

BOARD MEETING OF THE GOVERNING BODY

**TO BE HELD ON TUESDAY, 9 JULY 2013
BOARDROOM, WHITE ROSE HOUSE
AT 1.00 PM**

AGENDA**PART 1**

| No. | Agenda Item | Lead officer |
|-----------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. | Welcome and Chair's Opening Remarks | |
| 2. | Apologies for Absence – | |
| 3. | Public Questions and Answers | |
| 4. | Declarations of interest | All present |
| 5. | a Minutes of the meeting held on 11 June 2013 b Action sheet from the meeting held on 11 June 2013 | |
| 6. | Matters arising | |
| 7. | Chief Officer Briefing | Jo Webster |
| 8. | Finance Report Month 2 | Andrew Pepper |
| 9. | Quality and Performance Summary Report | Andrew Pepper / Jo Pollard |
| 10. | Mental Health Presentation | Dr Clive Harries/ Michelle Ezro |
| OPERATIONAL BUSINESS | | |
| 11. | Board Assurance Framework | Andrew Pepper |
| 12. | Risk Register Update | Andrew Pepper |
| FOR DISCUSSION | | |
| 13. | Receipt of minutes and items for approval | |
| | a Integrated Governance Committee – minutes of meetings held on 20 June 2013 | |

- b Clinical Cabinet – minutes of meeting held on 23 May 2013
- c Health and Well Being Board – minutes of meeting held on 14 March 2013

14. Any other business

15. The Board is recommended to make the following resolution:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970)”.

16. Date and time of next Public meeting:

Tuesday, 25 July 2013, 1.30 pm, Ossett Town Hall regarding the Meeting the Challenge Consultation

and

Tuesday, 10 September, 1pm in the Boardroom, White Rose House

PART 2
(to be held in private)

| No. | Agenda Item | Lead officer |
|------------|-------------------------------------------------------------------------------------------------------|---------------------|
| 17 | Apologies for Absence | |
| 18 | a Minutes of the meeting held on 11 June 2013 b Action sheet from the meeting held on 11 June 2013 | |
| 19 | Chief Officer Verbal Update | Jo Webster |
| 20 | Safeguarding Children Report | Jo Pollard |

NHS Wakefield Clinical Commissioning Group

**GOVERNING BODY
BOARD MEETING**

**Minutes of the meeting held on 11 June 2013
Boardroom, White Rose House**

| | | |
|----------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Present | Dr Ann Carroll | GP, Outwood Park Medical Centre |
| | Sandra Cheseldine | Lay Member |
| | Jim Crook | Local Authority Representative Wakefield Council |
| | Dr Paul Dewhirst | GP, Queen Street Surgery |
| | Dr Phil Earnshaw | Chair and Clinical Leader |
| | Sharon Fox | Independent Nurse Member |
| | Dr Andrew Furber | Director of Public Health |
| | Dr Ivan Hanney | GP, College Lane Surgery |
| | Dr Clive Harries | GP, Chapelthorpe Surgery |
| | Rhod Mitchell | Lay Member |
| | Andrew Pepper | Chief Financial Officer |
| | Jo Pollard | Director of Commissioning and Quality |
| | Dr Adam Sheppard | GP, Lupset Health Centre |
| Jo Webster | Chief Officer | |
| In Attendance | Andrew Balchin | Corporate Director, Adults, Health & Communities (member of the Governing Body from July 2013; Local Authority Representative Wakefield Council) |
| | Liz Blyth | Practice Support Unit Manager (Minute 13/48) |
| | Katherine Bryant | Governance & Board Secretary |
| | Martin Carter | Head of Communications & Engagement, Meeting the Challenge (Minute 13/46) |
| | Helen Childs | Programme Manager, Transforming Care Closer to Home (Minute 13/45) |
| | Laura Elliott | Head of Quality and Engagement (Minute 13/44, Minute 13/49 and Minute 13/50) |
| | Matt England | Head of Contracting & Commercial Strategy (Minute 13/44) |
| | Anna Middlemiss | Locum Consultant in Public Health (Minute 13/45) |
| | Phil Smedley | Head of Partnership Commissioning (Minute 13/51) |

13/35 Apologies

Apologies were received from Dr Avijit Biswas, Dr David Brown, Stephen Bryan, Stephen Hardy, and Mr Hany Lotfallah.

13/36 Chair's Opening Remarks

Dr Earnshaw opened the meeting and welcomed all present, including members of the public observing the meeting.

