Chair’s Address

RC presented the report to provide an address to the meeting of Stoke-on-Trent Clinical Commissioning Group Governing Body. Details as follows:

RC thanked all of the teams both within the CCG and the frontline staff across the health economy for their continued hard work.

**Collaborative Working**

RC highlighted the co-location of Stoke-on-Trent and North Staffordshire CCGs to shared premises in Smithfield 1, Hanley. Advanced negotiations were underway with the City Council, which if successfully concluded over the next few weeks would mean a move to the new premises in late summer.

RC reiterated that whilst the executive, clinical and managerial workforce and committee structures would be shared by both CCGs this was not a merger. Both CCGs would remain as individual sovereign bodies with their own Governing Bodies.

**Executive Staffing**

RC advised that Zara Jones had been appointed as the Director of Strategy, Planning and Performance and commenced in post from 6th June 2016, Noreen Dowd had continued in the role of Interim Director of Strategy, Planning and Performance to hand over her portfolio and ensure a smooth transition for Zara. The Governing Body welcomed Zara and thanked Noreen for her continued support to the CCGs.

RC confirmed that following the Management of Change process Dr John Gilby had been recruited as Clinical Director of Primary Care and would commence in post from 1st August 2016 as a member of the single executive team for Stoke-on-Trent and North Staffordshire CCG, and a voting member of the Stoke-on-Trent CCG Governing Body. The Governing Body welcomed Dr Gilby to the meeting.

**Patient Transport Service (PTS)**

RC advised that over the last few months commissioners in Staffordshire from all six Clinical Commissioning Groups and Staffordshire and Stoke-on-Trent Partnership Trust have worked together to re-procure the Non-emergency Patient Transport service for the county as the existing PTS contract is due to terminate on the 31st July 2016. The evaluation of the tenders is now complete and the preferred bidder has been ratified by the relevant Bodies/ Committees. Bidders have now been notified of the outcome of the evaluation and E-zec Medical Transport Service has been chosen as the new provider of Non-Emergency Patient Transport Services across Staffordshire. The contract will be for a period of three (3) years with an optional one year extension. Commissioners in Staffordshire and E-zec have entered into the mobilisation stage of the contract and have a service commencement date of the 1st August 2016 with some south Staffordshire elements of the service going live on 1st October 2016.

Patients can be assured that they will not need to do anything when the change of provider happens, and they will continue to receive continuity of service.

**Individual Funding Requests**

RC highlighted that during 2015/16 the CCG considered 44 potential Individual Funding Requests (IFR) requests; the majority of the requests were received from the GP (37).. Of these requests, 38 were declined at initial review as the patients did not have clinical exceptionality as stated in the application, 2 met the criteria and 4 were referred to the screening panel for review.

Following screening, three were not considered to be an IFR as they had no evidence of clinical exceptionality or were considered to be a service development and 1 was referred to the IFR Panel. The 1 case reviewed by the IFR panel was approved. The request was for dermatology / rheumatology drugs at...
Agenda Item 4.1

Annual General Meeting
RC highlighted that the CCG Annual General Meeting would be held on the 28th June 2016 at The Kings Hall, Stoke-on-Trent between 10am and 12pm and that members of the press and public were invited.

Healthwatch
RC welcomed Dave Rushton to the meeting in his capacity of Healthwatch Manager Stoke-on-Trent following the recent resignation of Val Lewis.

The Governing Body duly received and noted the Chair’s Report.

5.2 Clinical Accountable Officer’s Report

AB presented the report to provide the Governing Body with an update of issues and items of business discussed at sub-committees of the Governing Body. Details as follows:

**DIRECTION**

Pan Staffordshire Transformation Programme – ‘Together We’re Better’
AB advised that the Staffordshire Sustainability and Transformation Plan (STP) short return was submitted to NHS England on 15th April 2016 and that the full plan will be submitted at the end of June 2016. The STP was on a Staffordshire and Stoke-on-Trent footprint and being led by the ‘Together We’re Better’ transformation programme.

**DELIVERY**

**A&E**
AB advised that the A&E performance was still not achieving the 95% target and that all contractual processes were being followed. There was a need to work together in order to drive change through the system and a lot of positive work was being undertaken to try and turn the performance around. The 12 Hour Trolley Breach Standard (zero tolerance) was breached 88 times between April 2015 and March 2016 and although this was above the target this was an improvement on the previous year.

Referral to Treatment (RTT)
Both 18 Weeks and Cancer RTT performance remained areas of concern. The focus for 18 Weeks RTT is on incomplete pathways, an improvement plan is in place, with a number of key actions and an improvement trajectory to achieve the target. The CCGs continued to work with University Hospitals North Midlands (UHNM) and other providers to ensure that this was successfully implemented and delivered the required improvements.

Better Care Fund (BCF)
AB advised that the Stoke-on-Trent BCF Plan was submitted on 3rd May in accordance with national deadlines. Ongoing discussions between system leaders and the Regional Better Care Fund (BCF) Support Team are continuing to seek to resolve the funding gap. AB highlighted the positive working relationships between the CCG and the Local Authority and the feedback from the meeting that had taken place earlier that morning, which recognised the collaborative working but had reiterated that there was no new money available, and the CCG and the Local Authority would need to address the funding gap.

**DEVELOPMENT**

**Policies**
Excluded and Restricted Procedures
The purpose of the Commissioning Policy (which replaced the current policy on Exclusions and Restrictions) was to clarify the commissioning intentions of the CCGs in North Staffordshire and Stoke-on-Trent. The intention was to harmonise the policy with the revised policies of the CCGs in the south of Staffordshire, and wider afield to ensure that the money was spent on the services with the most benefit to patients. The revisions are the outcome of discussions with the CCGs in South Staffordshire, the
clinical reference group for the Staffordshire Prioritised List, and meetings with clinical directors at UHNM. The changes within the policy were listed on pages 2 - 4 of the policy.

The Governing Body duly ratified the Excluded and Restricted Procedures Policy.

**Commissioning Policy for Quality in Medicines Optimisation**
The policy had been reviewed and updated in line with changes to the high cost drugs commissioning process in liaison with the contracting team.

**Commissioning Policy for the Funding of PbR Excluded Medicines**
The policy had been reviewed and updated to reflect the minor amendments to organisational name changes.

**Non Medical Prescribing (NMP) Policy**
This policy has been reviewed to form a joint policy across Stoke-on-Trent and North Staffordshire CCGs with other minor amendments.

**Primary Care Rebate Policy**
This policy has been reviewed to form a joint policy across Stoke-on-Trent and North Staffordshire CCGs.

AB advised that the policies had been reviewed by the Joint Medicines Optimisation Committee, prior to approval by Planning Committee. The Governing Body duly ratified the Medicines Optimisation Policies.

**The Planning Committee**

**Stoke-on-Trent Lifestyle Service – Future Commissioning Intentions**
A proposal was presented to refocus the Lifestyle Service on targeting patients with high risk of CVD and those with existing CVD, respiratory disease and diabetes and other local priorities such as patients with severe and enduring mental health conditions and chronic depression. This will be achieved through a change to the current referral criteria.

**Pan Staffordshire Update (Case for Change)**
Following the submission of the Pan Staffordshire Case for Change, a Healthcare Transformation Board has been established, chaired by John MacDonald. Penny Harris has also commenced in role as the Programme Director.

**Clinical Prioritisation Advisory Group (CPAG) Terms of Reference**
The proposed changes to the Terms of Reference for the merged Clinical Prioritisation Advisory Group (CPAG) were presented to the Committee.

**Fast Track Care Home Procurement - Outcome**
The CCGs have recently concluded the procurement process for Home Care provision to support discharge from acute and community hospitals, for patients eligible for fast track Combined Health Care (CHC) funding and therefore End of Life. The pilot is to test contracting with the provider in a different and more cost efficient way to that currently. Three bids were received and a robust evaluation undertaken.

**Organisational Development (OD) Committee**

**Equality Delivery System (EDS) and Workforce Race Equality Standard (WRES)**
The Committee were advised that an Easy Read document had been produced following 27 October 2015 Equality Delivery System second joint CCG annual public grading event. The Specific Equality Duty requires key equality publications to be easily accessible by the public. The Easy Read version is available on both CCG websites and was produced by a learning disability led organisation and links closely with requirements of the Accessible Information Standard (AIS) mandated by NHS England.
The Committee were advised that by 31st July 2016, health and social care organisations must be fully compliant with all aspects of the AIS, which required CCGs and their provider partners to take a number of milestone actions. The aim of the AIS was to ensure that people who have a disability, impairment or sensory loss receive information that they can access and understand, and any communication support that they require.

A discussion took place around (1) the Better Care Fund; (2) the impact of the Pan Staffordshire working on the capacity of the teams; (3) the need to ensure that the money is being spent in the right place; (4) the health inequalities in Stoke; and (5) the need to minimise duplication and synchronise systems across the system.

MW raised concerns around the lay representation at Pan Staffordshire meetings and the need for challenge of culture and behaviour. There is a need for clear governance, principles and vision. The patient voice needs to remain central.

AB advised that the Clinical Leaders Group remained central in the process; the Chair of the Group was also a member of the STP Board which provided the most appropriate link to patient care. It was agreed that an update report would be requested for the following meeting around prevention and early intervention from Public Health. **ACTION:** RB to include as an agenda item and request a report from ZI.

The Governing Body duly **noted** the Clinical Accountable Officer’s Report and **ratified** the decisions made at the Sub Committees and in particular **ratified** the changes to the policies detailed on pages 5-6 of the report and **noted** the changes to the Excluded and Restricted Policy as detailed on pages 2 -4 of Appendix 1 within the policy.

### 5.3 **Stoke-on-Trent and North Staffordshire CCGs’ Five Year Strategy**

JT presented the report for consideration and approval. Details as follows:

JT advised that (1) the Northern Staffordshire and Stoke-on-Trent Five Year Strategy was developed to bring together and align the strategic intentions for North Staffs and Stoke-on-Trent CCGs; (2) the overall approach reflects the need to move away from bed based care to community care closely linked to GP Practices, promoting healthier lifestyles and early intervention; (3) and the need to work as part of a collaborative system across Staffordshire, engaging with patients and the public to shape services that are needed and deliver improved outcomes; (3) the local health and care economy have developed a number of Strategies for specific programme areas including Primary Care, Urgent Care, Mental Health and Frail Elderly/Long Term Conditions; (4) the planning guidance required CCGs to deliver two separate but connected plans (i) a one year organisation based Operational plan; and (ii) a Five Year place based Sustainability and Transformation Plan (STP); (5) the STP will be done on a Staffordshire and Stoke-on-Trent footprint and is being led by the Together We’re Better transformation programme. The Strategy will form the basis of the CCGs contribution to the STP and therefore is limited in its financial and activity planning, focussed on the overall clinical model of care, setting out our agreed strategies and the importance of patient/public engagement and the quality and safety of the services the CCGs will commission.

MW raised concerns regarding the possible reduction in beds at Cheadle Hospital as it had been previously agreed that a public consultation would be undertaken prior to any decisions being made regarding beds, particularly in the South of the City. The wording within the report would need updating to honour the agreement. DR raised concerns around travel implications to patients and ease of access to services. **ACTION:** To discuss and update the wording to accurately reflect the consultation that would be required.

AB confirmed that a consultation would be required before any decisions were made but there was a need to move away from bed based care where this was in the best interests of the patients. JT advised
that as the plans developed more detail would be included.

JH raised concerns around (1) the risks of a Pan Staffordshire plan impacting on the Northern Plan; (2) the need for good governance and the lack of assurance in this area particularly in regards to decisions made outside of the CCG Committees; and (3) the need to ensure that this is right in order to move forward.

AB confirmed that the Chair and Director of the ‘Together We’re Better Programme’ would be meeting with the AOs to work through the detail.

The Stoke-on-Trent Governing Body duly considered and approved the Joint Five Year Strategy subject to the amendment to the wording around the closure of Cheadle Hospital.

### 5.4 Pan Staffordshire Wheelchair Procurement

CH presented the report to provide information regarding the procurement process for the ‘Staffordshire Wheelchair Service’ including timelines, engagement and governance process. Details as follows:

CH advised that the current wheelchair services (all ages) for both North and South Staffordshire are provided by Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) under separate contracts. South Staffordshire CCGs under procurement law are required to go out to tender for their service and it has been agreed that this would be an opportunity for a pan Staffordshire approach to procurement of wheelchair services. Notice of termination of service has been formally issued to SSOTP on the 18th February 2016 with the expectation that the service will terminate on the 8th January 2017. To ensure the mobilisation timeline is adhered to the CCGs will need to ensure that the contract award is no later than 23rd September. As this does not fit in with the scheduled Governing Body meetings, it was therefore requested that delegated authority be given to the Finance and Performance Committee and Planning Committee. An update report would then be presented to the following Governing Body meeting.

The Governing Body duly noted the process to date of the procurement process of the Wheelchair Service; noted the timeline detailed within the report, including the contract award date of no later than the 23rd September; noted that the Stoke-on-Trent CCG Governing Body meeting of 2nd August 2016 does not correspond with the procurement timescale and therefore approved delegated authority to the Joint Finance and Performance Committee on the 23rd August 2016, on behalf of the Governing Body; noted that a progress report on the procurement process, including engagement and specification will be received and reviewed at the Joint Planning Committee on the 12th July 2016, and noted that the outcome of the above will be reported to the next available Stoke-on-Trent Governing Body meeting on the 4th October 2016.

### 6 Quality Open Report

LC presented the report to support the delivery of the CCG vision of ensuring consistent high quality and safe care; and to provide assurance that the structures and processes are in place for sustaining and improving all three domains of quality; positive patient experience, safety and clinical effectiveness. Details as follows:

**Infection Prevention and Control**

Quality Committee members noted that the Clostridium difficile objectives for 2016/2017 had been published and the objectives for both acute provider trusts and CCGs remain unchanged for 2016/2017. Sanction implementation guidance has been issued which outlines that only the total of cases associated with lapses in care should be used as a basis upon which to apply contractual sanctions. Stoke-on-Trent CCG reported 112 CDI cases during 2015/2016 against a trajectory of 87.

Members received assurance on the forums established on a Staffordshire wide basis responsible for reviewing and refreshing the Health Economy Clostridium Difficile Recovery Plan.
Agenda Item 4.1

Care Quality Commission (CQC) Inspections
The CCG’s Primary Care Team have recently met with the CQC Inspector on the process and performance of the practices within the CCGs geographical areas.

North Staffordshire Combined Healthcare NHS Trust (NSCHT) CQC Quality Report
Members noted the Quality Summit held on the 16th March 2016. The Trust’s overarching action plan submitted to the CQC was discussed at the Clinical Quality Review meeting on the 29th April 2016 where the CCG agreed to work with the Trust to support them in implementing and evidencing implementation of the action plan. Progress will be reported to future meetings of the Quality Committee.

Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) CQC Inspection
Pan Staffordshire CCGs continue to monitor staffing levels and skill mix at SSOTP. The Trust continues to report to their Board that safe staffing has been maintained across the community hospital in patient wards and that there has been no patient safety incidents as a result of staffing. The Community Nursing Assurance Group, chaired by the Director of Nursing and Quality, receives a monthly breakdown of staffing and capacity in District Nursing Teams across the county. The Trust is continuing to proactively administer a programme of interviews for a variety of nursing vacancies and has commenced the international recruitment process and established strong links with Keele.

University Hospitals of North Midlands (UHNM)
Following the publication of the CQC Report in July 2015 the Trust developed an action plan to address all the recommendations of the report which has been monitored and discussed at the Clinical Quality Review meeting. Members noted that the Trust has met with the CQC one year after their initial inspection to review the progress UHNM have made with the actions within the improvement plan. The CQC were satisfied with the progress and raised no concerns. The Clinical Quality Review meeting continues to focus on seeking assurance that patients have not come to harm as a result of breaches of NHS Constitution targets e.g. long waits.

Patient Experience
The Quality Committee noted that there were 294 feedback contacts recorded in the quarter 4 (October – December) by the following methods: Soft Intelligence – patient based (118), PALS (83), Media (50), MP Letters (11) and Complaints (31).

Stoke-on-Trent CCG directly received 17 complaints; this in line when compared with the previous quarter (14). The services the complaints were about include: NSL Patient Transport (3), Royal Stoke (4) and a further 10 relating to separate services and all have differing themes.

The CCG is not aware of any complainants contacting the Parliamentary and Health Service Ombudsmen requesting an independent review of their complaints.

Healthwatch Stoke-on-Trent and Staffordshire Report
The Quality Committee received the first joint Healthwatch Stoke-on-Trent and Healthwatch Staffordshire quarterly report which contained a summary of ongoing and recently finished focussed pieces of work completed to assist the Quality Committee in triangulating its intelligence to assist the work of the committee.

CH requested that the detail of the Healthwatch work be shared with the Commissioning teams to allow them to triangulate the findings. It was agreed that DR would discuss with CH. ACTION: DR to update CH following the meeting.

The Governing Body duly received and noted the Quality Open Report

2016/17 Planning Update
AM presented the 2016/17 Planning update for information to update the Governing Body on the
Agenda Item 4.1

Audited 2015/16 outturn position and the planning position for 2016/17 as at 7th June 2016. Details as follows:

AM highlighted the key points (1) that the 2015/16 accounts were submitted on time; (2) a detailed review was undertaken at The Audit Committee 24th May 2016; (3) a “Clean Audit Opinion” had been given by the Auditors; (4) the CCG had an outturn surplus of £0.5m against a £3.7m planned surplus; (5) the control total was missed by £3.2m; (6) the shortfall against the plan control total would be addressed in the coming financial periods; (7) a tighter financial regime was required for 2016/17; and (8) that there would need to be higher level scrutiny of monthly reporting through the CCG Committees.

A discussion took place around (1) the Better Care Fund; (2) the outcome of the SSOTP arbitration; (3) the risk around UHNM and the possible impact in the following year; (4) how the risks are managed through the CCG; (5) QIPP and the need for increased transformational rather than transactional schemes; (6) that the STP would not deliver in-year savings. ACTION: To include detail of the UHNM position and impact in the next report.

JH highlighted the need for timely reports to be provided to the Governing Body to ensure that they were sighted on the issues at the earliest opportunity, noting that the Internal Audit Report had been critical around the disconnect of QIPP and the need to invest in the infrastructure to ensure that there is strong transference of skills following the end dates of temporary contracts.

MW raised concerns around the competing asks from NHS England.

AM advised that internal progress had been made and that there had been investment in additional capacity but that the CCG would need to use the resource efficiently due to the competing priorities. The Finance Recovery Group and Finance and Performance Committee were sighted on the detail of all issues.

CH stressed the need for the PMO function to not work in isolation as the only way to deliver successfully was to work inclusively and smarter.

RC thanked MA for his continued hard work and support.

The Governing Body duly noted 2016/17 Planning Update and the timeframes and actions undertaken in developing the 2016/17 financial plan. The submitted plan highlighted an in-year deficit of c£1.7m.

8.1.1 Audit Committee Chair’s Report April 2016 Meeting

JH presented the report to highlight to the Governing Body the key issues discussed at each meeting, in line with its Terms of Reference and key responsibilities. Details as follows:

JH advised that the briefing summarises the key issues discussed at the Audit Committee on the 19th April 2016. JH thanked LT for the drafting of the reports.

Internal Audit Annual Report and Compendium of Final Reports

Internal Audit presented their annual report which included the Head of Internal audit Opinion (HOIA). The Head of Internal Audit concluded that:

“The organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective”.

The Governing Body was appraised of the draft opinion via the Audit Committee Chair’s Report at the last meeting and can be assured that this opinion remains unchanged.
Internal Audit/LCFS Procurement Summary

JH advised that during the latter part of 2015/2016 the CCG, along with the other five CCG’s in Staffordshire, undertook a formal procurement exercise for the provision of internal audit and local counter fraud services. Following a competitive procurement exercise PriceWaterhouseCoopers (PWC) was appointed to provide both internal audit and counter fraud services with effect from 1 April 2016 for a three year period, with an option to extend this for a further two years.

Planning for Commencement of Local External Audit Arrangements 2017/18 onwards

As from the financial year 2017, CCG’s will be responsible for selecting, appointing and managing contracts of external auditors. Legislation within the Local Audit and Accountability Act 2014 requires that the auditors are appointed by the 31st December 2016. Each CCG is required to set up an Audit Panel. The Audit Panel functions are to advise the Governing Body on the selection and appointment of the external auditor, ensuring that this contract is finalised by the 31st December 2016. The proposal is that the Procurement will be undertaken in conjunction with the other 5 CCGs in Staffordshire.

The Governing Body duly supported and approved that the Audit Committee has the Governing Body’s delegated authority to act in the capacity of the CCG’s Audit Panel for the procurement of external auditors.

The Governing Body duly noted the contents of the report and be assured that the Audit Committee have discharged its duties; noted the contents of the Audit committee chair’s report of the meeting held on the 19th April 2016; approved that the Audit Committee has the Governing Body’s delegated authority to act in the capacity of the CCG’s Audit Panel for the procurement of external auditors; noted the committee approved the submission of the draft Annual Report and Accounts for 2015/2016; and noted the extraordinary Audit Committee scheduled for the 24th May 2016, in which Governing Body Members are invited to attend, to approve the final Accounts and Annual Report for 2015/2016.

Audit Committee Chair’s Report 24th May 2016 Meeting

JH advised that the briefing summarises the key issues discussed at the extraordinary Audit Committee on the 24th May 2016 and aims to provide the Governing Body with formal assurance on the scrutiny undertaken in respect of the audited Annual Report and Accounts 2015/2016 following formal feedback from external audit and management, prior to national submission by the 27th May 2016. In addition, this briefing provides Governing Body members with a summary of the Internal Audit Strategy 2016/2017 and the Counter Fraud Work Plan 2016/2017.

JH advised the Governing Body that External Audit issued an unqualified opinion on the CCG’s financial statements with no adjustments identified affecting the CCG’s comprehensive net expenditure position which remained unchanged at £376.909m. In addition, based on External Audit review of the CCG’s Annual Report, it meets the requirements of the DH Group Manual for Accounts and is consistent with the audited financial statements. Confirmation was received that External Audit were satisfied that in all significant respects, the CCG had proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Moving into 2016/2017, the Governing Body should be aware that as the Financial Plan is being negotiated with NHS England and therefore future recovery plans are still under review, the outcome of this process will determine whether External Audit are required to issue a referral letter in 2016/2017 to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014, where the CCG has or plans to breach its duty under the NHS Act 2006 to breakeven. External Audit will therefore keep this area under review during 2016 /2017.