Dr Earnshaw greeted Andrew Balchin, explaining that he had recently been appointed as Corporate Director, Adults, Health & Communities; he would therefore assume Jim Cook's position on the Governing Body from the meeting on 9 July.

Dr Earnshaw also welcomed Katherine Bryant, the CCG's new Governance & Board Secretary to her first meeting of the Governing Body.

Dr Earnshaw reflected on the degree to which the NHS and GPs had been in the public eye during the preceding weeks. He was assured that NHS Wakefield CCG was making good progress on all the challenges facing the NHS.

13/37 Public Questions and Answers

Dr Earnshaw noted that no public questions had been received.

13/38 Declarations of Interest

Sandra Cheseldine declared an interest in relation Wakefield District Citizens Advice Bureau; where she is a trustee. Wakefield District Citizens Advice Bureau is one of three main partners delivering the Healthwatch Wakefield service.

Dr Phil Earnshaw declared an interest in relation to agenda item 18(a) minute 13/28; in particular the £4k received by Ferrybridge HCHS for non-GMS Services.

13/39 Minutes of the meeting of the NHS Wakefield Clinical Commissioning Group Governing Body Meeting held on 16 April 2013

It was **RESOLVED** that:

- i) The minutes of the meeting of the NHS Wakefield Clinical Commissioning Group Governing Body Meeting held on 16 April 2013 were agreed as a correct record with two amendments:
 - a. Minute 13/08 – Andrew Pepper provided a written report, not a verbal update. The report provided information about NHS Wakefield District not just NHS Wakefield CCG.
 - b. Minute 13/06 – The following sentence was incorrect and should be removed; *'The service provider for the engagement service was yet to be agreed and it was anticipated that this would be in place by mid July'*.

13/40 Matters Arising from the Minutes of the NHS Wakefield Clinical Commissioning Group Governing Body Meeting held on 16 April 2013

Jo Webster advised that a petition had been received on 21 May 2013 at a Meeting the Challenge event hosted at Dewsbury Town Hall. A response to the petition was provided through the Meeting the Challenge website. The petition featured 30,000 signatures and stated:

"We the undersigned oppose cuts, closures and the moving of services from Dewsbury hospital. In particular we oppose the removal of A&E services, full maternity services or children's services from Dewsbury. We call upon Mid Yorkshire trust to continue to provide full services across the trust. We urge the trust board to engage in a full open consultation including a population wide

referendum on the issues. We call upon the trust to allow full public scrutiny of the accounts. We also urge local elected representatives, council and parliamentary, to support this fight to defend our services, through every means at their disposal.”

Attention was also drawn to a bundle of circa 500 questionnaires presented to Jo Webster on 24 May 2013 at her regular meeting with local MPs. The questionnaires featured a series of questions which differed from those included in the public consultation.

13/41 Chief Officer Update

Jo Webster introduced her report noting the following:

a) Delivery of A&E 4 hour operational standard

Following an increase in demand levels nationally, Dame Barbara Hakin wrote to all CCGs seeking assurance regarding recovery and sustainability of performance in relation to the A&E four hour operational standard. Jo Webster confirmed that a plan had been presented to the Area Team. Mid Yorkshire Hospitals Trust (MYHT) were in a good position locally, but there were still areas for improvement. Concerns regarding 999 ambulance conveyance rates were identified; Jo Webster noted that the CCG needed to develop the network to help it respond differently. Dr Adam Sheppard drew attention to the comparatively positive position of MYHT, who currently have the best four hour performance of any Trust in West Yorkshire.

b) Primary Care Local Improvement Framework (PCLIF)

The West Yorkshire Area Team had given approval for the Primary Care Local Improvement Framework scheme to go ahead. Jo Webster noted that If the scheme is successfully delivered and all milestones are achieved it will be worth £2.75m.

c) NHS Wakefield CCG Prospectus

Jo Webster highlighted the production of a CCG prospectus, which was in its final stages. Copies of the prospectus will be sent to all households within the district, Jo Webster confirmed that the effectiveness of providing copies to all households would be measured. Copies were available for members to take away.

d) West Yorkshire Surveillance Group

The new West Yorkshire Surveillance Group has been established. The group was formed at Chief Officer level, and would be chaired by the Area Team Director. Jo Webster confirmed that the group would feed into NHS England. The terms of reference for the group were available for members to consider.