Annual Report and Accounts 2015 / 2016
The CCG’s Quality and Governance Manager presented the annual report to members and confirmed that all comments highlighted by External Audit during the formal audit had been incorporated. In addition, members were advised that the CSU Service Auditor reports had now been issued and the
CSU had shared these with the CCG, confirming that there were no issues to bring to our attention.

The CCG’s Deputy Director of Finance presented the annual accounts to members and advised that minor amendments had been requested by External Audit prior to the meeting and a list of amendments were tabled for members review. It was noted that these were minor adjustments or formatting requests and therefore members approved the final Annual Report and Accounts 2015/2016, on behalf of the Governing Body.

Members also reviewed the contents of the ‘Letter of Representation’ which confirmed that the financial statements give a true and fair view in accordance with International Financial Reporting Standards and that the CCG has fulfilled its responsibilities under the National Health Services Act 2006. This has since been signed by the Lay Member for Governance and Chief Finance Officer and formally submitted to External Audit.

Members noted that delegated authority for the signing of the Annual Report and Accounts had been granted by the Governing Body to either the Chief Operating Officer or Clinical Director Acute Services, in the absence of the Clinical Accountable Officer. Both were present at the meeting.

Internal Audit Strategy 2016 / 2017
Members received the first three year strategic Internal Audit Plan and Annual Plan for 2016/2017 Fraud Work Plan for both Stoke-on-Trent and North Staffordshire CCGs from the newly appointed Internal Auditors of PricewaterhouseCoopers LLP, compiled following meetings with the executive team, discussions with External Audit and a review of the CCGs Assurance Framework.

The Governing Body duly noted the contents of the report, and in particular that the Audit Committee approved the final Accounts and Annual Report 2015 / 2016, on behalf of the Governing Body, prior to being submitted by the national deadline of the 27th May 2016.

8.1 Annual Report Of The Audit Committee 2015 / 2016
JH presented the report to provide the Governing Body with assurance of the activity undertaken by the Audit Committee during 2015 / 2016, and to highlight key areas of achievement. In addition, the annual report identifies areas of further development and focus moving into 2016 / 2017. Key details as follows:

JH highlighted that amendment to the Terms of Reference to include the attendance of the Director of Quality and Nursing was undertaken at the February 2016 meeting with effect from April 2016, to strengthen the executive presence, noting that the Head of Quality would still be invited to attend to deputise for this post moving forward.

JH advised that all Audit Committee Members and those in attendance undertook an assessment of performance at the end of 2015 / 2016 and feedback from members and those in attendance at the Committee was overall extremely positive, confirming that the Committee considered items within its remit and to a level that members feel they receive the appropriate assurance to be able to advise the Governing Body accordingly.

RC thanked JH and the members of the Audit Committee for the work undertaken.

The Governing Body duly noted the contents of the Audit Committee Annual Report for 2015 / 2016 as an accurate record of the Committee’s activities throughout the year.

8.2 Proposal To Revise The System Resilience Group
AB presented the report for approval. Details as follows:

AB advised that The System Resilience Group (SRG) provides the strategic and operational leadership across the health and social care system for North Staffordshire, Stoke-on-Trent and South Staffordshire.
Agenda Item 4.1

for both unplanned (non-elective) and planned (elective) care for the populations it serves. A revision to the current SRG TOR was proposed to enhance the decision making and deliver the necessary actions to improve and sustain system performance and resilience for the future.

AB highlighted the key changes as (1) to identify Chief Officers against key components of the plans; (2) to reduce the membership to just the Chief Officers of the Staffordshire Local Health Economy partnership and Healthwatch; (3) reduce the meeting frequency to monthly; (4) to reinstate The County and Northern Delivery Group; and (5) to include the two additional paragraphs into the TORs relating to the remit of the SRG and the use of the available financial resources.

Concerns were raised around the first paragraph ‘To approve and prioritise those schemes identified in the SRG plan against the available financial resource identified at the outset of the financial year. If planned schemes fall in excess of the available resource to determine which lesser priorities (in planned or unplanned care) will be curtailed as a substitution to generate the difference in funding’, as it implied that SRG had the power to override priorities outside of their remit / mandate. It was agreed by the Governing Body that this was not a decision that SRG should be making. The mandate for SRG should only be around the available resource identified in the SRG budget. It was agreed that the paragraph should be reworded to reflect that SRG did not have the power to curtail lesser priorities to generate the funding. **ACTION:** AM and AB to update the wording within the paragraph to reflect the concerns raised and recirculate the Terms of Reference to all parties.

The Governing Body duly noted the report and approved the Terms of Reference for the Systems Resilience Group subject to the wording changes above.

<table>
<thead>
<tr>
<th>9.1 Governing Body Assurance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Assurance report was presented to provide assurance to the Governing Body on the CCGs performance against quality metrics, NHS Constitution targets and NHS Outcomes Framework indicators. Details as follows:</td>
</tr>
<tr>
<td>18 week referral to treatment (RTT) &amp; 52 week waits</td>
</tr>
<tr>
<td>UHNMM have confirmed that to achieve their internal trajectory of achieving in July, 100 breach patients need to be transferred. The majority of 52 week waiters are requiring Laparoscopic Cholecystectomy. Commissioners are actively targeting capacity from alternate providers for this procedure and have sourced capacity. Practices are making their referrals through the Choice and Referral Team in order to manage capacity at UHNMM.</td>
</tr>
<tr>
<td>Cancer wait times</td>
</tr>
<tr>
<td>In April 2016 the 62 day from GP referral target was not achieved due to capacity issues in critical care, however the Trust predict achievement of all standards by June 2016. In addition to the 8 HIA (High Impact Actions) a further 5 have been developed.</td>
</tr>
<tr>
<td>AB questioned the mixed sex breach and where this had occurred as this had not been previously reported.</td>
</tr>
<tr>
<td>LC advised that this could be an out of area breach and would investigate further. <strong>ACTION:</strong> LC to investigate and feedback.</td>
</tr>
<tr>
<td>Dementia Target 67%+ for patients 65+ with a dementia diagnosis</td>
</tr>
<tr>
<td>WA advised that Stoke-on-Trent had achieved the 67% dementia target. In 2016/17 as part of the CCG Improvement and Assessment Framework (IAF) the number of dementia care plans and support following diagnosis will be measured via the QIF programme.</td>
</tr>
<tr>
<td>Transforming Care (Learning Disability Services)</td>
</tr>
<tr>
<td>The target figure for bed numbers by March 2019 has been set for Staffordshire and Stoke on Trent at 13</td>
</tr>
</tbody>
</table>
by NHS England. Currently there are 15 CCG funded individuals in the Stoke-on-Trent CCG funded cohort.

WA advised that the Partnership Board was working well and there was a Transforming Care Action Plan in place which had been submitted to NHS England.

Questions
MW raise concerns around the Pan Staffordshire contracts and questioned the actions to improve performance in localised areas when overall performance was being achieved, when services were contracted jointly.

SF advised that contractual sanctions were in place and performance was monitored. Remedial action plans would be put in place if required.

DR questioned ambulance performance and the timescales for improvement.

SF advised that he would ask and feedback directly to DR. ACTION: SF to feedback.

AB highlighted the new style of the report and advised that this was still being worked on, the narrative would be reduced and more detail around the trajectory for improvements and who was responsible would be included.

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 content of the reports needed to be specific and concise. ACTION: RB and LT to communicate to CCG staff.

The Stoke-on-Trent CCG Governing Body duly received and noted the CCG Assurance Report.

9.2 Primary Care Update Report
ES and SB presented the report to provide an overview of the key Primary Care programmes across Northern Staffordshire which supports the wider healthcare system. It is also intended to pick up on the key recommendations made as part of the ECIP review of Primary Care. Details as follows:

SB advised that (1) the attached report had been reviewed at the Integrated Operations Group; (2) that the Strategy was part of the Pan Staffordshire Strategy; (3) that the Strategy was approaching the implementation stage; (4) that there was a need for the financial modelling to be worked through in detail; and (5) the work with localities.

A discussion took place around what the Governing Body would like to see within future reports (1) how the work linked to the Pan Staffordshire work; (2) the local GP recruitment and retention issues; (3) models of care; (4) the overarching performance schemes; (5) primary care at scale and value for money; (6) performance against the constitutional target; (7) high level progress against the plan; (8) co-commissioning including conflict of interest management, ensuring that the right structure is in place to support the transition and the need to establish a shadow committee over coming months.

ACTION: To include an overview of the above in a briefing paper to the following meeting and to provide the Governing Body with a high level strategic overview at each meeting. Focussing on specific relevant areas as required.

ACTION: AM to feed back the concerns regarding the finance planning to the Finance Team.

SB advised that a Primary Care dashboard was being developed with the PMO Team which included patient survey results and could be presented to provide assurance.

The Governing Body duly noted the update on Primary Care.
Agenda Item 4.1

9.3 Update on Patient and Public Involvement

SP presented the report to provide a summary of progress in relation to the Patient and Public Involvement. Details as follows:

**Capacity for Patient and Public Involvement**

SP advised that (1) since January 2016 Stoke-on-Trent and North Staffordshire CCGs have had a single Clinical Director for Partnership and Engagement and work has begun to co-ordinate the PPI work across both CCGs to make most effective use of the shared resource; (2) an in-house Head of Communications and Engagement has been recruited and will commence in post from August 2016, to provide expertise on a full-time basis, to build the capacity of the CCGs and to enable the CCGs to be an intelligent customer of the CSU and other external providers; (3) an externally facilitated PPI steering group workshop was undertaken on 26th April to enable the two existing PPI steering groups to identify how to work together and combine the meetings; (4) the recruitment of 5 new members of S-o-T CCG’s Patient Congress was successfully completed in April; (5) Stoke-on-Trent and North Staffordshire CCG Patient Congresses have agreed to align their meeting structures, with planned bi-monthly meetings, two of which each year will be joint meetings to focus specifically on the major issues for our Health Economy; and (6) the CCGs continue to work closely with Healthwatch Stoke and Healthwatch Staffordshire.

**Equality Delivery System (EDS)**

SP referred to the EDS Public Grading Event on 17th May where patient representatives gave evidence alongside CCG commissioners and provider organisations, demonstrating the CCG’s commitment to meaningful engagement with protected group and advised of the development of a forum for the 9 protected groups to provide advice and support to the CCGs about how best to engage with people from protected groups and to ensure we give due regard to the needs of these citizens in our commissioning work.

**Communications and Engagement Strategy**

The CCG’s current Communications and Engagement Strategy is due to be reviewed; this was initially planned for Q1/2 of 2016/17. However the Governing Body was requested to agree to delay this revision until Q3 of 2016/17 so that the new Head of Communication and Engagement can lead this work and create a joint strategy across S-o-T and NS CCGs. This strategy will make explicit our principles and approach and provide a structure for our future plans including the use of social media.

The Governing Body duly agreed to delay the revision of the Communications and Engagement Strategy.

**Community Conversations**

The CCGs will jointly host 4 Community Conversations over the next year, the first of which will be on July 5th. We are planning to focus on prioritisation as a key theme for this event.

**Citizens Jury**

At the request of both Congresses, North Staffordshire and Stoke-on-Trent CCGs’ Governing Boards have approved the proposal to undertake a second Citizens Jury, this time focusing on Mental Health. The Jury will be convened in the Autumn of 2016 under the leadership of the Stoke-on-Trent and North Staffordshire CCGs’ Lay Board Members for PPI.

A discussion took place around (1) advertising; (2) the Stronger Together Initiative in Stoke-on-Trent; (3) Citizen’s Jury and that a report would be produced in Quarter 4 that would inform commissioning decisions from next year; and (4) the reinvigorated Community and Engagement Strategy.

The Governing Body duly considered the ongoing PPI work of the CCG, noted the actions being taken to strengthen the CCG’s capacity for this work, and approved the proposal to delay the development of a joint Communications and Engagement Strategy until the new Head of Communications and Engagement is in post (August 2016).
### Agenda Item 4.1

**Questions From The Public**

| DB questioned if the local GP recruitment and retention issues would affect the Primary Care Access and seven day working. |
| SF advised that the seven day access would include a wider clinical skill mix such as nursing and pharmacies. There was a need to improve the interaction with services to ensure that a seven day service was sustainable. |
| AB advised that a hub solution would be required to allow patients access to services close to their homes. The pressures in Primary Care were being worked through to identify a solution. |
| DB questioned if the procurement of the Wheelchair Service was as the result of performance concerns with the current Provider. |
| CH advised that the procurement was part of the contractual process as the current contract had ended. It made sense to work Pan Staffordshire as the Staffordshire service had also ended. The decision was no reflection on the current service provider. |
| DB requested further information relating to the Lifestyle Programme. |
| AB advised that this would be provided following the meeting. ACTION: To provide to DB following the meeting. |

**Date, time and venue of next meeting**

| Tuesday 2nd August 2016 at 1.30pm in The Minton Room, Stoke-on-Trent CCG, Herbert Minton Building, 79 London Road, Stoke-on-Trent. |

*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:............................
<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>
</tr>
</thead>
<tbody>
<tr>
<td>5th April 2016</td>
<td>13.</td>
<td>Staffordshire and Stoke-on-Trent Transforming Care Partnership Plan</td>
<td>KD to share the County Autism Strategy and to present the Autism Strategy and timelines to the October meeting of the Governing Body.</td>
<td>Kevin Day</td>
<td>Added as an agenda item October 2016</td>
</tr>
<tr>
<td>7th June 2016</td>
<td>5.2</td>
<td>Clinical Accountable Officers Report</td>
<td>It was agreed that an update report would be requested for the following meeting around prevention and early intervention from Public Health. Add as an agenda item</td>
<td>Zafar Iqbal</td>
<td>Deferred to October’s meeting.</td>
</tr>
<tr>
<td>7th June 2016</td>
<td>5.3</td>
<td>Stoke-on-Trent and North Staffordshire CCGs’ Five Year Strategy</td>
<td>To discuss and update the wording in regards to the beds at Cheadle Hospital to accurately reflect the consultation that would be required.</td>
<td>Jane Tipping</td>
<td>Completed.</td>
</tr>
<tr>
<td>7th June 2016</td>
<td>6</td>
<td>Quality Open Report</td>
<td>DR to share the detail of the Healthwatch work with CH who would share with the Commissioning teams to allow them to triangulate the findings.</td>
<td>Dave Rushton / Cheryl Hardisty</td>
<td>Completed. Work plan shared with GB members.</td>
</tr>
<tr>
<td>7th June 2016</td>
<td>7</td>
<td>2016/17 Planning Update</td>
<td>To include detail of the UHNM position and impact in the next report.</td>
<td>Alistair Mulvey</td>
<td>Completed. Included within the report.</td>
</tr>
<tr>
<td>7th June 2016</td>
<td>8.2</td>
<td>Proposal To Revise The System Resilience Group</td>
<td>AM to update the wording within the paragraph to reflect the concerns raised.</td>
<td>Alistair Mulvey</td>
<td>Completed. Revised ToR reviewed at SRG on the 23rd June 2016.</td>
</tr>
<tr>
<td>7th June 2016</td>
<td>9.1</td>
<td>Governing Body Assurance Report</td>
<td>LC to investigate and feedback on the mixed sex breach.</td>
<td>Lorraine Cook</td>
<td>Following investigation it was identified that this was an out of area breach.</td>
</tr>
<tr>
<td>Date</td>
<td>Action</td>
<td>Title</td>
<td>Description</td>
<td>Responsible Officer</td>
<td>Status</td>
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</tr>
<tr>
<td>7th June 16</td>
<td>9.1</td>
<td>Governing Body Assurance Report</td>
<td>SF to provide an update to DR following the meeting re ambulance performance and the timescales for improvement.</td>
<td>Steve Fawcett</td>
<td>Completed.</td>
</tr>
<tr>
<td>7th June 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 content of the reports needed to be specific and concise. ACTION: RB and LT to communicate to CCG staff.</td>
<td>Rachel Barker / Lisa Taylor</td>
<td>Ongoing. Part of a wider piece of work.</td>
</tr>
<tr>
<td>7th June 16</td>
<td>9.2</td>
<td>Primary Care Update Report</td>
<td>To include an overview of the items identified in a briefing paper to a future meeting and to provide the Governing Body with a high level strategic overview at each meeting. Focussing on specific relevant areas as required. AM to feed back the concerns regarding the finance planning to the Finance Team.</td>
<td>Emma Sutton / Sarah Blenkinsop</td>
<td>A detailed report would be provided in October’s meeting.</td>
</tr>
<tr>
<td>7th June 16</td>
<td></td>
<td>Questions From The Public</td>
<td>To provide information regarding the Lifestyle Programme to DB following the meeting.</td>
<td>Andrew Bartlam</td>
<td>Completed.</td>
</tr>
</tbody>
</table>
Minutes of the Annual General Meeting of Stoke-on-Trent Clinical Commissioning Group Governing Body
Held on Tuesday 28th June 2016 at 10.00am – 12.00noon
The Kings Hall, Kings Road, Stoke-on-Trent, ST4 1HH
UNCONFIRMED MINUTES

Present:  
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Ruth Chambers (Chair)</td>
<td>CCG Chair</td>
</tr>
<tr>
<td>Dr Andrew Bartlam</td>
<td>CCG Clinical Accountable Officer</td>
</tr>
<tr>
<td>Iain Stoddart</td>
<td>CCG Chief Financial Officer</td>
</tr>
<tr>
<td>Sandra Chadwick</td>
<td>CCG Chief Operating Officer</td>
</tr>
<tr>
<td>John Howard</td>
<td>CCG Lay Member – Governance</td>
</tr>
<tr>
<td>Margy Woodhead</td>
<td>CCG Lay Member – Patient and Public Involvement</td>
</tr>
<tr>
<td>Dr Steve Fawcett</td>
<td>CCG Clinical Director, Acute Services</td>
</tr>
<tr>
<td>Dr Waheed Abbas</td>
<td>CCG Clinical Director, Mental Health &amp; Specialist Groups</td>
</tr>
<tr>
<td>Dr Simon Mellor</td>
<td>CCG Secondary Care Doctor</td>
</tr>
<tr>
<td>Jayne Downey</td>
<td>CCG Director of Nursing and Quality</td>
</tr>
<tr>
<td>Cheryl Hardisty</td>
<td>CCG Director of Commissioning</td>
</tr>
<tr>
<td>Zara Jones</td>
<td>CCG Director of Strategy, Planning and Performance</td>
</tr>
</tbody>
</table>

In attendance:  
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Barker</td>
<td>CCG Executive Assistant (minutes)</td>
</tr>
<tr>
<td>Lisa Taylor</td>
<td>Quality and Governance Manager</td>
</tr>
</tbody>
</table>

1. **Chairman’s Introduction and Welcome**

   RC welcomed members to the third Stoke-on-Trent CCG Annual General Meeting and introduced members of the Governing Body to the public in attendance.

   RC highlighted the positive progress made by the CCG; the ongoing work to ensure that patients receive the best services; the need to work closely with other CCGs and Providers within the Staffordshire footprint to obtain the best possible services and value for patients.

   RC provided a brief introduction of her role both within the CCG and within the local area as a GP at Furlong Medical Practice, Tunstall.

2. **Annual Report 2015 / 2016 Presentation**

   AB presented the annual report to the AGM and highlighted (1) the CCG Vision; (2) the CCG values; (3) the strategic aims; (4) the key successes; (5) the areas of improvement required; and (6) how improvements would be driven.

   [http://www.stokeccg.nhs.uk/annual-reports](http://www.stokeccg.nhs.uk/annual-reports)

3. **Annual Accounts 2015 / 2016 Presentation**

   IS presented the annual report and highlighted his position of Joint Chief Finance Officer for both Stoke-on-Trent CCG and North Staffordshire CCG. IS highlighted (1) the duties of the CCG; (2) how the CCG spent the money it received during 2015 / 2016; and (4) the challenges and focus for the future.

   IS explained the financial surplus and advised that this was mandated by NHS England for the CCG to achieve. Once achieved the CCG could then spend the full resources allocated to it in the following year.
IS highlighted the challenging time within the NHS and that nationally demand is outstripping resources. The CCG therefore is required to look carefully at how the money is invested to provide the best services possible for the people of Stoke-on-Trent. The CCG was the custodian for future generations.

4. **Dementia & Improving Access to Psychological Therapies (IAPT)**

WA presented the Dementia & Improving Access to Psychological Therapies update which included (1) the focus on mental health; (2) the strategic objectives; (3) what has been achieved so far (i) dementia and (ii) IAPT; and (4) the forward view – enhanced Primary Care.

WA highlighted that more people are accessing mental health services; (2) at the end of March 2016 Stoke-on-Trent CCG was the highest performing CCG within North Midlands for dementia diagnosis rate for 65+; well above national average (May 2016); (3) the IAPT Service achieved the 15% target with 4268 people accessing the service; and (4) during January – March 2016 the recovery service consistently achieved 60% against a target of 50%.

5. **Patient and Public Involvement (PPI)**

MW presented the update and highlighted that (1) effective PPI is an obligation under the NHS Constitution; (2) the NHS belongs to the people, so involving patients and members of the public is the right thing to do; (3) improving decision-making; (4) an essential part of quality checking and the commissioning of safe and effective services; and (5) the CCG are fully committed to meaningful engagement across all areas of our work.

MW highlighted the progress of the Patient Congress and that the capacity had been strengthened with the recruitment of five new members, providing a patient voice at a strategic level and contributed to the development of a number of CCG strategies.

6. **Sustainability and Transformation Programme (STP)**

AB presented the report and highlighted that (1) the NHS England Five Year Forward View (FYFV) sets out the significant financial, clinical and social challenges; (2) the health and care systems across England developing Sustainability and Transformation Plans (STPs), show how local services will evolve and become sustainable over the next five years; (3) the plans will support the delivery of improved health and care based on the needs of local populations; (4) the Staffordshire and Stoke-on-Trent ‘Together We’re Better’ Transformation Programme (STP), which commenced in Summer 2015, has been reinvigorated with new leadership and governance.

AB highlighted that the vision and aims for the STP (1) to make Staffordshire and Stoke-on-Trent vibrant, healthy and caring places where people will be as independent as possible and able to live happy and healthy lives, getting high quality health and care support when required; (2) to deliver better outcomes for the citizens of Staffordshire and Stoke-on-Trent; (3) to increase the proportion of people’s lives that they spend healthy; and (4) to develop a clinically and financially sustainable health and care system.

7. **Questions from the Public**

RC introduced the Question and Answer section of the AGM and invited members of the public to raise any questions direct to the Governing Body.

Ian Syme, (North Staffordshire Healthwatch), raised concerns around the spending cuts and tax rises and impact on the NHS as a result of the EU referendum and stressed the valuable contribution and resource of staff from the European Union. A clear message should be provided from the CCG to express this support of the workers and stress the value of the work.
It was agreed that the Communications Team would produce a collective message on behalf of the whole of Staffordshire and Stoke-on-Trent.

Ian Syme raised concerns regarding the decommissioning of Ward 4 and questioned why this decision had been taken and if it could be deferred to allow for public consultation due to the success of the ward.

SC advised that Ward 4 had been temporarily reopened to provide additional capacity in the system as we went into major incident in January 2016. It was a short response with short term funding. The ward has continue to stay open and is providing a gold standard of care to the patients but this model of care needed to be accessible to all, not just a minority. The standard of care was as a result of the model of care and not the facility itself. There was a need to look at how to deliver this model of care to benefit all patients that needed it within the current financial envelope.

Peter Drew, (Staffs Neural Alliance), questioned if the STP had been submitted and questioned the involvement of the voluntary sector in this and questioned what a surplus meant. Peter also queried what the effect of the decision to leave the European Union would be on the NHS.

AB advised that the plan would be submitted on the 30th June 2016 and advised that there had been involvement from the voluntary sector within the work streams, particularly in relation to A&E and Primary Care. Once the draft plan was approved there would be increased engagement with all stakeholders.

IS advised that the term surplus was a misnomer. The CCG was mandated to achieve its planning figure and a surplus by NHS England in order to receive its full allocation the following year. Failure to achieve the surplus would result in less funding the following year as this would be deducted. CCGs obtained their funding through Parliament via NHS England.

IS confirmed that the allocations had been finalised for the next few years so the CCG could plan with certainty this year, however the future would depend on a number of factors within the economy. There would be difficult choices to be made and resources would need to be maximised.

Hilda Johnson (North Staffs User Group), reiterated the success of Ward 4 and the need to sustain the level of care to the patients. Hilda also praised the CCG for the relationships with the North Staffs User Group.

SC reiterated that the CCG was committed to providing the right care for all patients. There was a need to ensure that the right resource was in the right place for patients but could not commit to the beds staying open.

Sylvie Birches (Councillor Butt Lane), expressed her pleasure at attending the AGM and advised that she had learnt a lot but raised concerns around age discrimination within the NHS and asked if this could be raised as a number of older constituents had expressed their concerns.

AB expressed concern around any perceived discrimination and advised that this would be raised with the Frail and Elderly Commissioning Team at the CCG.

Mandy Rollings (CEO Disability Solutions), highlighted the significant challenges faced by patients migrating to the person centred planning (PCP) as a result of the welfare reform and the impact this was having on the health and well-being of patients and also the length of stays in the acute services, as patients who were unable to access the right funding were presenting as inpatients. The associated
costs were then spiralling in both the NHS and the Local Authority. There was a need for all sectors to work together and involve the voluntary sector, to allow them to help the patients to stay out of the health system, where appropriate.

RC praised the support and work of the voluntary sector.

AB offered his thanks to those working in the voluntary sector and reiterated the need for all healthcare organisations to work alongside each other and not in isolation.

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<th>8.</th>
<th>Close of Meeting</th>
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<tbody>
<tr>
<td>RC closed the meeting and thanked members of the public and members of the CCG for their hard work and continued support and reiterated that the NHS could not make progress without the support of the public.</td>
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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:.............................
**AUTHOR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Rachel Barker</th>
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<tr>
<td>Title</td>
<td>Executive Assistant</td>
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**REPORTING OFFICER /DIRECTOR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dr Ruth Chambers OBE</th>
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<tr>
<td>Title</td>
<td>CCG Chair</td>
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**REPORT TO**
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**
Chair’s Report

**DATE OF THE MEETING**
2nd August 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

<table>
<thead>
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<th>COMMITTEE/GROUP</th>
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**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

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<thead>
<tr>
<th>Approve</th>
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<th>Discussion</th>
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**RECOMMENDATION**

The Governing Body is requested to note the Chair’s Report.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**
(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
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<td>1. Improve access</td>
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<td>2. Improve health outcomes</td>
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<td>3. Improve quality</td>
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<tr>
<td>4. Reduce health inequalities</td>
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<td></td>
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<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
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<td></td>
</tr>
<tr>
<td><strong>PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY</strong></td>
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<td>---------------------------------------------------------------</td>
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<td>This report will provide an update to the Governing Body around the current environment that the CCG has been operating in.</td>
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Introduction
The NHS remains under significant pressure, which allied with pressures on local authority budgets and the implications for adult social care services in particular, makes working with our system partners all the more critical to maintaining patient care and services and ensuring we achieve financial balance. The Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan will provide the framework for this.

The CCG continues to work closely and effectively with its system partners during this nationally difficult time across both the health and social care economy, and I would like to acknowledge the outstanding efforts across the CCG 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 Plan. These continue to be our key priorities.

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

Collaborative Working - Relocation
The strengthening of collaborative working between the CCG and NHS North Staffordshire CCG continues and plans for closer working and shared structures and workforce between the CCGs following the recent Management of Change process have been implemented. Plans to co-locate the two CCGs in shared premises at Smithfield 1 in Hanley are well advanced and the CCGs will be moving into the new premises over the weekend of 10th September 2016. This exciting move for the CCGs will mean that all staff are located together, improving communication, sharing of ideas and information, and reduce the amount of time and cost associated with travelling to meetings between the two existing sites. The new modern office facility will strengthen the bonds between the teams and offer a better working environment for all our staff.

With an exterior inspired by the works of Clarice Cliff and an interior providing modern and efficient open office space, Number 1 Smithfield is located in the heart of Stoke-on-Trent city centre. The CCGs will occupy floor 3 of the building.

To reiterate, whilst the executive, clinical and managerial workforce and committee structures will be shared by both CCGs and we will be co-located in shared premises, this is not a merger and both CCGs will remain sovereign bodies with their own governing bodies and clinical chairs.

Succession Planning Arrangements: Executive Appointments
Chief Operating Officer
Sandra Chadwick, Chief Operating Officer at Stoke-on-Trent CCG will be retiring on the 31st December 2016. Following discussions with North Staffordshire CCG, it has been agreed that this post will be recruited to jointly across the two CCGs in line with other executive appointments. This post is currently out to advert with interviews scheduled to take place in early September 2016. It is anticipated that a substantive appointment will be in post during March 2017.

Director of Nursing and Quality
As you may be aware, Jayne Downey, Director of Nursing and Quality will be leaving the CCGs on 31 July 2016. Jayne has accepted an appointment with Salford Royal Hospital NHS Foundation Trust to work with the Trust on the hospital chain initiative in Greater Manchester. This is a great opportunity to work with one of the best hospitals in the country to drive forward a new model of care. We would like to take this opportunity to wish Jayne all the best in her new role. The Nurse Board member is a statutory position required on a Governing Body of a CCG and this post has the executive level nurse responsibility for safeguarding, infection control and the Mental Capacity Act as well as the executive lead for quality.
North Staffordshire and Stoke-on-Trent CCGs have agreed a six month secondment for Tracey Shewan, Deputy Director of Nursing and Quality at the NHS England North Midlands Area Team to carry out the role from the 1st August 2016 and we welcome Tracey to her first meeting of the Governing Body. This substantive post is currently out to advert with interviews scheduled to take place in early September 2016. It is anticipated that a substantive appointment will be in post during March 2017.

Clinical Director Primary Care
Following the Management of Change process we have successfully recruited to the post of Clinical Director for Primary Care. We are pleased to welcome Dr John Gilby as a member of the single executive team for Stoke-on-Trent and North Staffordshire CCGs and a voting member of the Stoke-on-Trent CCG Governing Body. Dr Gilby has supported the CCG as a Clinical Associate and a Locality Lead GP.

We would like to thank Dr Emma Sutton for her continued support in the role of Clinical Director Primary Care and wish her well in her future endeavours. Emma has worked for North Staffordshire CCG as a Clinical Director since 1st July 2014, latterly carrying out the role for both North Staffordshire and Stoke-on-Trent CCGs and prior to that was the Locality lead for Newcastle North. During her time in the role, Emma has played a leading role in shaping the CCGs’ primary care commissioning intentions, working with NHS England Area Team colleagues on plans to delegate primary care commissioning to the CCGs, and in producing a primary care strategy for northern Staffordshire.

Annual General Meeting Update
The Stoke-on-Trent CCG annual General Meeting was held on the 28th June between 10am and 12noon at The King’s Hall, Stoke. The event was very successful with 89 members of the public signed in on the day, with a good mix of stalls (24 in total). Presentations were made by members of the Governing Body around (1) our successes/challenges; (2) the Annual Accounts; (3) Mental Health (Dementia and IAPT); (4) Patient and Public Involvement; and (5) the Sustainability and Transformation Programme.

Annual Assurance
As reported in May, the CCG had its annual assurance meeting with NHS England on 27 April 2016. The meeting was to discuss and agree the assessment of the CCG against the domains in the CCG Improvement and Assurance Framework (IAF). These relate to performance, financial management, planning, well-led organisation and delegated functions. NHS England praised the CCG teams for the preparation work undertaken and for the open and transparent nature of the discussions.

Following the meeting, the CCG has received a brief summative assessment of the assurance meetings held over the last year against the assurance components in the 2015/16 CCG Assurance Framework, which informed the CCG’s 2015/16 annual headline rating (enclosed as appendix 1). This includes the summarised areas of strength and where improvement is needed which will be used to inform how CCG support available in 2016/17 will be tailored to individual CCG needs.

A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It has also been agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requires improvement and inadequate. Therefore, the headline rating for Stoke-on-Trent CCG is Requires Improvement. The headline rating is ‘requires improvement’ if four components are rated as ‘good’ (or good and outstanding) and the finance component is assessed as ‘requires improvement’ or ‘inadequate’ / there is more than one requires improvement component rating / and no more than one component is assessed as inadequate. These assessments were ratified by NHS England’s Commissioning Committee which met on 29 June.

<table>
<thead>
<tr>
<th>Well Led Organisation</th>
<th>Limited Assurance</th>
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<tr>
<td>Delegated Functions</td>
<td>Good</td>
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<tr>
<td>Finance</td>
<td>Not Assured</td>
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At the annual assessment meeting NHS England identified areas of strength recognising that the CCG has a clear vision and priorities which has been set by clinicians comprehensively setting out the CCG’s goals, outcomes and initiatives to get to grips with the local health economy challenges, areas of challenge and improvement, and looked at the key actions required against the five components of the 2015/16 framework, including the need for a long term plan to implement the Five Year Forward View; confirmation of an agreed service development and improvement plan to implement the new mental health access standards; and clarification of the CCG’s position on primary care co-commissioning with NHS England.

Overall NHS England congratulated the CCG on the progress made over the last year, particularly in relation to the reorganisation of management structures, the improvement in contract management and Planning for 2016/17. (Appendix 1).
Dear Andrew

Re: 2015/16 CCG annual assessment

Thank you for meeting with us on 27th April 2016 to discuss the CCG’s annual assessment for 2015/16. I am grateful to you and your team for the work you did to prepare for the meeting and for the open and transparent nature of our discussions.

The enclosed document provides a brief summative assessment of the assurance meetings held over the last year against the assurance components in the 2015/16 CCG Assurance Framework, which informed the CCG’s 2015/16 annual headline rating. We have also summarised areas of strength and where improvement is needed. These will be used to inform how CCG support available in 2016/17 will be tailored to individual CCG needs.

A number of principles have been applied to the five component assessments to reach the annual headline assessments for 2015/16. It has also been agreed to describe the headline ratings in the 2016/17 language of outstanding, good, requires improvement and inadequate.

Therefore, the headline rating for Stoke on Trent CCG is Requires Improvement. The principles used to reach this assessment are:

- outstanding is applied where at least one component is outstanding and the others are all good.
- good is applied if:
  - all components are good; or,

6th July 2016
o at least four components are rated as good (or good and outstanding) and one component is rated as requires improvement, unless requires improvement is in the finance or planning components.

- the headline is requires improvement if:
  o four components are rated as good (or good and outstanding) and the finance component is assessed as requires improvement or inadequate;
  o there is more than one requires improvement component rating; and
  o no more than one component is assessed as inadequate.

- the headline is inadequate overall if:
  o more than one component is rated as inadequate;
  o the CCG already has Directions (under section 14.z.21) in force.

For CCGs that are assessed as inadequate NHS England will apply its legal powers of direction to ensure these CCGs take action to support an improving position.

These assessments were ratified by NHS England’s Commissioning Committee which met on 29 June. The 2015/16 annual assessment will be published on the CCG Assessment page of the NHS England website in mid July. This year the headline assessment will be shown along with the five component assessments. At the same time the headline assessments only will be published on the MyNHS section of the NHS Choices website. I would ask that you please treat your assessments in confidence until NHS England has published the annual assessment report.

As you will be aware NHS England has introduced a new Improvement and Assessment Framework for 2016/17. In mid-July, we expect circa 43 out of the 60 indicators in the framework to be uploaded onto the public facing MyNHS website. Shortly thereafter over the summer the baseline ratings for the clinical priority areas will be published on the MyNHS website. You will be notified in advance of your CCG’s rating, the methodology that has been applied, and the support offers for improvement.

Finally, I would like thank you for the work undertaken by the CCG in 2015/16 and I look forward to working with you in 2016/17.

Yours sincerely

Wendy Saviour
Director of Commissioning Operations (North Midlands)
Annex A – 2015/16 summary of assurance

Well Led Organisation

Under this component we have assessed the extent to which the CCG has strong and robust leadership; has robust governance arrangements; actively involves and engages patients and the public and works in partnership with others, including other CCGs. We have also looked at how the CCG secures the range of skills and capabilities it requires to deliver all of its commissioning functions, including effective use of support functions and getting the best value for money.

As part of the assessment of the CCG’s compliance with its statutory duties within the well led component we have also considered the six statutory functions which NHS England has required a more detailed focus on in 2015/16 because of the complexity of the issues or the degree of risk involved. These are:

- NHS Continuing Healthcare
- Safeguarding of Vulnerable Patients
- Equality and health inequalities
- Learning disability
- Use of research
- Special Educational Needs and Disabilities

This component is Limited Assurance

Delegated Functions

Specific additional assurances have been required from CCGs with responsibility for delegated functions in 2015/16. This is in addition to the assurances needed for out-of-hours Primary Medical Services.

The CCG is a level 2 joint commissioner of Primary Care with NHS England resulting in close working with NHS England to jointly plan key work programmes, align systems and processes, and to monitor quality and safety.

This component is Assured as Good

Finance

Under this component we have reviewed the CCG’s financial management capability, governance and performance throughout the year, including looking at data quality and how the CCG has used contractual enforcement or remediated any financial problems.

This component is Not Assured
Performance

Under this component we looked at how well the CCG has delivered improved services, maintained and improved quality, and ensured better outcomes for patients, including progress in delivering key Mandate requirements and NHS Constitution standards.

This component is Limited Assurance

Planning

Assurance of CCG plans is a continuous process, covering annual operational plans and related plans such as those relating to System Resilience Groups, the Better Care Fund, and longer term strategic plans including progress in implementing the Five Year Forward View. This component also considers progress in moving providers from paper-based to digital processes and the extent to which NHS number and discharge summaries are being transferred digitally across care settings to meet the ambition for a paperless NHS.

This component is Limited Assurance

At our annual assessment meeting we identified the following areas of strength, areas of challenge and improvement, and looked at the key actions required against the five components of the 2015/16 framework, including the need for a long term plan to implement the Five Year Forward View; confirmation of an agreed service development and improvement plan to implement the new mental health access standards; and clarification of the CCG’s position on primary care co-commissioning with NHS England.

Key Areas of Strength / Areas of Good Practice

NHS England recognises that the CCG has a clear vision and priorities which has been set by clinicians comprehensively setting out the CCG’s goals, outcomes and initiatives to get to grips with the local health economy challenges. To support this it is positive to see that the CCG have established a joint management structure with North Staffordshire CCG, with key roles now recruited to. It is positive that joint committees are in place strengthening CCG governance arrangements, and that the CCGs now have a joint Organisational Development programme agreed, focussing on leadership development.

During 2015/16 the CCG has fully utilised the contract mechanisms at its disposal including the establishment of robust remedial action plans and clear recovery trajectories.

Preparedness for the 2016-17 planning round was improved with the CCG demonstrating a better understanding and grip of activity and planning requirements.
The CCG continues to deliver the Parity of Esteem requirements for IAPT and Dementia Services.

It is positive that the work on understanding capacity issues within UHNM has started and that the CCG is building closer, more open relationships with the Trust. As the CCG builds on these relationships, the Staffordshire transformation work will be essential in addressing the short and long term financial and performance issues.

**Key Areas of Challenge**

During 2015/16, the CCG financial position deteriorated by £3.24m bringing the in-year position to £1.21m deficit, failing to deliver agreed control total and reducing the cumulative position to £0.49m. Key financial challenges identified were under-delivery in the level of QIPP with significant proportion phased to deliver towards the end of the year and over commitment of SRG schemes.

The delivery of the A&E 4 hour wait target continues to be a significant performance challenge at University Hospital of North Midlands with poor performance continuing throughout the year at both hospital sites and even though it is recognised that though the CCG sought and agreed a robust Recovery Action Plan with the Trust the targets of 90% in November 2015 and 95% in March 2016, were not achieved.

In terms of activity the CCG saw over performance against non-elective activity in 2015/16, driven mainly by the opening of AEC for which the neither the coding, or charging protocols, were agreed. It is important to ensure the correct patients are in the correct place clinically and that changes like this are modelled through and contracted in a timely manner.

The 18 week referral to treatment standard at UHNM has been a challenge throughout 2015/16 with recovery trajectories not met and an increasing number of 52 week waiters, a number of which do not have TCI dates. It is essential that clear plans are established to manage demand and where applicable patients are transferred to alternative providers where it is clear that patient’s constitutional rights will not be met.

Cancer performance remains a particular challenge with key standards not achieved consistently throughout the year and the number of patients waiting over 104 days for their treatment not improving. It is important that you continue to fully utilise all contractual mechanisms available to the CCG in 2016-17 and establish a clear trajectory to minimise cancer breaches and eliminate any long waiters.

**Key Areas for Improvement**

The key areas for improvement relate to Well-led, Finance, Performance and Planning. We discussed in the assurance meeting how the CCG’s failure to contractualise QIPPs and to successfully execute transformational schemes has led to the deterioration of the CCGs financial position during the year. Moving forward
the CCG will need to be open and transparent with NHSE on finance and focus on following through on plans. In addition, taking on board learning from 2015/16, it is essential that the governance arrangements at SRG are reviewed to ensure that individual stakeholders fully understand their role and responsibilities with particular emphasis on how commissioning agreements are reached.

The CCG must continue to commission appropriate robust services to manage attendances and support discharges and, in terms of the A&E 4 hour wait target, to utilise all mechanisms at its disposal and ensure that recovery plans have clear actions and trajectories.

In relation to the 18 week referral to treatment standard, clear plans need to be developed to manage demand and where applicable, offer patients the option to transfer to alternative providers when constitutional standards are not being met. The CCG’s demand management work needs to be able to demonstrate it’s impact on activity and have clear targets to impact on performance.

It was recognised that the CCG has recruited to a number of additional executive posts and that the posts/appointees will need time to ‘bed in’ and start to make an impact. It is expected that these new appointments will enable the CCG to demonstrate a strong grip on the challenges faced and ensure everything is done as commissioners to improve performance and maintain financial stability. We will be looking for a strong focus on delivering the CCG’s QIPP schemes supported by strong monitoring processes and accountability.

Finally, building on the improvement seen on Cancer long waiters, it is important that the CCG now establishes a clear trajectory to minimise cancer breaches and to eliminate all long waiters

**Development Needs and Agreed Actions**

As in previous years, NHS organisations are required to produce individual operational plans for 2016/17.

In addition, every health and care system will work together in ‘footprints’ to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision. The health and care organisations within these footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances.

In parallel to this, the Five Year Forward View makes a commitment that, by 2020, there would be “fully interoperable electronic health records so that patient’s records are paperless”. This was supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”. This has been distilled into the ambition that health and care professionals will operate ‘paper-free at the point of care’ by 2020.

*High quality care for all, now and for future generations*
It is clear that ‘digital’ has a significant role to play in sustainability and transformation, and the best plans will harness the opportunities that digital technology offers. Both the STP and local digital roadmaps plans will be submitted by leads on June 30th 2016 for local and national assurance.

NHS England is committed to giving CCGs and NHS England in the regions practical support in gathering data, evidence and tools to help them transform the way care is delivered for their patients and populations. NHS Right Care now sits within NHS England, and working with Public Health England provides a suite of materials to support effective ‘commissioning for value’. This includes a range of comprehensive data packs and online tools. To access all the Commissioning for Value packs produced for your CCG, please click on the regional links here; https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Summary

Overall we would like to congratulate you on the progress you have made over the last year, particularly in relation to the reorganisation of your management structures, the improvement in contract management and Planning for 2016/17.

Thank you again to you and your team for meeting with us and for the open and constructive dialogue, I hope this letter provides an accurate summary of our discussions and clearly outlines the next steps.
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<th>REPORTING OFFICER /DIRECTOR</th>
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<tbody>
<tr>
<td>Name</td>
<td>Rachel Barker</td>
</tr>
<tr>
<td>Title</td>
<td>Executive Assistant</td>
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<tr>
<td>Name</td>
<td>Dr Andrew Bartlam</td>
</tr>
<tr>
<td>Title</td>
<td>CCG Clinical Accountable Officer</td>
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</tbody>
</table>

**REPORT TO**
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**
Clinical Accountable Officer’s Report

**DATE OF THE MEETING**
2nd August 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
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<tr>
<td>N/A</td>
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**ACTION REQUIRED FROM COMMITTEE/GROUP/ GOVERNING BOARD**

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
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<tbody>
<tr>
<td>X</td>
<td>X</td>
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**RECOMMENDATION**
The Governing Body is requested to **note** the Clinical Accountable Officer’s Report and **ratify** the decisions made at the Sub Committees.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**
(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve quality</td>
<td></td>
<td></td>
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<tr>
<td>4. Reduce health inequalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
<td></td>
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</table>
### PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

This report will provide an update to the Governing Body around the current environment that the CCG has been operating in and an update of the business undertaken at the Sub-Committees Chaired / Vice Chaired by Dr Andrew Bartlam.

### SUMMARY OF RISKS RELATING TO THE PROPOSAL

None

### ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

None

### QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

None

### ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

None

### ACRONYMS

N/A
**DIRECTION**

**Pan Staffordshire Transformation Programme – ‘Together We’re Better’**

Significant progress has been made in developing the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan (STP). The draft STP was submitted to NHS England at the end of June 2016. There are 44 STPs nationally. A number of workshops attended by senior leaders across the system, supported by KPMG were used to refine and finalise the plan.