A debate followed regarding the reason why local A&E performance was stronger than other areas of West Yorkshire.

The performance of NHS 111 was considered; it was highlighted that NHS Greater Huddersfield CCG was the lead commissioner for this service. Members noted that no Serious Incidents had occurred within the Wakefield area. Jo Webster confirmed that the Commissioning Support Unit (CSU) were responsible for managing the Serious Incident investigation process. Dr Phil Earnshaw said he felt assured that the CCG had a strong clear focus on the key areas of concern, and a good handle on the situation.

It was **RESOLVED** that:

- i) the report be noted.
- ii) the terms of reference for the West Yorkshire Surveillance Group be noted.

13/42 Amendments to the CCG Constitution and advice regarding severance payments from NHS England

Andrew Pepper presented the paper which set out recent communications from NHS England regarding severance payments and whistleblowing. In addition it was highlighted that NHS England had prepared guidance for CCGs on the formal process for the amendment of their constitutions.

Attention was drawn to the potential that future amendments to the constitution may be necessary due to continued review of the governing documents, which were identifying areas for development and improvement.

It was **RESOLVED** that:

- i) the advice on the approval of severance payments be noted, and should be considered further by the Remuneration Committee;
- ii) the statement regarding the Public Interest Disclosure Act be formally adopted, and its insertion in the constitution at section 9.10 be approved;
- iii) changes to the CCG constitution are reserved to the membership in the scheme of reservation be noted;
- iv) the application process to NHS England be noted; and,
- v) future amendments to the constitution may be necessary be noted.

13/43 Finance Report – Month One

Andrew Pepper introduced the Finance Report; he confirmed that the report reflected the CCG Assurance Framework recently published by NHS England.

Andrew Pepper described progress against the key performance indicators. He noted that QIPP year to date delivery was 'red'. A process was in place to ensure rigour in QIPP development and reporting. In addition the Clinical Cabinet was scheduled to hold a QIPP workshop on 13 June 2013.

Andrew Pepper noted the five key areas of financial risk which were detailed in section five of his report. This included proposed rebasing of specialist commissioning (£2m to the West Yorkshire Area Team); a reserve had already been set aside for this purpose.

The Finance Team had successfully concluded the accounts for NHS Wakefield District ahead of schedule. The Governing Body thanked Sandra Cheseldine, who attended the Department of Health Audit Sub-Committee when it considered the 2012/13 accounts.

A discussion followed regarding QIPP and work to strengthen the process for this and future financial years.

It was **RESOLVED** that:

- i) the report is noted.

13/44 Quality and Performance Summary Report

Matt England and Laura Elliot introduced the Quality and Performance Summary Report. They noted that the report provided information by exception about final performance against the 2012/13 NHS Operating Framework and key quality, safety and experience measures. Matt confirmed that data from April 2013 would be reflected in the quality and performance report presented to the next Integrated Governance.

Key issues were highlighted:

- Yorkshire Ambulance Service (YAS) Category A calls; YAS failed to meet 8 minute target with 72.5% overall and 71.5% for Wakefield against a target of 80%.
- Mid Yorkshire Hospitals Trust (MYHT) 18 week admitted pathway; individual specialities failed one or more of the referral to treatment targets. It was noted that MYHT had a recovery plan in place.
- A number of breaches over the year meant that Mid Yorkshire Hospitals Trust did not achieve the target for 62 day cancer treatment. MYHT and the CCG undertake a root cause analysis in each case.
- Mid Yorkshire Hospitals Trust failed the MRSA target (8 cases were reported against a target of 7). It was also noted that the target for 2013/14 was zero, unfortunately prior to the end of May 2013 two cases had been assigned to MYHT and two additional unrelated cases had been assigned to the CCG.

Further consideration was given to first finished consultant episodes (FFCEs). Rhod Mitchell noted that there had been concerns about a small number of specialities for a number of years, and periodic improvements performance had not been maintained. Matt England confirmed that he felt the trust's plans for improvement were robust and could deliver sustainable improved performance. While accepting that challenges existed, Jo Webster noted the general trajectory of progress positive and significant progress had been made over the preceding years. Jo Pollard advised that a piece of work was underway to track performance over the past two years in order to break down the areas/services which were underperforming.

Andrew Balchin suggested that the report template should be reviewed to remove the deadline column (each section states 'not applicable').