There are five priority work streams, three other work streams and eight enabler work streams, each of which has a Chief Executive Officer /Accountable Officer as Senior Responsible Officer (SRO) that have developed the programmes that make up the STP. These are likely to be streamlined into fewer work streams as the programme moves to implementation from July.

Whilst STPs will not be approved until later in the year, much of the work prioritised in the plan required to transform outcomes and pathways and models of care are in place and underway, as improvements, savings and efficiencies are planned and must be delivered in 2016/17.

**Health and Wellbeing Board**

Stoke-on-Trent Health and Wellbeing Board (managed by Stoke-on-Trent City Council) brings together key health and care organisations to improve the health of local people and ensure fair access to services. The Board meets to understand local needs, agree priorities and ensure that NHS organisations and the council work more closely, this includes commissioning services together where possible. The Health and Wellbeing Board met on the 23rd June 2016, the main items of business were (1) Children, Young People and Families Plan 2016-2020 – Update Report; (2) Adults’ Strategic Partnership - Update Report; (3) Alcohol harm in Stoke-on-Trent; and (4) Annual Performance Report and Overview 2015/16 - Child and Adolescent Mental Health Services (CAMHS).

**DELIVERY**

**Stoke-On-Trent and Staffordshire Intensive Support Week – Emergency Care Improvement Plan (ECIP)**

The ECIP Intensive Support week commenced on the 4th July 2016 and built on the support given to the Stoke-on-Trent and Staffordshire system so far to improve urgent and emergency care. Each member of ECIP has a core set of improvement skills and also a unique set of skills based on their experience. Intensive support weeks are aimed at bringing the wider team into a system to support particular areas.

In this week, ECIP supported us with expertise in exemplar front door services, Discharge to Assess, SAFER in our community hospitals, how we manage escalation, our challenges in primary care and our model of frailty. They also followed this up with the 6 A’s audit where teams of local clinicians review notes of admitted patients to decide if, should existing local services have capacity, the admission could have been avoided. ECIP also provided us with the support and expertise to help us to change things for the benefit of patients.

Following the review, key priorities for the system were identified, evaluation reports have been provided and a highlight report presented to the Systems Resilience Group. An example of one of the things we learnt was that, should capacity have been available out of hospital, 60% of patients could have had their admission into County Hospital avoided. Some of the learning from this event has already been used and our conversion rate of patients attending A&E has reduced dramatically. We know that if we avoid admission for those patients who do not need it, we can avoid the debilitating effects of deconditioning that occur when a patient becomes inactive in an acute hospital bed.

**Emergency Department (ED)**

The urgent care system remains under significant and sustained pressure, demonstrated by non-attainment of the 95% four hour quality standard and twelve hour trolley breaches. The failure to achieve the 4 hour quality standard has resulted in the submission of a Contract Performance Notice, issued on the 02 June...
2016. A Contract Management Meeting was held on the 15 June 2016, which determined that a Joint Investigation will be undertaken. The Joint Investigation will be completed by the 06 September 2016.

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Month 1</th>
<th>Month 2</th>
<th>YTD 16/17</th>
</tr>
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<tbody>
<tr>
<td>UHNM as a whole (4 hour quality</td>
<td>95%</td>
<td>78.75%</td>
<td>79.26%</td>
<td>79.01%</td>
</tr>
<tr>
<td>standard)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UHNM as a whole (12 hour quality</td>
<td>0</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>standard)</td>
<td></td>
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Partners across the health and social care economy have formed an Urgent Care Project Management Office to lead and drive the Local Health Economy (LHE) ECIP Plan (the plan). The plan focuses on three specific areas (Assess Before Admission, Today’s Work Today and Discharge 2 Assess), eight key priorities (Exemplar Front Door, Frailty, Step Up, Ambulatory Pathway, SAFER, Therapies, Home First and Step Down) and is managed at three tiers, strategically by the System Resilience Group and tactically and operationally by the Unscheduled Care Delivery Group. The plan has an associated improvement trajectory, which achieves 90% by June and delivers recovery against the 4 hour standard by November 2016. At June 2016, performance is 10% below the trajectory (actual = 80%, plan = 90%).

Via the formal concordat, Emergency Care Improvement Programme (ECIP) continue to support whole system improvement and their focus areas include a whole system review of emergency admissions, ED / Ambulatory Emergency Care (AEC) / Frailty / Paediatric pathways, management of ambulance demand, primary care (workforce and management of demand), the SAFER Bundle and discharges.

Referral to Treatment (RTT)
Both 18 Weeks and Cancer RTT performance remain areas of concern. The single performance measure for 18 Weeks RTT is for the incomplete pathways, which means that 92% of patients on all waiting lists must have waited less than 18 weeks. Performance falls short of the required standard, year to date at Month 1 was 90.6%. An improvement plan is in place, with a number of key actions and an improvement trajectory to achieve the target. The CCGs will continue to work with University Hospitals North Midlands (UHNM) and our other providers to ensure that this is successfully implemented and delivers the required improvements.

The diagnosis of the problems faced at UHNM remain as previously reported, namely the impact of trauma activity on the trauma and orthopaedics specialty, theatre and critical care capacity and workforce, and specialty demand in a number of areas. The improvement plan focusses on capacity (capacity modelling, increased use of the County Hospital, use of alternative providers), workforce (critical care and theatre workforce plan) and pathway redesign, e.g. colorectal. In addition, the most challenged specialties are being directed through the Choice and Referral Centre which is proving an effective method of diverting referrals to alternative providers thus reducing the pressure on UHNM. This will ensure effective utilisation of all providers capacity across the system and that commissioners are offering patients who have breached the 18 week standard the opportunity to transfer to an alternative provider where possible.

Financial Update
In submitting our plans for 2016/17 the CCG has recognised that it needs to maintain a tight grip on its financial position and it will face significant challenges throughout the course of the financial year in delivering to a challenging QIPP target. The internal assurance regime will continue through the Financial Recovery Group meetings held jointly with North Staffordshire CCG. These will actively continue to review, challenge and manage the risks in delivering to the CCGs financial control total. The close scrutiny of performance against the CCG’s Financial Recovery Plan (FRP) allows for closer scrutiny and ‘deep dive’ into specific areas of concern.

Our Chief Finance Officer (CFO) and Interim Turnaround Director met with NHS England on 20th July to discuss the financial performance for quarter 1. The paper included in the agenda outlines the key messages
and risks associated with the financial performance thus far in 2016/17. There are key actions for the Governing Body to address in mitigating the current risks associated with our clinical commissioning and the impact on the finances.

On 21st July the CCG received the joint document from NHS Improvement, in partnership with NHS England, entitled “Strengthening Financial Performance & Accountability in 2016/17”. This document has set out a suite of new measures for providers and commissioners to restore financial discipline and help ensure ongoing financial sustainability for the NHS. The document sets out actions to stabilise NHS finances in 2016/17, provides further detail on access to the Sustainability and Transformation Fund, outlines the proposed basis for assessing the financial performance of provider organisations and introduces new programmes of financial special measures for providers and commissioners that are unable to ensure sufficient financial discipline. The CCG will take this documentation into account in dealing with its wider governance and financial governance in particular.

**Commissioning Update**

The CCG is starting to pull together commissioning intentions for 2017/18, working closely with the rest of the CCGs in Staffordshire, the local authorities and public health. Intentions will be driven by the priority workstreams in the Sustainability and Transformation Plans (STP) but the CCG will not lose sight of what is required locally to deliver high quality services, in close partnership with other agencies.

Delivery of a £22m QIPP remains the priority for the CCGs with commissioners leading the implementation of the schemes.

The contract for 2016/17 has been signed with Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) and the finalisation of the service line analysis is being completed to ensure clear understanding of the detail of what is commissioned and at what cost.

Work continues regarding the new model for out of hospital urgent care, taking into account the procurement for Front of House and Out of Hours. The work will build on the review of walk in centres and the engagement to date carried out by Healthwatch, and will explore the options surrounding the implementation of urgent care centres and primary care access hubs, creating an improved service for patients.

We are investing in primary care to deliver models that will reduce non elective admissions, through the use of elderly care facilitators and GPs specialising in frail complex care.

**Staffordshire Local Health Resilience Partnership Memorandum of Understanding (MOU)**

At the Joint Organisational Development Committee meeting held on the 29th June 2016 members received assurance that the Accountable Emergency Officer (Sandra Chadwick) and the Emergency Planning Officer (Tim Jones), on behalf of both North Staffordshire and Stoke-on-Trent CCGs had comprehensively reviewed the revised Staffordshire Local Health Resilience Partnership Memorandum of Understanding prior to agreement with all parties.

This Memorandum of Understanding sets out the agreed contribution to Emergency Preparedness, Resilience and Response (EPRR) within the Local Health Economy (Staffordshire) between NHS England and Local Health Resilience Partnerships (LHRP) partners, including CCGs. The MOU has been updated to reflect the revised organisational responsibilities within the EPRR Framework.

The Governing Body can be assured that the CCGs continue to undertake their statutory duties in relation to EPRR with progress reports received at the Joint Organisational Development Committee on a regular basis, in line with its Terms of Reference.
Equality and Inclusion

The Workforce Race Equality Standards WRES

The Workforce Race Equality Standards (WRES) new technical guidance from NHS England (NHSE) was published on 12 April 2016. Workforce race data as at 31 March 2016 provides the basis of the annual report template submitted to NHSE on the 1 July 2016. This is displayed on the CCGs’ WRES webpage alongside the WRES action plan which has been reviewed and updated to identify any significant trends using the workforce data. The CCGs’ are required to show that ‘due regard’ of protected groups in the workforce is being undertaken in the planning and decision making processes.

Equality and Inclusion Strategy (E&I) 2015-18

A new joint E&I strategy has been developed following the first joint Annual Grading Event on the 27 October 2015 and is currently on display on the CCGs’ website. Electronic engagement has been undertaken around the strategy and was completed in July. A face to face consultation will also be available on request to local stakeholders and communities of interest to discuss the content. The strategy was available at both Stoke-on-Trent and North Staffordshire CCGs’ AGMs and Community Engagement Event.

Quality Impact & Risk Assessment (EI&RA)

The Equality Impact & Risk Assessment (EI&RA) scrutiny process is continuing to be embedded across the CCGs. A number of accessible information standards (AIS) implementation actions required by NHS England are being addressed by the CCGs’. The CCGs’ are considering ways to strengthen feedback specifically from protected groups on healthcare changes.

DEVELOPMENT

Chairs Reports

The recommendations captured in this report provide the key highlights of the business undertaken since the last Governing Body, at two of the Governing Body’s sub-committees chaired / vice chaired by myself as the Clinical Accountable Officer, namely:

- Joint Planning Committee
- Joint Organisational Development Committee

Joint Planning Committee Meeting on the 11th May 2016

The Governing Body is asked to note the items of business discussed at the meeting on the 2016 including (1) a Quarterly Contracting Update; (2) a Finance and Planning Update; (3) a Together We’re Better Update; (4) a Digital Healthcare Strategy and Implementation Plan 2016/17; (5) the Frail Elderly / Nursing Homes QIPPs (Quality, Innovation, Productivity and Prevention); (6) Commissioning Policies for Medicines Optimisation; (7) the GP Forward View; (8) a Co-operative Working Update; and (9) a briefing on Improvement and Assessment Framework for CCGs for 2016/17.

Quarterly Contracting Update

An update was presented to the Joint Planning Committee on the status of the contract monitoring around the 2016/17 contracts which were currently being managed by the Contract Management Team (CMT) for North Staffordshire and Stoke on Trent CCGs with all Providers and also an update on the 2016/17 negotiations with Providers.

The Joint Planning Committee duly noted the Quarterly Contracting Update.

Digital Healthcare Strategy and Implementation Plan for 2016/17

The Digital Healthcare Strategy and Implementation Plan for 2016/17 was presented for approval. The purpose of the plan was to (1) support the adoption and design of technology to enable self-care and self-management for patients; (2) help to reduce workload in practices; (3) help practices / multi-specialty care
providers that want to work together to operate at scale; and (4) support greater efficiency across the whole system.

The Joint Planning Committee duly approved the Digital Healthcare Strategy and Implementation Plan 2016/17 with a requirement to review the progress and funding spent after six months.

**Frail Elderly / Nursing Homes QIPPs**
The Joint Planning Committee were asked to (1) approve a total investment of £1.7m into initiatives in order to achieve the identified QIPP savings for Frail Elderly and Long Term Conditions; and (2) within the £1.7m approve an investment of £525k in order to achieve the identified QIPP savings for Care Homes.

The Joint Planning Committee duly approved the Nursing Homes QIPP but did not approve the Frail Elderly QIPP which would be presented to a future meeting.

**Briefing on Improvement and Assessment Framework for CCGs for 2016/17**
The Joint Planning Committee duly noted that a new Improvement and Assessment Framework (IAF) for CCGs would replace both the existing CCG Assurance Framework and the CCG performance dashboard from 2016/17. The paper summarised the key features of the framework and how it fit with CCG future plans and the assurance process.

**Joint Planning Committee Meeting on the 14th June 2016**
The Governing Body is asked to note the items of business discussed at the meeting on the 14th June 2016 including (1) Out of Hospital Urgent Care Model; (2) Frail Elderly QIPP; and (3) the SSOTP Community Contract.

**Out of Hospital Urgent Care Model**
The contract for GP Out of Hours (GPOOH) and Front of House (FoH) Procurement was due to expire at the end of March 2017. The options outlined were (1) status quo maintaining one single site for Front of House (within or close to the Emergency Department (ED)) and one single site for GPOOH, operating independently; (2) co-located, integrated FoH / GPOOH service within or close to ED with satellite centres, mapped either to demand or developing Primary Care Access Hubs (PCAHs) / Urgent Care Centre (UCC), procured in LOTS; and (3) co-located FoH / GPOOH service within or close to ED with satellite centres but provision of GPOOH would be commissioned in LOTS.

It was felt that option 2 would be the preferred route. Finance and activity data was still being worked through although it was noted that the model was currently operational in Blackpool.

The Joint Planning Committee duly agreed the Out of Hospital Urgent Care Model option 2.

**Frail Elderly QIPP**
The Joint Planning Committee was requested to approve an investment of £850k into initiatives in order to achieve the identified QIPP savings for Frail Elderly and Long Term Conditions.

It was agreed that a small group would be convened to agree the scope of the whole pathway, identifying the appropriate level of investment into the most effective schemes, which may mean that some of the identified resource for GP fellows, for instance, may be reduced and invested into other schemes, such as care facilitators.

The Joint Planning Committee duly agreed the investment programme, based on the meeting to agree the overall pathway which would identify the most effective model.
SSOTP Community Contract

The Joint Planning Committee were requested to (1) recognise the outcome of the arbitration and the impact upon the CCGs financial position; (2) note and approve the notices served upon SSOTP and the necessity of these due to the contractual requirements and financial position of the CCGs; (3) agree the recommended actions relating to each termination notice; and (4) note the risks around the delivery of the QIPP and the timescales associated with the re-running of the line by line analysis process.

The Joint Planning Committee duly agreed the recommendations relating to the SSOTP Community Contract.

Organisational Development (OD) Committee held on the 29th June 2016

The Governing Body is asked to note the items of business discussed at the meeting on the 29th June 2016 (1) the revised Terms of Reference; (2) North Staffordshire and Stoke-on-Trent CCGs 360 Stakeholder Survey and Action Plan; (3) Training Needs Analysis – North Staffordshire and Stoke-on-Trent CCGs; (4) Health & Safety, Fire and Security Annual Reports; (5) Staffordshire Local Health Resilience Partnership – MOU; and (6) Equality & Inclusion Progress.

Terms of Reference

Revised Terms of Reference were presented, with key amendments relating to (1) the membership of the Committee, to reflect the outcome of the management of change process and revised staff structure across the two CCGs; (2) the quoracy of the meeting which would be collective across the two CCGs, a minimum of 3 members will represent a quorum, which must include one Lay Member / Non Executive GP Board Member; and (3) the need to identify a nominated deputy for the meeting.

The Organisational Development Committee duly reviewed the amendments to the Terms of Reference, and discussed and agreed the revised membership of the Committee, prior to ratification by each Governing Body at a future meeting.

The Governing Body is therefore requested to approve the Organisational Development Committee Terms of Reference.

North Staffordshire and Stoke-on-Trent CCGs 360 Stakeholder Survey and Action Plan

A summary of the responses from the 360 stakeholder survey for North Staffordshire and Stoke-on-Trent CCGs undertaken during March 2016 was presented.

The Organisational Development Committee duly noted the contents of the summary report and in particular the areas of significant feedback; and discussed the contents of the action plan (Action plan attached as Appendix 1).

Training Needs Analysis – North Staffordshire and Stoke-on-Trent CCGs

The Organisational Development Committee received a report which detailed the current training taking place by department across the two CCGs; noted the identified / future training needs by department across the two CCGs; considered if there are any identified training needs which could be delivered as part of a wider programme at scale within the CCGs; and considered how this information should be captured and considered moving forward.

Health & Safety, Fire and Security Annual Reports

The reports were presented to provide the respective CCG’s with assurance that that they are legally compliant with H&S and Fire legislation and to provide assurance that staff at these premises work in a safe and secure environment.

The Organisational Development Committee duly noted the Health & Safety, Fire and Security Annual Reports.
<table>
<thead>
<tr>
<th>Area</th>
<th>Proposed Action to be taken</th>
<th>Lead</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall engagement</td>
<td>The Clinical Director for Partnerships &amp; Engagement along with the Head of Comms &amp; Engagement to develop annual plan of events and who attending</td>
<td>CD- P&amp;E/Head of Comms &amp; Engagement</td>
<td>30 September 2016</td>
</tr>
<tr>
<td>Commissioning Services</td>
<td>Feedback from the survey to be shared with commissioners. Commissioners to work closely with Comms &amp; Engagement Team and also EDS partner to ensure appropriate involvement and engagement of all stakeholders &amp; representation of 9 protected groups.</td>
<td>Director of Commissioning/Deputy Director of Commissioning</td>
<td>30 September 2016</td>
</tr>
<tr>
<td>Overall leadership of the CCGs/Clinical leadership of the CCGs</td>
<td>Executive Team and Governing Boards to increase profile with stakeholders i.e attending practice engagement events, locality meetings, MP meetings, Board to Boards with providers</td>
<td>Accountable Officer/Clinical Chair</td>
<td>31 December 2016</td>
</tr>
<tr>
<td>Monitoring and reviewing services</td>
<td>CCGs to look at the monitoring and reporting of services in respect of demonstrating quality</td>
<td>Director of Nursing &amp; Quality</td>
<td>30 September 2016</td>
</tr>
<tr>
<td>Plans and Priorities</td>
<td>Commissioning staff to liaise with comms and engagement staff to ensure the CCGs have effectively communicated its plans and priorities</td>
<td>Director of Commissioning/CD Partnership and Engagement</td>
<td>30 September 2016</td>
</tr>
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</table>
This report aims to provide Stoke-on-Trent CCG 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 Stoke-on-Trent. This report focusses on items of business discussed at the Quality Committee meetings held in June and July 2016.

Key points to note are:

a) SOTCCG C Difficile Trajectory: The CCG is significantly above the in-year trajectory and is currently working to understand if these cases reported in the community have any links with previous hospital admissions within an acute setting, as it has been determined that this can be one of the most common risk factors.

b) Safeguarding Children - PREVENT: There has been a change in leadership for PREVENT from the CCG’s Designated Nurse for Children to the Safeguarding Nurse – Adults. The CCG’s current status in respect of mandatory training compliance will be verbally advised at the meeting.

c) SEND (Special Educational Needs or Disabilities) Inspection: The Ofsted and CQC Inspection of the CCG and Stoke-on-Trent City Council commenced on the 11 July 2016 to 15 July 2016. The inspection report is awaited.
**d) Safeguarding Adults:** The CCG has completed the Staffordshire and Stoke-on-Trent Adult Safeguarding Board (Tier 2) Self-Assessment Audit. The current position of the CCG’s self-assessment in terms of RAG rating is all green with the exception of three amber ratings relating to policy development. These areas of improvement were already identified and included in the CCG’s workplan for 2016 / 2017.

**e) Provider Quality Reports:**

i) **North Staffordshire Combined Healthcare NHS Trust:** There is ongoing monitoring of the CQC Action Plan. The Trust is preparing for a full CQC comprehensive inspection in September 2016. A Quality Visit Programme is planned with Healthwatch Stoke-on-Trent and Healthwatch Staffordshire during August 2016 to support the CQC visit.

ii) **Staffordshire and Stoke-on-Trent Partnership Trust:** A programme of District Nursing Focus Groups have been undertaken in July 2016 to provide evidence for the CQC Improvement Plan.

iii) **University Hospitals of North Midlands:** The A&E 4 hour wait standard continues to be challenged. Quality Team members participated in the Trust’s Clinical Excellence Framework on the 14th June 2016.

iv) **Nuffield Health North Staffordshire:** The CQC Inspection report has been published with an overall rating of good.

v) **NSL Non Urgent Patient Transport Service:** The contract with NSL ends on the 31st July 2016. Quality monitoring is ongoing until the end of the contract.

vi) **Staffordshire Doctors Urgent Care:** Workforce continues to be the main challenge and the focus of discussion; however the provider is working actively with the CCG.

vii) **North Staffordshire and Stoke-on-Trent CCGs Complaints Annual Report 2015 / 2016:** The Complaints Annual Report for 2015 / 2016 is available on the CCG’s website at [www.stokeccg.nhs.uk](http://www.stokeccg.nhs.uk). The CCG received 51 formal complaints and 40 MP letters during this period. The CCG is not aware of any complaints subject to a review by the Parliamentary and Health Service Ombudsman.

### SUMMARY OF RISKS RELATING TO THE PROPOSAL
Detailed within the main body of the report.

### ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS
N/A

### QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT
N/A

### ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT
N/A

### ACRONYMS
Detailed within the body of the report.
1. Draft Quality Strategy for North Staffordshire and Stoke-on-Trent CCGs
At the Quality Committee meeting held in July 2016, members received an early working draft of the joint Quality Strategy for the two CCGs. Members were supportive of the early draft and were requested to give feedback ahead of this being presented at the next Joint Patient Congress meeting in August 2016 to inform its further development.

2. Infection Prevention and Control
The Quality Committee continues to receive assurance on the actions being taken in relation to infection prevention and control across the local health economy at each of its meetings.

Members noted that the Clostridium difficile objectives for 2016 / 2017 have now been published and the objectives for both acute provider trusts and CCGs remain unchanged for 2016 / 2017. This has been prompted by the fact that there has been a slight increase in the median CDI rate from the year to November 2014 to the year November 2015. In addition, sanction implementation guidance has been issued which outlines that only the total of cases associated with lapses in care should be used as a basis upon which to apply contractual sanctions.

Members received assurance on the decision to hold one forum established on a Staffordshire wide basis responsible for reviewing and refreshing the Health Economy Clostridium difficile Recovery Plan which will assist in the cascading of learning.

SOTCCG C Difficile
As at the end of June 2016, 38 cases have been reported against a cumulative objective of 21 and an annual objective of 87. The CCG is currently working to understand if these cases reported in the community have any links with previous hospital admissions within an acute setting as it has been determined that this can be one of the most common risk factors.

UHNMC Difficile
As at the end of June 2016, 28 cases have been reported against a cumulative objective of 22 and an annual objective of 74. The CCG is aware however that the annual objective set by NHS England is due to be increased to 82 cases as this does not reflect its teaching status. In addition, as UHNMC has recently taken responsibility for both Bradwell and Cheadle Hospitals from the 1st April 2016, the CCG has written to NHS England to request that consideration be given to increasing this further and a response is awaited.

3. Safeguarding Update - Children
Members received a Safeguarding Children’s Report, key points to note:

PREVENT
Members received an update on the PREVENT Statutory Duty which came into effect on the 1st July 2015 and is aligned to the NHS Contract. The CCG’s PREVENT Lead is currently transitioning to Rachael Fitton, Safeguarding Nurse for Adults from Paula Carr – Safeguarding Nurse for Children. An e-learning package has now been made available for all staff to complete which is a mandatory requirement linked to a statutory competency framework. The CCG is required to report to the Regional Prevent Coordinator on a quarterly basis and will need to demonstrate 100% compliance. The e-learning package is now available to staff and the CCG is working towards ensuring it is compliant as a matter of urgency.

SEND (Special Educational Needs or Disabilities) Inspection
The Inspection of the CCG and Stoke on Trent City Council local area’s effectiveness in identifying and meeting the needs of, and improving outcomes for, children and young people who have special educational needs and/or disabilities commenced on the 11 July 2016 to 15 July 2016.
Ofsted and the Care Quality Commission (CQC) will carry out jointly an inspection of Stoke-on-Trent to evaluate how effectively the local area:

- identifies the needs of children and young people who have special educational needs and/or disabilities
- meets the needs of these children and young people so that their outcomes and chances of participating fully in society improve.

The outcome of the inspection is awaited.

4. **Safeguarding Update - Adults**
   
   Members received a Safeguarding Adult’s Report, key points to note:

   **Submission of Staffordshire and Stoke-on-Trent Adult Safeguarding Board (Tier 2) Self-Assessment Audit – Organisational Compliance**
   The CCG has responded to the first pilot of this audit which will replace the Strategic Health Authority audit submitted historically. This is an audit all mandated partners of the Adult Safeguarding Board (Local Authorities, Health Organisations and the Police Services) will be required to submit and results will be included in the Safeguarding Board Annual Report in the future.

   The current position of the CCG’s self-assessment in terms of RAG rating is all green with the exception of three amber ratings relating to policy development. These areas of improvement were already identified and included in the CCG’s workplan for 2016 / 2017.

   **Safeguarding Strategy and Safeguarding Commissioning Strategy**
   Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership policies and procedures have been revised to reflect key changes to the statutory guidance to support local authorities implement the Care Act 2014. The Quality Committee approved that the review dates the CCG’s Safeguarding Strategy & Safeguarding Commissioning Strategy could be extended for six months until the 30th September 2016 to allow for updates in accordance with national and local changes.

5. **Primary Care Quality Assurance and Improvement**
   
   Members received a Primary Care Quality Assurance and Improvement Report, key points to note:

   **Monitoring Primary Care Performance**
   The Primary Care Team are working with NHS England to develop a dashboard which will support the monitoring of performance in general practice at individual practice level. The dashboard will not be presented to the Quality Committee but an overarching report on the indicators will be presented.

   **Local Improvement Scheme**
   Practices are now signed up to the frameworks for 2016 / 2017 with the focus on the older population and the reduction of non-elective admission and attendances at emergency portals. Work is now ongoing to monitor performance against the metrics and practices are being encouraged to report any qualitative evidence that the schemes are showing benefit to their patients and practice as a whole.

   **New CCG Practice Nurse and Healthcare Assistant website**
   This has been developed to support the primary care workforce with an emphasis on nursing and healthcare assistant positions. Although the majority of information is aligned to those roles the site is also useful to wider primary care colleagues and particularly Practice Managers. A discussion forum has also been included where colleagues can network and share best practice. This site compliments the CCG’s commitment to learning and development opportunities.
General Practice Workforce
The North Staffordshire Local Medical Committee has held several meetings and workshops to raise the profile of the sustainability of Primary Care. The most recent workshop was held on the 21st April 2016 with a focus on ‘Releasing Capacity in General Practice’ and working differently and smarter. The event was extremely well attended with further workshop ideas being developed led by the LMC in collaboration with the GP Federation.

6. Quality Reports

6.1 North Staffordshire Combined Healthcare NHS Trust (NSCHT) CQC Quality Report
Following the comprehensive inspection, which included an announced inspection visit during week commencing the 7th September 2015, the Care Quality Commission (CQC) published their findings on the 22nd March 2016. Quality Committee members received this full report at its meeting on the 13th April 2016 noting that the CQC found that NSCHT were performing at a level which led to a judgement of ‘Requires Improvement’. The CCG has received a copy of the Trust’s ‘At a Glance’ Project Plan at the CQRM on the 24th June 2016 and agreed to receive updates on a regular basis incorporated into routine reporting through the CCG’s Quality Committee.

The CAMHS Community Service received a Section 29a warning notice in October 2015 which highlighted a number of breaches in relation to key regulations and required the Children and Young People’s Directorate to take action within specific timeframes. The Trust continues to make progress with the required improvements although staffing continues to be a challenge. NSCHT have been advised by the CQC that a follow up comprehensive inspection will take place in September 2016.

6.2 Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) CQC Inspection
Following the comprehensive inspection, which included an announced inspection visit during week commencing the 2nd November 2015, the Care Quality Commission (CQC) published their findings on the 11th May 2016. The Quality Summit took place on 10th May and was attended by Jayne Downey (Director of Nursing and Quality). The CQC found that SSOTP were performing at a level which led to a judgement of ‘Requires Improvement’. SSOTP has now submitted a CQC Quality Improvement Plan to the CQC for agreement and this will be presented and monitored by CQRM on a monthly basis.

The Trust continues to report to their Board that there is safe staffing across community hospital inpatient wards although the difficulties in recruiting at Community Hospitals remain. In addition there continues to be a high number of vacancies despite constant initiatives to recruit within District Nursing and the impact of this is monitored through the Community Nurse Assurance Group. Commissioners are carrying out a series of District Nurse Focus Group visits throughout July and this evidence can then be used by the Trust for the CQC Improvement Plan and findings presented at a forthcoming CQRM meeting.

6.3 University Hospitals of North Midlands (UHNM)
Members noted that following the publication of the CQC Report in July 2015 the Trust developed an action plan to address all the recommendations of the report which has been monitored and discussed at the Clinical Quality Review meeting. Members noted that the Trust has met with the CQC one year after their initial inspection to review the progress UHNM have made with the actions within the improvement plan. The CQC were satisfied with the progress and raised no concerns.

A&E 4 Hour Wait Standards: A series of quality visits are routinely undertaken with UHNM and Commissioners as part of their assurance framework to the ED focussing on patient safety / experience. Commissioners were invited to attend a Clinical Excellence Framework visit to A&E on the 14th June which are designed to review quality issues against a defined set of criteria based on the outcomes of the Keogh Report and the CQC key lines of enquiry. UHNM scored ‘silver’ from the combined reports with a series of recommendations for quality improvement.
There have been a total of 36, 12 hour breaches with 5 reported in June 2016. UHNM enhanced their RCA panel review process in June. The RCA Panel now review the operational and management processes in addition to the focus on the safety and patient experience.

6.4 **Nuffield Health North Staffordshire Hospital**

The CQC inspected the Nuffield Hospital on the 9-10\textsuperscript{th} February 2016 and a report was published on the 14\textsuperscript{th} June 2016 with the CQC rating the Trust as ‘good’. However the CQC rated the ‘safe’ domain as ‘requires improvement’ in ‘Are Surgery Services Safe?’ as detailed below.

<table>
<thead>
<tr>
<th>Overall rating for this location</th>
<th>Good</th>
<th>Requires improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services safe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are services effective?</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Are services caring?</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Are services responsive?</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
<td></td>
</tr>
</tbody>
</table>


In response the Trust has developed an improvement plan to address all recommendations within the Report. The CQC concluded that although there were areas where Nuffield need to make improvements, Surgery was planned and co-ordinated effectively.

The CCG has agreed a CQUIN with the Nuffield for 2016 / 2017 relating to the WHO Surgical Checklist. The Quality Committee received assurance that the Nuffield is on track to meet all quarter 1 milestones.

6.5 **NSL Patient Transport Service**

The 3 year contract with NSL Care Services ends on the 31\textsuperscript{st} July 2016 and following a robust procurement exercise E-zec Medical Transport Services have been chosen as the new provider across Staffordshire.

The CCG continues to monitor the quality of the service provided to patients until the end of this contract to ensure this does not decline. A deep dive exercise has been undertaken following anecdotal evidence of delays increasing in June 2016 and it has been determined that there has been an increase in activity compared to last year along with out of area journeys. In addition an increase of long term sickness has been reported and NSL are therefore utilising the third party arrangements agreed with the CCG to manage this activity.

The CCG undertook a quality visit on the 11\textsuperscript{th} April 2016 focussing on infection control and Visiting Team members received assurance of a new standard operating procedure implemented. The Visiting Team were assured by the arrangements NSL demonstrated at the time of the visit.

6.6 **Staffordshire Doctors Urgent Care (SDUC)**

Members noted that Staffordshire Doctors Urgent Care Clinical Quality Review Meeting became Pan Staffordshire during October 2015 and meets on a bi-monthly basis with an interim meeting / conference call taking place during the interim month. Members noted that there are approximately 30 key performance indicators in place with challenges being seen on meeting KPIs relating to workforce, particularly at weekends. A desktop review has been undertaken to understand the gaps in workforce particularly around enhanced shifts. SDUC have introduced a comfort calling protocol in addition to the
contract to ensure that all patients are kept informed regarding timescales and delays along with identifying any changing or deteriorating symptoms which might indicate re-prioritisation of their case.

Whilst there is also a national staffing issue, SDUC is proactively working with the CCG in this area.


At the Quality Committee held in June 2016, members received the Complaints, PALS and MP Letters Annual Report for both North Staffordshire and Stoke-on-Trent CCGs for the period 1st April 2015 – 31st March 2016. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require that each accountable body produces an Annual Complaints Report and submits it to the Department of Health. The full report is available on the CCG’s website at [www.stokeccg.nhs.uk](http://www.stokeccg.nhs.uk).

There were 97 complaints and 64 MP letters received collectively by both CCGs in 2015/16; an increase of 20 complaints and 1 MP letter when compared with 2014/15. Nationally, there has been an increase in complaints over recent years however full data for 2015/16 is not published until later in 2016. Once data is nationally published, this will allow a comparison of numbers in our geographical areas compared to the national picture. General themes that can be identified for these complaints include: 1) access and waiting 2) better information 3) more choice and 4) safe, high quality co-ordinated care.

The CCG has not been advised of any complaints subject to a review by the Parliamentary and Health Service Ombudsman during 2015 / 2016.

The figures specific to Stoke-on-Trent CCG for 2015 / 2016 are as follows:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Complaints</th>
<th>MP Letters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter One</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Quarter Two</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Quarter Three</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Quarter Four</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>40</td>
</tr>
</tbody>
</table>

A large proportion of complaints and MP letters relate to the University Hospitals of North Midlands NHS Trust which we would expect to see as this is our main acute provider across a range of their services and departments. Following triangulation across complaints, PALS and MP letters small themes can be seen in relation to service areas where the CCG is not achieving the constitutional target e.g. outpatient backlog in areas such as orthopaedics and ophthalmology with concerns raised in relation to access to appointments. In addition, a small theme relating to patient experience within A&E became apparent during quarter 4 of 2015 / 2016, reflective of the current pressures. These examples of patient feedback are shared at the Clinical Quality Review meeting for discussion and utilised within future quality visits. The Clinical Quality Review meeting continues to focus on seeking assurance that patients have not come to harm as a result of breaches of NHS Constitution targets e.g. long waits. There are also a number of continuing healthcare complaints recorded across the two CCGs relating to the delays in the review of retrospective cases for funding which is being monitored by the CCG, following further investment to support the clearing of this backlog.
<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Gill Gardiner</td>
<td>Iain Stoddart</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>Assistant CFO</td>
<td>Chief Finance Officer</td>
</tr>
</tbody>
</table>

**REPORT TO**
Stoke-on-Trent CCG Governing Body

**TITLE OF REPORT**
Month 3 Financial Position

**DATE OF THE MEETING**
2nd August 2016

**WHAT OTHER CCG COMMITTEE OR GROUP HAS CONSIDERED THIS REPORT?**
Finance & Performance Committee 26/7/2016
FRG 26/7/2016 as context

**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD (PLEASE TICK)**

<table>
<thead>
<tr>
<th></th>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>Information</th>
</tr>
</thead>
</table>
| **RECOMMENDATION**
| The Governing Body is asked to note:-

1. the contents of this report and executive summary regarding CCG performance against 2016-17 financial duties to the end of Month 3;
2. The key drivers of risk that are impacting the financial position;
3. That unmitigated risks will require remedial actions to deliver the CCG back to the planned control total and that the joint Governing Board meeting with North Staffordshire CCG on 3rd August will agree the final approach and actions;

and to propose any immediate actions to be taken or areas of investigation to be pursued.

**STRATEGIC GOALS SUPPORTED BY THIS PAPER (tick appropriate goal)**

1. Improve access  
   - 
2. Improve health outcomes  
   - 
3. Improve quality  
   - 
4. Reduce health inequalities  
   - 
5. Cross Cutting / Statutory Duties (more than one of the above)  
   -
**PURPOSE OF THE REPORT/SUPPORTING INFORMATION**

The report highlights key financial metrics around expenditures incurred against plan as at the first quarter of 2016/17.

- Key areas of divergence from plan
- Overview of the QIPP plans and delivery
- Overview and detail around the identification and treatment of risks.

**KEY POINTS/EXECUTIVE SUMMARY**

The month 3 position is reported at £0.495m deficit compared with a surplus of £1.125m as the planned position for the same period in the plan.

The forecast position reports the cumulative deficit control total at £1.207m. Given current trends this would require full utilisation of the contingency reserve of £1.9m (0.5%), largely due to pressures in acute contracts, individual placements and corporate spending.

The forecast position includes full delivery of a QIPP programme totalling £13.24m. Within this around £2.5m has been built into contract with UHNM. A high proportion of the QIPP will only be delivered through underperformance in PBR activity.

There are broadly £5.0m of unmitigated risks in the position. These relate to the risks profile around the QIPP programme, the outcome of arbitration with SSOTP, prescribing growth and other items.

As required by financial planning guidance the CCG has not committed its 1% headroom reserve of £3.8m.

**Risks relating to the proposals in this paper**

- The CCG has a planned QIPP programme of £13.24m. A large proportion of the programme is not enacted within contract agreements, and is planned to be delivered through reductions in tariff activity and re-procurement of services. As at M3 there is slippage in the QIPP programme of £1.0m. At this stage it is intended to recover the slippage over the course of the year and consequential risks arise.

- The outcome of arbitration with our main community provider leaves the CCG with a risk of £5.4m. Around £3.4m of the risk is mitigated through planned delivery of further QIPP savings. Initially the intention was to achieve the savings through the contract settlement. They are now to be achieved through re-procurement processes with longer timescales to achieve service transfers. Around £2.0m will be incurred in additional payments under the contract which form part of the unmitigated risks total.

- The month 2 position and forecast for UHNM includes sanctions which the CCG believes can be levied in the event of poor performance. These are significantly reduced from 15/16, and there is a risk that the sanctions may be further reduced following sign off by UHNM for receipt of Sustainability and Transformation Fund monies.

- Inability to utilise 1% headroom funds against risk.

**Summary of any finance/resource/medicines management/workforce implications**

In order to develop clear action plans to mitigate the financial risk there will be implications already considered in delivering QIPP at planned levels. There will be further areas where Equality and Quality Impact Assessment will need to be undertaken, together any other associated impact assessment.

**Any statutory/regulatory/legal/NHS Constitution/Assurance/Governance implications**

The CCGs agreed cumulative deficit is £1.207m and therefore any adverse variance from the position will result in the CCG not meeting all of its statutory targets. The CCG will be in breach of it constitutional
**Equality Impact Assessment** *(Are there any direct or indirect implications)*

None

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**Any related work with stakeholders/practices/public and patient engagement**

Range of mitigations to redress the financial position will have an impact on services. These mitigations must be assessed to understand the impact on stakeholders and patients.

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**Quality implications**

Impact of NHS Improvement involvement with UHNM and Sustainability and Transformation Fund (STF) funding requires understanding on monitoring against all measures.

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**Acronyms**

Set out in the body of the report.
Month 3 Financial Position 2016/17

1. Background

Stoke on Trent Clinical Commissioning Group (CCG) is required to report achievement against its key financial duties and plans both monthly and annually. This report discusses the position to the end of June 2016 (Month 3 and forecast for the financial year 2016/17).

2. Executive Summary

<table>
<thead>
<tr>
<th>High Level Targets &amp; RAG Rating</th>
<th>Expenditure to 30th June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue Allocation notified - £385.773m</td>
<td>The UHNN contract is over-performing at a reported value of £0.878m; with a preliminary forecast to the year end of underperformance at £1.315m when the impact of QIPP delivery is taken into account. Significant variances in outpatient attendances and procedures, and with some under performance in planned care.</td>
</tr>
<tr>
<td>Programme Allocation notified - £379.805m</td>
<td>Commitments in corporate non-running are currently within plan at M3, although it is expected that expenditure will exceed budgeted resources.</td>
</tr>
<tr>
<td>Running Cost Allocation notified - £5.968m</td>
<td>Data received from the WMAS is recording additional ambulance journeys with overperformance at month 3 of £155k</td>
</tr>
<tr>
<td>Capital Allocation notified - zero</td>
<td>Prescribing data has been received for the month of April. Comparisons with April 2015 data suggest the position is within plan, however some level of risk is anticipated based on dialogue with the Head of Medicines.</td>
</tr>
</tbody>
</table>

Slippage in the QIPP programme at M3 to the value of £1m has been experienced.

Overall Status

The control total deficit forecast of £1.207m has been reported at month 3 in line with NHSE requirements to deliver to planned control totals. In arriving at the forecast, the 0.5% contingency reserve of £1.9m is fully utilised, and there are as yet unmitigated risks that require further assessment and mitigation. The financial deep dive with NHSE identified these risks at £4.6m. The CCG continues to retain its £3.79m headroom reserve as required by financial planning guidance and this has not been applied.

3. Financial Duties and Plans 2016-17

The financial plans for 2016/17 were agreed by the Governing Body on 5th April 2016, submitted to NHS England on 18th April, 2016 and the detailed budget booklets were approved at the Finance & Performance Committee on 26th April 2016.
The initial high level plan for the CCG as set by the Governing Body is as follows:-

In 2016-17, the Income & Expenditure plans of the CCG are to:

- Deliver a £1.71m in year deficit [a £1.207m cumulative deficit] against allocated Revenue Resource Limit (RRL) [This is set against a mandated planning requirement of 1% surplus].
- Contain expenditure within an overall cash limit
- Contain expenditure within the Running Cost target of £5.968m for the CCG
- Deliver a QIPP of £13.2m

Clearly the initial plan would not deliver to the NHS England planning requirements unless the CCG is able to maintain the level of reserves and contingency, deliver all its QIPP plans and hold expenditures to plan throughout the financial year. The resultant effect is that the CCG has an extremely tough fiscal challenge set against an extremely challenging health context.

Throughout the financial year the CCG will report on its achievement against meeting its key financial duties and delivery against its financial plans. This reporting format is undergoing review and development to ensure that it continues to meet the needs of the Governing Body and the external audience. More granular level reports are discussed and debated at the Finance & Performance Committee.

A summary of financial performance to date is shown below:-

<table>
<thead>
<tr>
<th>In Year Allocation *</th>
<th>£’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Expenditure - Recurrent</td>
<td>394,333</td>
</tr>
<tr>
<td>Less QIPP target</td>
<td>-13,244</td>
</tr>
<tr>
<td>Planned Expenditure net of QIPP</td>
<td>381,089</td>
</tr>
<tr>
<td>Recurrent Reserve held uncommitted as headroom (1%)</td>
<td>3,791</td>
</tr>
<tr>
<td>Contingency (0.5%)</td>
<td>1,928</td>
</tr>
<tr>
<td>Planned Surplus/ (Deficit)</td>
<td>-1,710</td>
</tr>
<tr>
<td><strong>In Year Planned Net Expenditure</strong></td>
<td><strong>385,098</strong></td>
</tr>
</tbody>
</table>

* Supplemented by b/fwd allocation of £503k and other allocations received in year totalling £172k
### Description of financial duties | Month 3 | Explanation
--- | --- | ---
Maintain expenditure within the revenue resource limit and deliver to a planned surplus (normally 1%) | | The CCG is planning a year end deficit of £1.207m - at month 3 the control total is forecast to be held at that level but with £3m of unmitigated risks. Further risks have been identified that require mitigation solutions.

Maintain expenditure within a Maximum Cash Drawdown Limit (cash limit). | | The CCG has drawn down £73.191m in the year and with BSA requirements of £12.876m giving a total cash requirement of £86.067m. The drawdown is lower than planned, but this is expected to move closer to plan as payments are aligned to contract values.

Maintain capital expenditure within the delegated limit from the Area Team. | | Nil allocation to date, but agreement to a small number of capital plans is anticipated.

Ensure running costs are within the set allocation per head of population. | | The CCG has an allocation of £5.968m for running costs which is slightly reduced from last year. At month 3 an overspending of £133k is recorded.

Ensure a minimum of 0.5% contingency is held. | | The CCG has 0.5% contingency within the financial plan this is fully utilised in forecasting the outturn position for the control total target.

Ensure that 1% of funds remain uncommitted | | The CCG has a reserve which remains uncommitted as required by financial planning guidelines. Its value is £3.79m (1%).

Delivery of QIPP targets | | The CCGs QIPP Plan is valued at £13.24m. There is evidence of slippage at M3, planned savings £2.6m, delivery £1.6m. For the majority of schemes, contracts will have to under perform to achieve delivery of the QIPP programme.

Ensure compliance with the Better Payment Practice Code (BPPC) – “Late Payment of Commercial Debt” | | The CCG delivered 96.1% in 30 days against the number of NHS and 98.8% against non NHS invoices paid to the end of June 2016.

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**Maintain expenditure within the resources allocated and deliver of planned deficit.**

At the end of month 3 the CCG Financial Plan baseline resource level stood at £385.773m. This is built up of £379.805m for Programme expenditure and £5.968m allocation to meet Running costs. Within these figures is the non-recurrent return of the prior year surplus of £0.503m. The CCG is planning to exceed its cumulative allocation by £1.207m (by £1.710m of in-year allocation).

**Maintain expenditure within a maximum cash drawdown limit**

The CCG manages cash flow on a monthly basis and draws down cash directly via NHS England. At month 3 drawings of £73.191m were required directly by the CCG, and £12.876m via the Business Services Authority (BSA) for prescribing payments and the CHC top-slice. This requirement represents 22.29% of the CCGs Maximum Cash Drawdown (MCD) which is behind the plan for month 3 of £97.73m (25.31%).

**Ensure running costs are contained within the allocation of £5.968m**

Running Cost allocation is £5.968m which the CCG should not exceed. At month 3 the CCG exceeded the budget in this area by £133k mainly as a result of spending on Sustainability & Transformation Plan (STP) and consultancy. A review of charges and actions to bring expenditure in line with budget is being undertaken.
Deliver QIPP savings targets.

QIPP saving schemes of £13.24m are planned in 2016/17, representing around 3.1% of programme allocations. Of this sum, £2.5m has been agreed in signed contracts and therefore these schemes have expected higher confidence levels of delivery. The remainder rely mainly on reporting of activity and payments due under PBR, re-procurement of services, and changes in prescribing patterns in order to realise the savings. The UHNMM contract has to show an annual level of underperformance of £5.6m in order to deliver the savings planned. At month 3 over-performance in contracts is reported and consequently there is QIPP scheme slippage [planned savings of £2.6m at M3 with delivery of £1.6m]. At this stage the intention is to maximise recovery of the slippage in the remaining months of the financial year. A risk value of 25% of the programme is associated with this intention. A robust delivery programme is in place to support the savings performance in 2016/17.

Ensure compliance with the Better Payment Practice Code (BPPC)

The CCG is expected to comply with the Confederation of British Industry (CBI) Prompt Payment Code. This requires the CCG to pay 95% of valid invoices within 30 days of receipt. CCG performance up to 30th June stood at 96.1% based on count for NHS payables (99.7% by value). For non NHS payables the position was 98.8% based on count (97.3% by value). The CCG met the targets for the period to the end of June 2016.

4. Position to Date

The cumulative position to June 2016 is a deficit against the CCG allocation of £0.495m which is a significant movement from plan which at M3 is a £1.125m surplus. Appendix 1 highlights a summary table of performance against the range of budget headings and financial performance. The CCG is reporting a forecast which achieves the control total; however there are risks identified at £4.6m which are, as yet, unmitigated and further pressures including Funded Nursing Care payments are likely to arise. The contingency of £1.9m would be fully utilised in forecast out-turn position. The CCG continues to hold 1% (£3.79m) of its resource uncommitted; as required by planning guidelines.

5. Contractual Performance of Providers/Budgetary Performance

The University Hospitals North Midlands NHS Trust (UHNMM) contract position for M3 and the forecast to the year-end has been based upon activity and financial data received for April and May 2016. Activity levels are increased above contract indicating over performance in the first quarter at £878k. Forecasting this forward and taking into account anticipated QIPP delivery indicates an under-performance estimated at £1.315m by the year end.

Current quarter over-performance is prevalent in emergency and outpatient points of delivery, with some underperformance in planned care. Other acute non NHS contracts are over-performing in planned care which more than offset the planned care under-performance seen at UHNMM. This indicates further traction is required on the QIPP schemes, managing elective demand and managing activity in the unscheduled care system. The UHNMM position to date includes a change in the application of some penalties due to the sign up of the Trust to Sustainability & Transformation Fund (STF) targets. This reduces the latitude of the CCG in imposing fines as leverage to deliver performance trajectories. Clarification over the rules around STF and sanctions has been sought to avoid any potential risk of anticipated fines not materialising.

West Midlands Ambulance Service activity is significantly above contracted values with overspending of £155k. Further analysis is being undertaken to determine the increase and any links to other services e.g. NHS 111.
Prescribing data received for April indicates spending to be close to planned levels and on trend. Some risk is anticipated based upon dialogue with the Medicines Optimisation lead and this will need to be closely monitored and mitigated as the year progresses.

Continuing Care shows some early evidence of underspending in this heading – reported as £0.168m to the end of June. At the time of writing the CCG has been made aware of a nationally agreed increase in the Funded Nursing Care (FNC) payments backdated to 1st April 2016. The initial impact of this price change indicates a potential increase in spending of a further £980k for the CCG which will need to be mitigated. The month 4 position will be updated to take the impact of this into account together with further mitigations to maintain the overall control total.

Costs of individual patients with mental health/learning disability care requirements have overspent by £119k in the first quarter. A review of the annualised forecasting methods is being undertaken to determine likely impact to the end of the year. This will take into account the focus of the Transforming Care Programme.

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

The final Financial Plan detailed a required QIPP programme of £13.24m which is equivalent to 3.1% of the programme allocation. Appendix 2 highlights the plan summary and the position at month 3. The ongoing monitoring and assurance of the programme takes place through the Financial Recovery Group (FRG).

7. Audit Assurance

The CCG finance department will continue to work with Internal Audit to undertake assurance around various aspects of the CCG financials to provide audit opinion regarding accuracy of monthly accounts. In addition where further assurance work is required then this continues to be sourced as appropriate; predominantly from Internal Audit.

8. Strategic Support

The CCG is required to set aside 1% of its baseline recurrent allocation to be used each year on a non-recurrent expenditure basis, this equates to £3.79m. For 2016/17 these funds are to remain uncommitted unless approval from NHSE allows their application.

9. Balance Sheet

The CCG Statement of Financial Position as at 30th June 2016 (Appendix 2, Part 2) shows the level of indebtedness between the CCG and other parties (mainly NHS providers). Significant entries include:

- Cash £93k – demonstrating the CCG delivery of its obligations in relation to cash
- Accounts Receivable £2.99m.
- Accounts Payable £31.58m including agreed claims with NHS bodies
- Accrued liabilities of £403k – prior year provision for anticipated claims not now likely to be realised.

10. Cash flow

The CCG had drawings to the end of June 2016 of £86.087m against its planned requirement of £97.729m for the same period, including the requirements notified from the Business Services Authority. This is reflected in a higher accounts payable balance at the end of June and aligning
payments to contract values. It is expected that cash payments will increase in future months relating to agreements with local authorities for BCF and other joint agreements.

11. Main Risks during 2016/17

A detailed risks and mitigations schedule has been developed and presented to the Finance & Performance Committee. These risks include the issues emerging up to month 3. Key areas of focus relate to financial deep dive on quarter 1 performance where further actions and mitigations will be required to enable the CCG to meet its financial control total target.

Unmitigated risks of £3m have been reported to NHSE since Month 2 reporting, but further analysis indicates that a greater level of mitigating actions need to be undertaken to deliver to the financial control total. The headline areas requiring focussed attention are QIPP delivery risk at £2.9m, residual risk arising from arbitration at £2.2m and likely prescribing requirements. Some further mitigations have been identified and the areas of focus and decision will be put before the joint Governing Body meeting with North Staffordshire CCG on 3rd August. Out of necessity this will also quantify the recently identified FNC risk.

Whilst the CCG included the headroom reserve of £3.79m within its initial risk mitigation plans it is understood that this reserve cannot be committed at present and therefore will not be available as part of the basket of mitigating actions.

It should be noted that any divergence from the financial plans could initiate action by NHSE as reinforced by the “Strengthening Financial Performance & Accountability in 2016/17” document of 21st July 2016.

Recommendation

The Governing Board is asked to note:-

1. the contents of this report and executive summary regarding CCG performance against 2016-17 financial duties to the end of Month 3.

2. The key drivers of risk that are impacting the financial position

3. That unmitigated risks will require remedial actions to deliver the CCG back to the planned control total and that the joint Governing Board meeting with North Staffordshire on 3rd August will agree the final approach and actions.

and to propose:-

4. any immediate actions to be taken or areas of investigation to be pursued.
## Summary Board Report Quarter 1 2016-17

### Appendix 1

<table>
<thead>
<tr>
<th></th>
<th>In Month</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>In Month</td>
</tr>
<tr>
<td><strong>Revenue Resource Limit</strong></td>
<td>£360,773</td>
<td>34,894</td>
</tr>
<tr>
<td><strong>Acute services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute-NHS</td>
<td>163,012</td>
<td>13,664</td>
</tr>
<tr>
<td>Acute-non NHS</td>
<td>11,203</td>
<td>1,265</td>
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<tr>
<td>Other Acute</td>
<td>634</td>
<td>53</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>10,319</td>
<td>903</td>
</tr>
<tr>
<td>Non Contracted Activity</td>
<td>2,099</td>
<td>175</td>
</tr>
<tr>
<td><strong>Sub-total Acute services</strong></td>
<td>£187,268</td>
<td>£16,061</td>
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<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>43,241</td>
<td>3,662</td>
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<tr>
<td>Learning Difficulties</td>
<td>450</td>
<td>38</td>
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<tr>
<td><strong>Sub-total MH services</strong></td>
<td>£43,691</td>
<td>£3,700</td>
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<tr>
<td><strong>Community Health Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>Community Services</td>
<td>42,583</td>
<td>3,328</td>
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<tr>
<td>Other Community</td>
<td>12,455</td>
<td>850</td>
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<tr>
<td><strong>Sub-total Community services</strong></td>
<td>£55,038</td>
<td>£4,178</td>
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<tr>
<td><strong>Continuing Care services</strong></td>
<td></td>
<td></td>
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<tr>
<td>Continuing Health Care</td>
<td>18,938</td>
<td>1,834</td>
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<tr>
<td>Funding Nursing Care</td>
<td>3,311</td>
<td>276</td>
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<tr>
<td><strong>Sub-total Continuing Care services</strong></td>
<td>£22,249</td>
<td>£2,110</td>
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<tr>
<td><strong>Primary Care services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary - Locally Enhanced Services</td>
<td>4,506</td>
<td>375</td>
</tr>
<tr>
<td>Primary - Out of Hours</td>
<td>1,828</td>
<td>142</td>
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<tr>
<td>Primary Other</td>
<td>3,229</td>
<td>104</td>
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<tr>
<td>Primary Care IT</td>
<td>871</td>
<td>73</td>
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<tr>
<td>Prescribing</td>
<td>49,194</td>
<td>4,265</td>
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<td><strong>Sub-total Primary Care services</strong></td>
<td>£59,627</td>
<td>£4,958</td>
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<tr>
<td><strong>Other Programme Spend</strong></td>
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<tr>
<td>Planned Surplus</td>
<td>-1,207</td>
<td>375</td>
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<tr>
<td>Commissioning Reserves</td>
<td>2,179</td>
<td>18</td>
</tr>
<tr>
<td>111 Service</td>
<td>884</td>
<td>74</td>
</tr>
<tr>
<td><strong>Sub-total Other Programme services</strong></td>
<td>£11,931</td>
<td>£990</td>
</tr>
<tr>
<td><strong>Total - Commissioning services</strong></td>
<td>£379,805</td>
<td>£33,951</td>
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</table>
### Appendix 2

**QIPP Delivery Quarter 1 – 2016/17**

#### Statement of Financial Position

**Quarter 1 – As at 30th June 2016**

<table>
<thead>
<tr>
<th>Statement of Financial Position</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Current Assets</td>
<td>0</td>
</tr>
<tr>
<td>Cash</td>
<td>92,629</td>
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<tr>
<td>Accounts Receivable</td>
<td>2,985,697</td>
</tr>
<tr>
<td>Current Assets</td>
<td>3,078,226</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>3,078,226</td>
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<tr>
<td>Accounts Payable</td>
<td>31,580,489</td>
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<tr>
<td>Accrued Liabilities</td>
<td>403,042</td>
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<tr>
<td>Current Liabilities</td>
<td>31,983,531</td>
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<tr>
<td>Long Term Liabilities</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings incl. In Year</td>
<td>(28,905,305)</td>
</tr>
<tr>
<td>Total Taxpayers Equity</td>
<td>(28,905,305)</td>
</tr>
<tr>
<td>TOTAL EQUITY + LIABILITIES</td>
<td>3,078,226</td>
</tr>
</tbody>
</table>
ENVELOPE: 8.1

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>REPORTING OFFICER /DIRECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Lisa Taylor</td>
</tr>
<tr>
<td>Title</td>
<td>Governance Manager</td>
</tr>
<tr>
<td>Name</td>
<td>John Howard</td>
</tr>
<tr>
<td>Title</td>
<td>Lay Member for Governance / Chair of the Remuneration Committee</td>
</tr>
</tbody>
</table>

REPORT TO Stoke-on-Trent CCG Governing Body

TITLE OF REPORT Chair’s Report from the Joint Audit Committee: 19th July 2016 between North Staffordshire and Stoke-on-Trent CCGs

DATE OF THE MEETING 2nd August 2016

WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Audit Committee – 19th July 2016 (discussed items within report)</td>
<td>Neil McFadden – Lay Member for Governance (NSCCG) Alex Palethorpe – Head of Governance</td>
</tr>
</tbody>
</table>

ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BODY

<table>
<thead>
<tr>
<th></th>
<th>Approve</th>
<th>X</th>
<th>Assurance</th>
<th>X</th>
<th>Discussion</th>
<th>X</th>
<th>For noting</th>
<th>X</th>
</tr>
</thead>
</table>

RECOMMENDATION

The Governing Body is asked to:

• **Note** the contents of the Audit Committee Chair’s report and items of business discussed at its last meeting and in particular;
• **Ratify** the revised Information Governance Policy (as scrutinised and approved by the Audit Committee)
• **Ratify** the revised Risk Management and Assurance Framework Strategy & Policy (as scrutinised and approved by the Audit Committee), **noting** the proposal to submit the Corporate Risk Register to the Governing Body on a quarterly basis; and
• **Consider** the recommendation by the Joint Audit Committee that a Joint Informal Board Seminar of the two CCGs be utilised to scrutinise the whole Assurance Framework Risk Register on an annual basis.
• **Ratify** the revised Joint Scheme of Delegation, Matters of Delegation and Prime Financial policies (as scrutinised and approved by the Audit Committee)

STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER (identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Improve quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Reduce health inequalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
This briefing summarises the key issues discussed at the Joint Audit Committee held on the 19th July 2016 and aims to provide the Governing Body / Board formal assurance on the CCGs systems and processes reviewed by the Audit Committee, highlight any areas of concern and support the preparation of each CCG’s Annual Statement for inclusion in the Annual Report 2016-17.

Areas discussed include:-
- External Audit
- Counter Fraud Progress Report
- Internal Audit Progress Report
- Information Governance Update
- Freedom of Information (FOI) Progress Report
- Recommendation Tracker
- Revised Risk Management and Assurance Framework Strategy & Policy
- Assurance Framework Risk Register (AFRR)
- Joint Scheme of Delegation, Matters of Delegation and Prime Financial policies
- Declaration of Interest and Gifts and Hospitality Register
- Midlands and Lancashire Commissioning Support Unit - Service Auditors Report
- Single Tender Action Log
- North Staffordshire CCG Audit Committee Annual Report 2015/2016

**SUMMARY OF RISKS RELATING TO THE PROPOSAL**
As detailed within the Assurance Framework Risk Register.
Six areas as highlighted by Grant Thornton (External Audit) to the Committee as areas they may wish to focus on over the next six months and gain assurance on 1) Review of the finance function; 2) Economies of scale; 3) Influencing the Sustainability and Transformation Programme for Staffordshire and Stoke-on-Trent; 4) NHS RightCare programme; 5) Multi-speciality community providers; and 6) Ensuring sustainable primary care.

**ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION / ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS**
North Staffordshire and Stoke-on-Trent CCGs Constitutions
Terms of Reference
Joint Scheme of Delegation, Matters of Delegation and Prime Financial policies
Freedom of Information Act
Information Governance

**QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT**
N/A

**ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT**

**ACRONYMS**
Within the main body of the report.
Joint Audit Committee Report to Governing Body/Board

Chairs Report

1. Introduction

1.1 This briefing summarises the key issues discussed at the Joint Audit Committee held on the 19th July 2016 and aims to provide the Governing Body / Board formal assurance on the CCGs systems and processes reviewed by the Audit Committee, highlight any areas of concern and support the preparation of each CCG’s Annual Statement for inclusion in the Annual Report 2016-17.

1.2 The key headlines from the July 2016 meeting to which the Committee wish to draw the Governing Body / Board’s attention to are as follows:-

2.1 External Audit
Grant Thornton (GT) presented their audit committee progress report and emerging issues and developments for Stoke-on-Trent and North Staffordshire CCGs for the year ended 31 March 2016 along with their letters relating to Auditor reports on the financial statements for both CCGs.

Six areas were highlighted to the Committee as areas they may wish to focus on over the next six months and gain assurance on:
- Review of the finance function;
- Economies of scale;
- Influencing the Sustainability and Transformation Programme for Staffordshire and Stoke-on-Trent;
- NHS RightCare programme;
- Multi-speciality community providers; and
- Ensuring sustainable primary care

Members asked that these areas be incorporated into the Committees business cycle and Assurance Framework Risk Register where appropriate.

GT confirmed that they are in the process of drafting each CCG’s annual audit letter and have started to plan for the audit in 2016/17.

2.2 Counter Fraud Progress Report
PWC presented their first joint counter fraud progress report which summarises counter fraud activity. This includes:-
- Sharing an introductory poster with the CCGs identifying key members of the counter fraud team and their contact details
- A formal handover meeting with the previous Local Counter Fraud Specialist (LCFS)
- Finalising contractual arrangements so that officers can be formally nominated as the CCGs’ local counter fraud specialist

2.3 Internal Audit Progress Report
PWC presented their first joint progress report which summarises internal audit activity and provides a sector update. Activity has been minimal during quarter one (as is normal practice) with work commencing from quarter two onwards.

PWC highlighted two areas where there may need to be a revision to the internal audit plan:-
- Information Governance Toolkit – PWC have been advised that the expectations of the Health and Social Care Information Centre (HSCIC) is that the toolkit needs to be audited each year as
the 2010/11 guidance in relation to internal audit of the IG toolkit is still valid. PWC are currently investigating further to understand the situation.

- Conflicts of Interest: the NHS England guidance issued 1 July 2016 states that each CCG must have an internal audit carried out in quarter 3 or 4, the scope and remit to be set by NHS England. Once the guidance has been issued PWC will liaise with the necessary officers.

The proposed work plan was discussed and timings revised due to the recent capability and capacity review. Partnership engagement was asked to be moved from quarter 4 to quarter 3. Both Committees requested PWC revise their work plan to incorporate a review of the IG toolkit for each CCG as per HSCIC requirements. The expectation of the Committee is that three pieces of work will be completed and finalised for reporting to the Committee at its next planned meeting in October. These are IT Risk Diagnostic, Safeguarding and Contract Management Review.

2.4 Information Governance Update

The Information Governance Report for each CCG was presented. Key headlines for both as follows:-

- Version 14 of the IG toolkit was released 27 May 2016 with no substantial changes made from version 13. Both CCGs are currently recording 20% as evidence relevant to only 2015/16 has been stripped out, only evidence that continues to be relevant and current remains.

- IG Information Policy - a revised policy was presented which contained minor changes. Both Committees approved the policy and agreed to recommend to its own Governing Body that it ratify the document.

- Individual CCG implementation plans were presented and each committee were asked to approve the plan.

- It was highlighted that for Stoke-on-Trent CCG a Level 1 breach had occurred in May 2016. Actions taken included the staff member undertaking IG refresher training and double checking consent obtained from complainant/patient prior to discussing their case with a healthcare provider.

- The Committee were also made aware that in relation to information assets, a programme is in place for aligning these as part of the wider co-location plan.

2.5 Freedom of Information (FOI) Progress Report

Progress reports for each CCG were presented providing a summary of activity for the period 1 April 2016 - 30 June 2016.

North Staffordshire CCG
41/45 of the FOI requests were responded to within the statutory timescale of 20 working days. There are currently 4 active FOI requests which at the time of writing were within the above timescale.

Stoke-on-Trent CCG
38/44 of the FOI requests were responded to within the statutory timescale of 20 working days. There are currently 6 active FOI requests which at the time of writing were within the above timescale. 2 breached the 20 days. 1 breach occurred whilst awaiting information from the Commissioning Team (CCG delay) and 1 breach occurred when the response was sent to the wrong individual for sign off in error (CSU delay).

Neither CCG are aware of any requests escalated to the Information Commissioner during quarter 1. No exemptions were applied to requests during quarter 1.
Both Committees recognised the significant improvement with regard to responding to FOIs as a result of implementing a new system and the immediate impact in the number of FOIs being overdue reduced.

### 2.6 Recommendation Tracker

The recommendation tracker provided an update on the implementation of recommendations relating to internal audit reports undertaken in 2015/16 for each CCG. The progress made on implementing recommendations was noted; however, members requested further clarity with the response provided by the CCG regarding no plans to convene a voluntary grant panel in the near future (Voluntary Sector) (SOTCCG) only).

The CFO agreed to meet with PWC to look at residual actions and how these can be progressed, prior to them undertaking the follow-up audit.

### 2.7 Revised Risk Management and Assurance Framework Strategy & Policy

A revised Joint Risk Management and Assurance Framework Strategy and Policy was presented to the Committee for approval. The document reflects the joint reporting and monitoring processes that have been implemented. Members discussed the risk appetite for both CCGs (12+), the frequency of reporting to Governing Bodies and the level for reporting to commence. Members agreed that the Assurance Framework Risk Register should be reported to the Governing Bodies on a quarterly basis for risks of 15 and above and that an in depth review by the Governing Board is undertaken at least annually.

The joint Audit Committee is recommending that the whole Assurance framework Risk Register is reviewed at least annually at an informal Joint Board Seminar.

Subject to these amendments being incorporated into the document members approved the document and recommended its ratification by the respective Governing Bodies.

### 2.8 Assurance Framework Risk Register (AFRR)

The joint AFRR was presented. Members discussed the risks in particular focusing on the change in risk scoring and the rationale behind some risk scores being downgraded which were challenged, along with board oversight and potential over optimism. This links to the recommendation above for the AFRR to be reviewed in depth by the Governing Bodies at a joint informal Board Seminar.

### 2.8 Joint Scheme of Delegation, Matters of Delegation and Prime Financial policies

The Joint Committee were presented with the Joint Scheme of Delegation (JSOD) and asked to approve and recommend its ratification by each Governing Body. The rationale behind having a joint Scheme of Delegation was explained, in that it aligns authorisation levels and enables decision making for officers, whilst retaining each CCGs own sovereignty.

As a consequence of implementing a JSOD each CCGs; Matters of Delegation and Prime Financial Policies were reviewed and updated to reflect changes. Tracked changes were highlighted in each document and members discussed and agreed that in respect of exceptions and instances where formal tendering need not be applied or may be waived the estimated expenditure should not or be expected to exceed £50,000 and not £75,000.

Subject to the above amendments being made both CCG Committees agreed to approve the suite of documents and recommend their ratification by their respective Governing Body / Board.
2.9 Other areas covered include:-

2.9.1 Draft Joint Business Cycle 2016/17-2017-18
A Joint business cycle has been developed and agreed by both Committees, acknowledging that a special meeting of each CCG Audit Committee is likely to be required in late May each year to approve the audited accounts and annual report for each CCG. Meetings can also take place outside this cycle as and when required either jointly or separately.

2.9.2 Declaration of Interest and Gifts and Hospitality Register
Members received a paper which provided assurance on the monitoring and maintaining of the above for both board members and all staff of each CCG. Changes in respect of new starters and leavers at Board level were highlighted. In respect of the Hospitality Register this was received for each CCG, noting that as we move forward processes will be aligned.

NHS England’s Conflict of Interest guidance was formally issued at the beginning of July. The guidance makes a number of recommendations and requirements for CCGs to adopt during quarter 2 and 3. Members were assured that work is underway to implement these recommendations and requirements across both CCGs which include the review of the existing policies and procedures in relation to conflicts of Interests and gifts and hospitality and frequency of reporting. The revised guidance indicates formal changes should be requested on a 6 monthly basis. The onus is on the individual to declare any new interests or changes outside of this time period (within 28 days).

2.9.3 Midlands and Lancashire Commissioning Support Unit - Service Auditors Report
The Joint Committee were asked to receive the above reports, noting the assurance provided to the CCGs from the CSU Auditors in respect of finance and payroll. The contents of these reports were reflected in each CCGs governance statement, the reports were not received until May 2016 and were presented to the Committee for completeness.

2.9.4 Single Tender Action Log
The Audit Committee noted the authorisation of three waivers (in line with Stoke-on-Trent CCG’s Prime Financial Policies and seven waivers in line with North Staffordshire CCG’s Prime Financial Policies.

2.9.5 North Staffordshire CCG Audit Committee Annual Report 2015/2016
The members of NSCCG committee agreed this reflected the work undertaken during the year and agreed the report would be submitted to the next Governing Board meeting (separate paper to NSCCG Governing Board).

J Howard       Neil McFadden
Lay Member Governance     Lay Member Governance
Audit Committee Chair - Stoke-on-Trent CCG   Audit Committee Chair - NSCCG

July 2016
### AUTHOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Lisa Taylor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Quality and Governance Manager</td>
</tr>
</tbody>
</table>

### REPORTING OFFICER /DIRECTOR

<table>
<thead>
<tr>
<th>Name</th>
<th>Lisa Taylor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Quality and Governance Manager</td>
</tr>
</tbody>
</table>

### REPORT TO

Stoke-on-Trent CCG Governing Body

### TITLE OF REPORT

CCG Assurance Framework Risk Register – risks scoring 15 and above

### DATE OF THE MEETING

2nd August 2016

### WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Forum – December 2015</td>
<td>CCG Risk Owners</td>
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</tbody>
</table>

### ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BODY

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
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</tbody>
</table>

### RECOMMENDATION

The Governing Body is asked to:

- **Note** the contents of the Assurance Framework Risk Register for risks scoring 15 and above (enclosed at appendix 1)
- **Note** the 4 new risks added since the last report to Governing Body scored 15 and above
- **Request** further information as required
- **Consider** the proposal from the Joint Audit Committee that the whole Assurance Framework Risk Register is reviewed on an annual basis at a Joint Board Seminar.

### STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER

(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>1. Improve access</td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
</tr>
<tr>
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<td>4. Reduce health inequalities</td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
</tr>
</tbody>
</table>
**PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY**

**Purpose of the report**
To advise the Governing Body of the risks currently identified as part of the Joint Assurance Framework Risk Register for North Staffordshire and Stoke-on-Trent CCGs which have a residual risk score of 15 (extreme) or more and for members to be assured of the actions being taken to mitigate these risks.

Risk Owners have reviewed the contents of the whole Assurance Framework Risk Register during July 2016 and provided updates where appropriate.

Prior to submission to Governing Body, the full register has been scrutinised by the Joint Audit Committee on the 19th July and Finance and Performance Committee on the 26th July 2016. The Quality Committee is scheduled to receive the clinical element of the full register as its meeting in August 2016. In addition the Executive Team scrutinise the register on a monthly basis and ensure that any new or emerging risks are also captured. Due to timings of Board meetings for the CCGs not coinciding in the same month, North Staffordshire CCG will receive an updated Assurance Framework Risk Register at its September meeting as the document is a ‘live document’ with updates taking place each month, where appropriate.

**Key areas to note:**
- The CCGs currently have 8 risks on the register scoring 15 or more
- 4 new risks have been added to the register since the last report to Governing Body – risk ID 97, 101, 102 and 103.
- The CCGs financial position is recorded as the largest risk to the CCGs at this time (risk ID 102).

At the Joint Audit Committee held on the 19th July 2016, members advised that it would be useful to scrutinise the whole Assurance Framework Risk Register on an annual basis via a joint Board Seminar. This will ensure that all members are aware of the contents of the whole register, including those of a lower risk to the organisations. The Governing Body is asked to consider this request.

**SUMMARY OF RISKS RELATING TO THE PROPOSAL**
The CCG Risk Register captures identified financial, reputational and clinical risks to the organisation and the actions being taken to mitigate these risks. These risks link to the CCGs Board Assurance Framework which details the principle risks which if not mitigated against, may threaten the delivery of the CCGC’s strategic objectives.

**ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS**
Delivery of NHS Constitutional Targets; delivery of statutory duties.

**QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT**
N/A

**ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT**
N/A

**ACRONYMS**
Detailed within main body of report.
<table>
<thead>
<tr>
<th>Risk ID</th>
<th>Date Added</th>
<th>Description of Risk</th>
<th>Initial Risk Score</th>
<th>Current Risk Score</th>
<th>Operational Lead</th>
<th>Date of Next Review</th>
<th>Last Controls to Mitigate</th>
<th>Last Action Comment</th>
<th>Assurance On Controls</th>
<th>Gaps In Assurance</th>
<th>Gaps In Controls</th>
<th>Target Risk Score</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>12/10/2015</td>
<td>There is a risk of the CCG failing to achieve one or more of the NHS Constitution waiting time targets, leading to NHS England not being assured, and the CCG receiving an overall rating of 'not assured'.</td>
<td>20</td>
<td>15</td>
<td>Jolley Paul (5PJ) Stoke On Trent PCT</td>
<td>30/08/2016</td>
<td>Feb 2016 - On-going use of contract levers and service improvement plans, continued scrutiny at SRG, assurance that operational plans for 2016/17 meet demand and address underperformance in key NHS Constitution areas. Cancer: Performance monitoring though Planned Care Board which reports to SRG. Quality Issues picked up at CQRM</td>
<td>April 16: The following targets will not be met by year end: SOTCCG: RTT - Incomplete 90.5% A&amp;E - 76.7% Cancer: 2wk Urgent GP referrals 92.1% 2 wk Breast symptom referrals 77.8% 31 day First Definitive Treatment 75% 31 day Drug Treatment 16 97.3% 62 day Urgent GP referrals 72.4% North Staffordshire CCG The following targets will not be met by year end: RTT - Incomplete 90% A&amp;E - 77% Cancer: 2wk Urgent GP referrals 93.5% 2 wk Breast symptom referrals 68.1% 31 day First Definitive Treatment 16 89.5% 31 day Subsequent Treatment 92.3% 62 day Urgent GP referrals 78.9% Ambulance - Red 2 standard 72.9%</td>
<td>July 16 - End of year position reported to joint Board between NS and SOTCCGs 5th April 2016. Trajectory plan agreed between CCG and UHNM and presented to NHS England. Monthly SRG Meetings. PMO in place. Regular Performance Reports to Sub-Committee and Governing Board / Body, detailing actual performance against targets and actions to mitigate.</td>
<td>Delivery of QIPP Schemes to support delivery of constitutional targets, based on historic performance.</td>
<td>6</td>
<td>30/11/2016</td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>17/11/2015</td>
<td>There is a risk of the CCG's failing to achieve the 18 week target, resulting in poor patient experience and potential delays in treatment.</td>
<td>15</td>
<td>15</td>
<td>King Sharon (5PJ) Stoke on Trent PCT</td>
<td>05/09/2016</td>
<td>Feb 16 - Still continued failure to achieve 18 week target, UHNM not provided RAP or date for recovery. Monthly fine of 2% of contract value invoked IMAS (improvement team ) to support capacity and demand model. Work stream set up jointly with UHNM and CCG lead commissioners to tackle backlog and to achieve sustainability moving forward. Risk increased from 12 to 15</td>
<td>July 16 - Trajectory agreed as part of SPT (on track May). CPN raised and JI is progressing. Capacity main issue with a significant number of complex patients with co-morbidities requiring consultant only and/or unsuitable for transfer Actions in place: Demand capacity task and finish group meeting weekly to oversee transfer of breach patients. Since commencing transfers on 9/5/16 up to 24/6/16, 76 transfers against a target of 150 over six week period. We are continuing to identify further opportunities for transfer e.g. paediatric ENT to Burton. Demand management through Choice &amp; Referral implemented 9/05/16 for most challenged specialties (Derm, gynae, gen surgery, plastics). Using a comparison of average monthly referrals Oct 14 to Mar 15 there has been a significant increase of approx 84% increased use of Choice &amp; Referrals. Of these, 65% are being diverted to alternative providers. 841 referrals for up to 27/6/16;</td>
<td>Loss of STF funding</td>
<td>Raised contract performance notice against 18 week target UHNM cannot provide Remedial Action plan or date for recovery</td>
<td>Number of complex patients that cannot be transferred.</td>
<td>6</td>
<td>30/11/2016</td>
</tr>
<tr>
<td>Risk ID</td>
<td>Date Added</td>
<td>Description of Risk</td>
<td>Initial Risk Score</td>
<td>Current Risk Score</td>
<td>Initial Lead</td>
<td>Date of Next Action</td>
<td>Last Controls to Mitigate</td>
<td>Last Action Comment</td>
<td>Assured On Controls</td>
<td>Gaps In Assurance</td>
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<td>Target Risk Score</td>
<td>Target Date</td>
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<td>-------------</td>
</tr>
<tr>
<td>92</td>
<td>17/11/2015</td>
<td>There is a risk domiciliary care capacity is currently under significant pressure which has an impact across the health economy.</td>
<td>16</td>
<td>16</td>
<td>Scullin Becky</td>
<td>31/08/2016</td>
<td>21/7/16 - risk reviewed by COO: Local Authority have action plan in place to improve capacity in Domiciliary Care. Contract with AMG in place until September. Risk score to remain at 16.</td>
<td>Monitored at SRG.</td>
<td>SRG is in place with Executive level representation.</td>
<td>6</td>
<td></td>
<td>31/03/2017</td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>08/02/2016</td>
<td>Failure to achieve NHS Constitution wait time targets for cancer</td>
<td>16</td>
<td>16</td>
<td>Tomkins Adrian</td>
<td>31/08/2016</td>
<td>CPN raised 10/6/16 for 62 day from GP referral and 62 day from screening – agreed to progress to JI. RAP ended March 16 (achieved March 16). UHNM Improvement trajectory June 16. Actions in place: Cancer UIT plan: Focus on high demand specialities Implementation of majority of HIA achieved 8/13 compliant. Action plan for developing HIA</td>
<td>July 16 - CPN raised 10/6/16 for 62 day from GP referral and 62 day from screening – agreed to progress to JI. RAP ended March 16 (achieved March 16). UHNM Improvement trajectory June 16. Actions in place: Cancer UIT plan: Focus on high demand specialities Implementation of majority of HIA achieved 8/13 compliant. Action plan for developing HIA.</td>
<td>Monitoring and assurance through Planned Care Board which reports into SRG</td>
<td>Quality issues addressed through CQRM</td>
<td>4</td>
<td></td>
<td>31/10/2016</td>
</tr>
<tr>
<td>97</td>
<td>08/06/2016</td>
<td>NEW RISK - There is a risk that the CCGs may not achieve the financial control targets in 2016 / 2017 as a result of failing to agree contract values with its main providers.</td>
<td>12</td>
<td>15</td>
<td>King Sharon</td>
<td>31/08/2016</td>
<td>July 16 - Clear process of arbitration with SSGTP resulted in disparity between the financial assessment of the CCGs and the ruling under arbitration by £9.3m. The due process regarding the arbitration decision queried through regional lead dialogue with NHS England as part of the 20th July 2016 deep dive. Range of mitigating actions undertaken to the value of £5.4m which leaves an initial gap of over £3m. Risk score reviewed and increased to 15.</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td>31/03/2017</td>
</tr>
<tr>
<td>101</td>
<td>07/07/2016</td>
<td>NEW RISK - There is a risk that proposed reductions in community and social care services, as a result of pressures in Social Care funding in 2016/17, will directly impact upon health provision. However, at present the CCGs are unable to quantify the risk in the absence of community and quality impact assessments being undertaken. Staffordshire County Council has identified a list of proposed services that will be reduced whereas Stoke City Council has not determined their list yet.</td>
<td>16</td>
<td>16</td>
<td>Danher Debbie</td>
<td>01/09/2016</td>
<td>Pan Staffordshire CCGs are working with both councils to mitigate where possible e.g. intermediate care/reablement. NS &amp; SOT Clinical Directors have been requested to support the Director of Commissioning to ensure that clinical engagement is incorporated into discussions around the services that are likely to be affected. Pan Staffordshire CCGs are writing to Staffordshire County Council to request that community and quality impact assessments are undertaken ahead of any final decisions so that all risks are known and where possible stakeholders can work together to minimise the impact on patients.</td>
<td>July 16 - Pan Staffordshire CCGs are writing to Staffordshire County Council to request that community and quality impact assessments are undertaken ahead of any final decisions so that all risks are known and where possible stakeholders can work together to minimise the impact on patients. For further discussion at the BCF meeting on 7.7.16. Risk score determined as 16 until quality impact assessments undertaken and outcomes known.</td>
<td>Nominated senior commissioning manager lead across the two CCGs. Executive representation at BCF Boards.</td>
<td>Services and impact on service unknown at this present time.</td>
<td>8</td>
<td></td>
<td>31/03/2017</td>
</tr>
<tr>
<td>Risk ID</td>
<td>Date Added</td>
<td>Description of Risk</td>
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<tr>
<td>102</td>
<td>21/07/2016</td>
<td><strong>NEW RISK</strong> - There is a significant risk that the organisations will not deliver its control totals submitted as part of the plan to NHS England on the 18th April 2016, leading to non-compliance with its statutory duties as laid out in each CCGs Constitution.</td>
<td>20</td>
<td>20</td>
<td>Tomkins Adrian (5PJ) Stoke PCT</td>
<td>31/08/2016</td>
<td>Chief Finance Officer</td>
<td>July 16 - As the CCGs set a deficit plan for 16/17 it is now classified as being within financial turnaround. A Financial Turnaround Director is in place and explicit measures in place to deliver the organisations back to sustainable financial balance. The range of actions are through the medium term financial strategy, the FRP, the delivery of the organisations QIPP underpinned by rigorous day to day operational controls. Committee structures of FRG, Finance &amp; Performance Committee, Governing Body, Executive Team and specific task &amp; finish groups as appropriate.</td>
<td>July 16 - Financial deep dive with NHS England planned for the 20th July 2016. Remedial action plan to be submitted to a Joint meeting of the Governing Body / Boards 3rd August 2016.</td>
<td>Finance and Performance Committee 26th July 2016 Finance Recovery Group 27th July 2016 Joint Governing Body / Board 3rd August 2016</td>
<td>12</td>
<td>31/03/2017</td>
<td></td>
</tr>
<tr>
<td>103</td>
<td>21/07/2016</td>
<td><strong>NEW RISK</strong> - There is a risk that the CCG may not deliver its agreed QIPP Programme for 2016/17 and therefore fail to support the CCG in delivering its Financial Plan.</td>
<td>20</td>
<td>15</td>
<td>Tomkins Adrian (5PJ) Stoke PCT</td>
<td>31/08/2016</td>
<td>Chief Finance Officer</td>
<td>July 16 – The risk to full achievement of the identified QIPP target has been identified through the CCG governance structure with a risk based analysis of delivery undertaken, this highlights likely shortfall of £4.8m at this stage of the year. Those schemes of track are being reviewed through the established governance structure and this is being supplemented by weekly progress reviews through the executive team each week and a weekly meeting between the Interim Turnaround Director and the Director of Commissioning. The focus being to provide the relevant challenge, support and escalation to enhance delivery opportunities and minimise financial shortfalls. The established review structure inculdes officer, executive and lay membership.</td>
<td>July 16 - A series of opportunities to bridge the in year shortfall have been identified and these will be discussed and agreed upon at the Governing Body on 3rd August 2016 following which further actions will be implemented and monitored for achievement on an ongoing basis.</td>
<td>Finance and Performance Committee Assurance meetings Reports to Governing Body / Board. PMO established.</td>
<td>12</td>
<td>31/03/2017</td>
<td></td>
</tr>
</tbody>
</table>
## Author

<table>
<thead>
<tr>
<th>Name</th>
<th>Laura Janda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Senior Planning and Development Manager</td>
</tr>
</tbody>
</table>

## Reporting Officer / Director

<table>
<thead>
<tr>
<th>Name</th>
<th>Zara Jones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Strategy, Planning and Performance Director</td>
</tr>
</tbody>
</table>

## Report To

Stoke-on-Trent Clinical Commissioning Group Governing Body

## Title of Report

Governing Body Assurance Report 2016/17 M2 Performance

## Date of the Meeting

2 August 2016

## What Other CCG Committee/Group/Individual Has Considered This Report?

<table>
<thead>
<tr>
<th>Committee/Group</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance is discussed at Joint Finance and Performance Committee</td>
<td>Zara Jones, Jane Tipping</td>
</tr>
</tbody>
</table>

## Action Required from Committee/Group/Governing Board

<table>
<thead>
<tr>
<th>Action</th>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Recommendation

The Governing Body is asked to **note** the contents of the Governing Body Assurance Report.

## Strategic Objectives Supported by This Paper

(identify appropriate goals)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Stoke on Trent CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>3. Improve quality</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>4. Reduce health inequalities</td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>
PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

Stoke-on-Trent CCG performance at M2
- Stoke-on-Trent CCG achieved 11 out of 20 indicators in Month 2, compared with 12 out of 20 indicators in M1
  - Improvements from M1 can be seen in the following standards:
    - Diagnostic wait times (99.7%) – national standard is 99%
    - Standards achieving M1 who are not achieving in M2:
      - 31 day cancer wait subsequent surgery (75%) – national standard 94%
      - Cat A ambulance calls – red 2 (74.2%) – national standard 75%
  - Challenges remain in the following areas:
    - 18 week referral to treatment (RTT) standard (91.4%) – national standard 92%
    - 52 week breaches of the RTT standard (7) – national standard zero
    - 31 day cancer wait diagnosis to treatment (94.69%) – national standard 96%
    - 62 day cancer wait from urgent GP referral to first treatment (70.97%) – national standard 85%
    - 62 day cancer wait from NHS screening service to first treatment (58.82%) – national standard 90%
    - All A&E four hour standards and 12 hour standards reported under UHN

Our main acute provider, University Hospital North Midlands performance at M2
- Challenges remain in the following areas:
  - 18 week referral to treatment (RTT) standard (90.9%, provisional) – national standard 92%
  - 52 week breaches of the RTT standard (21, provisional) – national standard zero
  - 31 day cancer wait subsequent surgery (87.8%) – national standard 94%
  - 62 day cancer wait from urgent GP referral to first treatment (71.9%) – national standard 85%
  - 62 day cancer wait from NHS screening service to first treatment (68.5%) – national standard 90%
  - 4 hour emergency access standard (79.4%) – national standard 95%
  - 12 hour trolley waits (12) – national standard zero

University Hospital of North Midlands have realigned the trajectory for RTT and 4 hrs as per agreement with SRG and regulators as follows:
1. To improve month on month the 4 hour access standard, reaching 95% in November, followed by a predicted downturn in performance during Q4 reflecting the most challenging winter period.
2. To achieve the 18 week RTT standard by July 2016 onwards
3. To deliver the 62 day cancer standard from June 2016 onwards
4. To deliver the diagnostics standard from May 2016 going forwards

For information and assurance regarding parity of esteem the following areas are reported: mental health access and recovery targets, dementia diagnosis rates and an update on Transforming Care (Learning Disabilities).

SUMMARY OF RISKS RELATING TO THE PROPOSAL

N/A

ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

Maintaining NHS Constitution targets is a statutory duty of the CCG.

QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

N/A
## ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

| N/A |

## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>M1</td>
<td>Month 1</td>
</tr>
<tr>
<td>SRG</td>
<td>Systems Resilience Group</td>
</tr>
<tr>
<td>RTT</td>
<td>Referral To Treatment</td>
</tr>
<tr>
<td>UHN M</td>
<td>University Hospital North Midlands</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>LHE</td>
<td>Local Health Economy</td>
</tr>
<tr>
<td>RSUH</td>
<td>Royal Stafford University Hospital</td>
</tr>
<tr>
<td>IOG</td>
<td>Integrated Operational Group</td>
</tr>
<tr>
<td>ECIP</td>
<td>Emergency Care Improvement Programme</td>
</tr>
<tr>
<td>ANP</td>
<td>Advanced Nurse Practitioner</td>
</tr>
<tr>
<td>AEC</td>
<td>Ambulatory Emergency Care</td>
</tr>
<tr>
<td>QIF</td>
<td>Quality Improvement Framework</td>
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Stoke-on-Trent Governing Body
2016/17 Performance Report M2
1. PERFORMANCE OVERVIEW

1.1 Stoke-on-Trent Clinical Commissioning Group overview

### Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral To Treatment waiting times for non-urgent consultant-led treatment</td>
<td></td>
<td>Apr</td>
<td>May</td>
</tr>
<tr>
<td>Patients on incomplete non-emergency pathways waiting no more than 18 weeks from referral</td>
<td>92%</td>
<td>90.06%</td>
<td>90.48%</td>
</tr>
<tr>
<td>Zero tolerance of over 52 week waiters</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Diagnostic test waiting times

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral</td>
<td>99%</td>
<td>97.30%</td>
<td>98.62%</td>
</tr>
</tbody>
</table>

### Cancer waits

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<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>92.46%</td>
<td>96.96%</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>61.45%</td>
<td>96.63%</td>
</tr>
<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
<td>92.55%</td>
<td>94.85%</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
<td>88.89%</td>
<td>92.31%</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>100.00%</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>75.00%</td>
<td>72.31%</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>80.00%</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>95.24%</td>
<td>88.89%</td>
</tr>
</tbody>
</table>

### Ambulance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8 minutes – Red 1</td>
<td>75%</td>
<td>85.71%</td>
<td>73.53%</td>
</tr>
<tr>
<td>Category A calls resulting in an emergency response arriving within 8 minutes – Red 2</td>
<td>75%</td>
<td>78.88%</td>
<td>79.89%</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>98.77%</td>
<td>98.68%</td>
</tr>
</tbody>
</table>

### A&E Waits (University Hospitals of North Midlands NHS Trust)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<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>80.32%</td>
<td>83.20%</td>
</tr>
<tr>
<td>No waits from decision to admit to admission (trolley waits) over 12 hours</td>
<td>0</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

### Healthcare Acquired Infections (*2016/17 Full Year Target)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAI measure (MRSA)</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>HCAI measure (Clostridium difficile infections)</td>
<td>87*</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
2. EXECUTIVE SUMMARY

2.1 Stoke-on-Trent CCG performance at M2
- Stoke-on-Trent CCG achieved 11 out of 20 indicators in Month 2, compared with 12 out of 20 indicators in M1
- Improvements from M1 can be seen in the following standards:
  - Diagnostic wait times (99.7%) – national standard is 99%
- Standards achieving M1 who are not achieving in M2:
  - 31 day cancer wait subsequent surgery (75%) – national standard 94%
  - Cat A ambulance calls – red 2 (74.2%) – national standard 75%
- Challenges remain in the following areas:
  - 18 week referral to treatment (RTT) standard (91.4%) – national standard 92%
  - 52 week breaches of the RTT standard (7) – national standard zero
  - 31 day cancer wait diagnosis to treatment (94.69%) – national standard 96%
  - 62 day cancer wait from urgent GP referral to first treatment (70.97%) – national standard 85%
  - 62 day cancer wait from NHS screening service to first treatment (58.82%) – national standard 90%
  - All A&E four hour standards and 12 hour standards reported under UHNM

2.3 Our main acute provider, University Hospital North Midlands performance at M2
- Challenges remain in the following areas:
  - 18 week referral to treatment (RTT) standard (90.9%, provisional) – national standard 92%
  - 52 week breaches of the RTT standard (21, provisional) – national standard zero
  - 28 day cancelled operations standard – (8) – national standard zero
  - 31 day cancer wait subsequent surgery (87.8%) – national standard 94%
  - 62 day cancer wait from urgent GP referral to first treatment (71.9%) – national standard 85%
  - 62 day cancer wait from NHS screening service to first treatment (68.5%) – national standard 90%
  - 4 hour emergency access standard (79.4%) – national standard 95%
  - 12 hour trolley waits (12) – national standard zero

University Hospital of North Midlands have realigned the trajectory for RTT and 4 hrs as per agreement with SRG and regulators as follows:
1. To improve month on month the 4 hour access standard, reaching 95% in November, followed by a predicted downturn in performance during Q4 reflecting the most challenging winter period.
2. To achieve the 18 week RTT standard by July 2016 onwards
3. To deliver the 62 day cancer standard from June 2016 onwards
4. To deliver the diagnostics standard from May 2016 going forwards
2.4 For information and assurance regarding parity of esteem the following areas are reported: mental health access and recovery targets, dementia diagnosis rates and an update on Transforming Care (Learning Disabilities).

3. INDICATORS NOT ACHIEVING TARGET

3.1 18 week referral to treatment (RTT) & 52 week waits

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>M2</th>
<th>YTD 16/17</th>
<th>Variance from M1</th>
<th>Variance from target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke-on-Trent RTT</td>
<td>92%</td>
<td>91.4%</td>
<td>91.14%</td>
<td>+0.52%</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Stoke-on-Trent 52 weeks</td>
<td>0</td>
<td>7</td>
<td>n/a</td>
<td>-8</td>
<td>7</td>
</tr>
</tbody>
</table>

**UHN Backlog**

<table>
<thead>
<tr>
<th></th>
<th>May 16</th>
<th>Current w/e 26.06.16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke - Non Admitted</td>
<td>659</td>
<td>740</td>
</tr>
<tr>
<td>Stoke - Admitted</td>
<td>1549</td>
<td>1704</td>
</tr>
</tbody>
</table>

**Actions to improve performance**

- The key focus is on transferring clinically suitable patients in specialties that have been agreed with the LHE Planned Care Operational Group: General Surgery, Oral Surgery, Dermatology, Plastics, T&O and Gastro - weekly meetings are in place to oversee this work.
- Patients waiting over 52 weeks are being targeted by the commissioners who are actively looking to source capacity at alternative providers. Transfers have tended to be those who are up to 30 weeks post referral.
- Since early May, 98 patients have been successfully transferred to other Provider (56 of these are Trauma and Orthopaedics). Enhanced use of the Choice and Referral Centre (CRC) has strengthened the application of referral criteria through the triage process. Since early May, 11644 referrals have gone directly to CRC to be triaged (for both Tier 3 and Tier 4 services). 1089 of these have been diverted elsewhere.
- The Specialised Division are in discussions with the private sector to source staffing for Trauma and Orthopaedic theatres.
- Increased communication to referring GPs to inform of specialties currently with long waits.
- Clinical leads are reviewing key RTT pathways across the specialties to make improvements. Colorectal and Upper GI have successfully put forward some redesigned pathways for implementation.
- Additional treatment initiatives are being undertaken for both non-admitted and admitted waiting lists at both RSUH and County sites:
  - Optimise utilisation of capacity across both sites, a number of elective Orthopaedics lists have been moved across to the County hospital.
  - In April UHN reported 31 patients who had breached 52 weeks, 15 of which were treated in May.
In May UHNM reported 23 patients who waited over 52 weeks. RCAs will be completed for all patients and following an internal governance process, they will be shared with the Clinical Quality Review group.

- An internal action plan is being developed to manage the current group of 52+ week breeches and to reduce the numbers greater than 40+ weeks.

- UHNM are devising a recovery plan regarding patients who have experienced long waits which will submitted to commissioners by the end of July and signed off.

3.2 Cancer wait times

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>M2</th>
<th>YTD 16/17</th>
<th>Variance from M1</th>
<th>Variance from target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke-on-Trent 31 day 1st treatment</td>
<td>96%</td>
<td>94.69%</td>
<td>94.25%</td>
<td>+0.88%</td>
<td>-1.31%</td>
</tr>
<tr>
<td>Stoke-on-Trent 31 day surgery</td>
<td>94%</td>
<td>75%</td>
<td>87.5%</td>
<td>-25%</td>
<td>-19%</td>
</tr>
<tr>
<td>Stoke-on-Trent 62 day GP referral</td>
<td>85%</td>
<td>70.97%</td>
<td>71.78%</td>
<td>-1.61%</td>
<td>-14.03%</td>
</tr>
<tr>
<td>Stoke-on-Trent 62 day screening service</td>
<td>90%</td>
<td>58.82%</td>
<td>66.08%</td>
<td>-14.51%</td>
<td>-31.18%</td>
</tr>
</tbody>
</table>

Actions to improve performance

1. Joint Investigation meeting held on 13/7 where terms of reference and areas of focus agreed as:
   a. Understanding increase in demand – including consideration of contexts issues such as the ageing population, demographics in order to assess if the increase is reasonable
   b. Review of challenged pathways
   c. Understand issues in NHS screening referral standard

2. There will also be a focus on the Cancer Local Implementation Team plan priorities:
   a. Follow-up pathway for breast
   b. Developing breast pain clinics
   c. Implementation of the business case to support moderate risk breast pathway
   d. Psychological support in South Staffordshire
   e. Early diagnosis through primary care
   f. Review of urology
   g. Development of community diagnostic provision (to include cancer where applicable)

3. Of the 62 day breaches of the Cancer standard for April 2016, 41% of these breaches were due to Trust related issues, such as lack of capacity, with the remaining 59% of breaches due to factors outside of the Trusts control i.e. patient choice, complex/medical reasons
4. Clinical/directorate management teams are continuing to carve out additional surgical capacity for cancer to ensure further improvement in performance - additional capacity is being sourced at the County site
5. A number of business cases to create additional capacity are being considered by UHNM and if approved will deliver extra clinical services
6. The cancer services and UHNM divisional management teams are continuing to support key challenged cancer sites and are meeting with them on a daily basis to support and escalate any actions required to improve efficiency of the pathway and to track patients through the pathway
7. The cancer services team is supporting Lung to reduce delays in the tertiary referral process with Shrewsbury and Telford Hospitals (SaTH)
8. In addition to the 8 HIA (High Impact Actions) a further 5 have been developed including the development of a ‘backstop policy’ which requires the Trust to review all patients on the PTL over 104 days with and without a confirmed cancer diagnosis, to assess if the patients have come to harm
9. Cancer performance is monitored via the SRG Planned Care Operational Group which has commissioners, providers and performance representatives

3.4 Ambulance

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>M2</th>
<th>YTD 16/17</th>
<th>Variance from M2</th>
<th>Variance from target</th>
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<tbody>
<tr>
<td>Stoke-on-Trent red 2</td>
<td>75%</td>
<td>74.42%</td>
<td>76.17%</td>
<td>-3.5%</td>
<td>-0.58%</td>
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</table>

Actions to improve performance
1. The contract position year to date for Stoke-on-Trent CCG is 5.9% over plan for assigned incidents. Continued close monitoring of activity and performance is discussed and challenged accordingly at the Emergency and Urgent Ambulance Staffordshire Wide Delivery Group.
2. The Trust have failed to achieve the Red 2 performance target on a regional basis for month 2 with 74.4%, clarity has been requested from the host commissioner with regards to enacting contractual levers for non-delivery.
3. Further information has been shared regarding the Ambulance Response Programme which WMAS is now a pilot (commenced June 16). It is anticipated that there will be an increase in red category activity to ensure patients receive a quick response. Red category calls make up half of the overall activity and WMAS have indicated that some red category calls are over triaged. There will now be 3 categories of response (red, amber and green), the amber and green categories would receive a slower response time but would better suited the patients’ needs and clinical presentation, allowing those who require a red response to be responded to in a timely manner. For the pilot, the clock will start at a difference point and would be measured differently. WMAS and the host commissioners are exploring the category changes and how this will reflect reporting and it has been agreed that a ‘mock’ report will be shared with all CCGs for review.

3.5 ACCIDENT & EMERGENCY (UHNM)
- At month 2: Stoke-on-Trent CCG is 5.1% over plan for Emergency Department (ED) attendances and 1.7% over plan for non-elective admissions (NEL).
- In April, UHNM achieved a performance of 78.8% which when set against 37 peer groups placed it in 34th place, with the lowest at 77.1% and the highest at 95.5%. 12 out of the 37 trusts achieved above 90%.
- Re-admissions (Royal Stoke). Overall NEL re-admission rates for April was 14.8% (up from 13.9% in March) and for Medicine this was 18.7% (down from 19.3%). For patients aged >70, overall NEL re-admission rate was 21.1% in April (up from 20.1% in March)
<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>M2</th>
<th>YTD 16/17</th>
<th>Variance from M2</th>
<th>Variance from target</th>
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</thead>
<tbody>
<tr>
<td>UHNM as a whole</td>
<td>95%</td>
<td>79.26%</td>
<td>79%</td>
<td>+0.51%</td>
<td>87.74%</td>
</tr>
<tr>
<td>4 hour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHNM as a whole</td>
<td>0</td>
<td>12</td>
<td>16</td>
<td>+8</td>
<td>-12</td>
</tr>
<tr>
<td>12 hour breaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Actions to improve performance

1. Partners across the health and social care economy have formed an Urgent Care Project Management Office to lead and drive the LHE ECIP Plan (the plan). The plan focuses on three specific areas (Assess Before Admission, Today’s Work Today and Discharge to Assess), eight key priorities (Exemplar Front Door, Frailty, Step Up, Ambulatory Pathway, SAFER, Therapies, Home First and Step Down) and is managed at three tiers. Strategically by the SRG, tactically by the IOG and operationally by the UCDG. The plan has an associated improvement trajectory, which achieves 90% by June and delivers recovery against the 4 hour standard by November 2016. At June 2016, performance is 10% below the trajectory (actual = 80%, plan = 90%).

2. The failure to achieve the 4 hour standard for April 2016 has resulted in the submission of a Contract Performance Notice, issued on the 2 June 2016. A Contract Management Meeting was held on the 15th June 2016, which determined that a Joint Investigation will be undertaken. The Joint Investigation will be completed by the 6th September 2016.

3. **Front Of House** – The service has been commissioned from May 2016 to October 2016, which will assess patients and determine whether or not the GP led service can meet their clinical need. For May 2016, 850 patients were triaged to the Urgent Care Centre (= average of 27 patients per day).
4. Ambulatory Emergency Care Unit (AEC) – The service has been commissioned in 2016/17, in order to provide same day emergency medicine care for clinically appropriate patients. The AEC is currently treating an average of 155 patients per week.

5. The Emergency Department is currently auditing volumes of GP heralded work which arrives in ED but could have been sent directly to assessment units.

6. Acute Medicine now has a consistent presence in the Emergency Department to review and clerk any patients awaiting admission.

7. Surgery division provide clinicians to review patients awaiting admission in the Emergency Department.

8. Actual response to referrals for specialty review are tracked against UHNMI Internal Professional Standards (signed off in August 2015).

9. A consultant led frailty service has been put in place which involves a consultant, an ANP and a physiotherapist being based in the Emergency Department, Monday to Friday from 0900hrs until 1600hrs.

10. The Emergency Department at RSUH has been undertaking the Rapid Assess and Triage model from 1100hrs – 2000hrs, reliably throughout June. The department is working on how this can be extended later into the evening through an alternative staffing model.

11. Current ECIP current support includes:
   - Recent facilitated whole system review of emergency admissions (retrospective case not review known as the “6As” audit) to understand the potential to be realised on avoiding admissions - a report has been received from ECIP with some immediate actions being taken – e.g. Intermediate care being based in the ED and the frailty front door service introduced.
   - ECIP have also reviewed and issued a report on ED, AEC and our frailty pathway, this is informing actions underway.
   - UHNMI have initiated an external review of the paediatric urgent and emergency care pathway - a report has been sent to partners.
   - UHNMI have sought ECIP support with regard to the management of ambulance demand within the context of the urgent and emergency care system – the focus being on how we can reduce the volumes of ambulances arriving at RSUH.
   - ECIP are also working with partners within primary care on workforce and management of demand.
   - A follow up ECIP review is planned to take place in August 2016 to review our progress on ward rounds and implementing SAFER standards.
   - Draft internal report has been developed internally to review timeliness of discharges on the last day that 12 hour breaches took place.

4. ASSURANCE ON ACHIEVING PARITY OF ESTEEM

4.1 Increased Access to Psychological Therapies (IAPT) April 2016
   - **Access Target** – 15% trajectory achieved in M2
   - **Recovery target** – 50% trajectory achieved achieved in M2
   - **Waiting List targets** – 75% within 6 weeks/95% within 18 weeks achieved in M2

4.2 Early intervention in psychosis (EIP)
   - From April 2016 EIP services need to ensure that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.
   - Stoke-on-Trent CCG M2 achieved 75% (9/12).
4.3 Dementia Target 67% of patients 65+ with a dementia diagnosis

- Stoke-on-Trent reached 87.8% diagnosis rate for June 16
- In 2016/17 as part of the CCG Improvement and Assessment Framework (IAF) the number of dementia care plans and support following diagnosis will be measured via the QIF programme

4.4 Transforming Care (Learning Disability Services) as at June 2016

Stoke on Trent Care Cohort currently have fifteen (15) individuals

- Two clients are due for discharge by the end of June 2016 and are currently on section 17 leave
- Seven clients are in active treatment
- Two clients will be transferred to another hospital setting
- Placements are being sought for four clients and are in various stages of this process
# Patient and Public Involvement (PPI) Update

**DATE OF THE MEETING**
2nd August 2016

**WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?**

<table>
<thead>
<tr>
<th>COMMITTEE/GROUP</th>
<th>INDIVIDUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Margy Woodhead, Lay Board Member for Patient and Public Involvement</td>
</tr>
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</table>

**ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD**

<table>
<thead>
<tr>
<th>Approve</th>
<th>Assurance</th>
<th>Discussion</th>
<th>For noting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**RECOMMENDATION**

The Governing Body is asked to note the ongoing PPI work of the CCG.

**STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER**

(identify appropriate goals)

<table>
<thead>
<tr>
<th>STOKE ON TRENT CCG</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Improve health outcomes</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Improve quality</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. Reduce health inequalities</td>
<td></td>
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</tr>
<tr>
<td>5. Cross Cutting / Statutory Duties (more than one of the above)</td>
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### PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

This report is aimed to provide assurance to the Governing Body that the CCG has measures in place to fulfil its duty to engage with our local population in Stoke-on-Trent.

It provides an update on the:
- North Staffordshire CCG and Stoke-on-Trent CCG Joint PPI Steering Group
- Patient Congress Meeting held in June 2016 and the August 2016 North Staffordshire CCG and Stoke-on-Trent CCG Joint Patient Congress Meeting
- Community Conversation
- Stoke-on-Trent CCG AGM
- Liaison with Stoke-on-Trent City Council

### SUMMARY OF RISKS RELATING TO THE PROPOSAL

None

### ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

Appropriate patient and public involvement is a statutory responsibility as set out in the NHS Constitution and NHS Mandate.

### QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

None

### ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

This report focuses on the CCGs’ work with patients and the public

### ACRONYMS

- **PPI** – Patient and Public Involvement
- **CCG** – Clinical Commissioning Group
- **AGM** – Annual General Meeting
- **MLCSU** – Midlands and Lancashire Commissioning Support Unit
- **CSU** – Commissioning Support Unit
- **PPGs** – Patient Participation Groups
- **HWBB** - Health and Wellbeing Board
Support for PPI
Stoke-on-Trent CCG’s communications and engagement function is provided entirely by the MLCSU team. There have been a number of changes in personnel over the past year. The CSU has confirmed that the key support team is now as follows:
Anna Donaldson – Communications Lead
Nikki Ravenscroft – Involvement Service Lead
Charlotte Gee - Communications and Engagement Specialist
Weekly operational meetings continue and will include the Head of Communications and Engagement from her commencement in post on 8th August 2016.

North Staffordshire CCG and Stoke-on-Trent CCG Joint PPI Steering Group
The first meeting of the North Staffordshire CCG and Stoke-on-Trent CCG Joint PPI Steering Group was held on 28th June 2016. The group considered the recommendations from the Joint CCG PPI Steering Group Workshop facilitated by Wendy Garcarz (The Wendy Effect). Discussion focused on the key questions about the purpose of the group, membership and representation, priorities and cycle of business, governance and role within the CCGs.

The Terms of Reference will be presented at the Joint Quality Committee for approval.

In an open discussion group members emphasised that the steering group should ensure that the Communications and Engagement Strategy is not developed in isolation, that we should prioritise support and development of PPGs, that we should facilitate dialogue with communities and that the steering group should influence the direction of travel in terms of patient and public involvement. The group was aware that the Pan Staffordshire programme ‘Together We’re Better’ has a communications and engagement workstream and members were keen that there should be a two-way information flow.

Patient Congress Update
Following the successful recruitment of five new members, the Stoke-on-Trent CCG Patient Congress is now at full strength, and met on 21st June 2016. The main items on the agenda were as follows:

- A presentation and subsequent discussion about the Together We’re Better programme led by the Clinical Accountable Officer, Dr Andrew Bartlam
- The report on the impact of the Citizens Jury on diabetes, the actions taken by the CCGs as a response to the recommendations and a reflection on the process from two Patient Congress members who had been involved
- Summary of news and updates from members

The next Patient Congress Meeting will be a joint meeting with North Staffordshire CCG Patient Congress on 16th August 2016 and will focus on the theme of ‘quality’.

Community Conversation
The first Joint Community Conversation took place on 5th July 2016. This is the first of four planned events and the theme was prioritisation. There were 92 members of the public in attendance; they heard how much funding is available for the CCGs to invest and how decisions are made about what services are commissioned.

Members of the public attending the event highlighted waste of resources and inefficiency as concerns, and called for better communication, integration and pooled funding across the health sector. They also wanted to see more support for carers, families and communities. There was overall consensus about the importance of health education, support for people living with long term conditions and empowering people to make healthier life choices and take control of their health.
The event was made possible by the support of many members of the CCGs’ staff who facilitated discussion groups; this positive commitment was noted by several members of the public. In addition we were well supported by the community and voluntary groups who provided a range of stalls with information for participants.

A full evaluation of the event will be considered in detail at the next Joint CCG PPI Steering Group and key messages fed back to Commissioning staff and Public Health Colleagues.

The next Community Conversation will take place in October 2016 and will focus on older people’s health.

**Stoke-on-Trent CCG Annual General Meeting (AGM)**
The Stoke-on-Trent CCG AGM was held on 28th June 2016. It was well supported with 89 members of the public attending as well as a significant number of CCG staff. There was a lively question and answer session with challenges as well as compliments presented to the CCG.

**Liaison with Stoke-on-Trent City Council**
On 29th June 2016 the Lay Board Member for PPI and the Clinical Director for Partnerships and Engagement met with representatives of the Stoke-on-Trent City Council to share insight and to learn about three key initiatives in the City:

- Local Matters Team heading up community engagement, focusing on three Localities – North, Central and South - forging closer links with community groups
- Stronger Together City - wide consultation to identify priorities and inform decisions.
- Community Pledges, to be launched in September 2016.

We discussed that we have ‘building blocks in common’ particularly around the CCG’s plan to strengthen the network of PPGs in the City and the prevention and self-care agenda.

The Head of Communications and Engagement will link with the HWBB Communications Sub-Group. We agreed to have a quarterly strategic meeting on an on-going basis regarding the engagement and involvement work of the Stoke-on-Trent City Council and the CCG.