Laura Elliot outlined the measures MYHT were taking in response to the Staff Survey results. She also provided an update on the Friends and Family pilot project. It was highlighted that the CQC had inspected Dewsbury hospital in February, and in May there had been a trust-wide CQC inspection (further details would be provided during the private section of the meeting).

It was **RESOLVED** that:

- i) the final 2012/13 performance against key national performance measures be noted.

13/45 Transforming Care Closer to Home – Presentation

The Governing Body received a presentation from Helen Childs and Anna Middlemiss titled '*Transforming Care Closer to Home*'; this is a critical component of the transformation of health services.

The presentation focused a number of areas:

- The case for change, strategic vision and aims of the Care Closer to Home project;
- The proposed care model and the impact it was estimated this would have;
- The organisations and individuals who would be key enablers for the proposed changes;
- Next steps to implement the programme; and,

- The importance of evaluation, to support the development of an evidence base.

Governing body members drew particular attention to a quote from National Voices, it was agreed that this should be framed and hung in the Boardroom:

“Patients and service users want services that are organised around, and responsive to, our human needs. We are sick of falling through gaps. We are tired of organisational barriers and boundaries that delay or prevent our access to care. We do not accept being discharged from a service into a void.”

It was **RESOLVED** that:

- i) the presentation is noted.

13/46 Meeting the Challenge Update

Martin Carter presented an update on the ‘Meeting the Challenge’ public consultation exercise which closed on 31 May 2013.

The presentation drew attention to:

- Progress of the consultation;
- The consultation outputs, both quantitative and qualitative;
- Emerging trends from the consultation; and,
- Next steps in the consultation process, including key dates during June and July 2013.

The Governing Body expressed formal thanks to the Meeting the Challenge communications team who had undertaken an enormous amount of work.

Jo Webster referred to discussions with NHS England about their role in the process.

It was **RESOLVED** that:

- i) the Meeting the Challenge update report and presentation be noted.

13/47 Declaration of Interests for Governing Body Members of NHS Wakefield Clinical Commissioning Group

The Governing Body received a report providing details of declared interests for members of the Governing Body and its committees.

Dr Phil Earnshaw reminded Governing Body members that they have 28 days from the date they become aware of an interest in which to declare it. Declarations should be sent to Katherine Bryant.

It was **RESOLVED** that:

- i) the declared interests for members of NHS Wakefield CCG Governing Body and its committees are noted.

13/48 Developing our Membership

Liz Blyth presented an update from the Practice Support Unit and their support for membership development during 2013/14. The Governing Body welcomed the ‘Guide to the Practice Support Unit and Local Clinical Network support structures’, a working document which is accessible on the intranet and would be sent to member practices.

Sharon Fox sought assurance that practice nurses would be engaged by the Practice

Support Unit. Liz confirmed that this was being addressed, and a nurse representative for each locality was being identified.

Reference was made to the importance of maintaining consistency of message to member practices, and also the value of ensuring a member voices and views feed into the CCG.

It was **RESOLVED** that:

- i) the developing our membership report and the enclosed 'Guide to the Practice Support Unit and Local Clinical Network support structures' be noted.

Paul Dewhirst left the meeting.

13/49 Response to the Francis Report

Jo Pollard introduced the report, which outlined plans for the CCG's response to the Francis Report. Jo Pollard noted that the paper was informed by patient and public engagement and the board time-out in April. On 20 June 2013 the CCG was hosting a system-wide learning and sharing event for providers. In future updates to the governing body regarding the response to the Francis report would be integrated into the quality and performance report.

Laura Elliot advised that a full GAP analysis of all 290 Francis recommendations had been undertaken; 67 of these specifically related to commissioning functions.

It was **RESOLVED** that:

- i) the contents of the paper be noted;
- ii) the initial actions identified in response to the Francis recommendations be approved; and
- iii) the progress made to implement the actions be noted.

13/50 2013/14 Quality Premium

Laura Elliot introduced the report and highlighted that the total amount payable for achievement of the quality premium will be £5 per patient. The four national and three local measures will be monitored on a monthly basis and reported to the Integrated Governance Committee. It was noted that recent MRSA related incidents would result in a deduction.

It was **RESOLVED** that:

- i) the quality premium 2013/14 report should be noted.

13/51 Dementia Friendly Communities – Presentation

The Governing Body received a presentation about Dementia Friendly Communities from Phil Smedley. The dementia challenge was launched in March 2012 by Prime Minister David Cameron to tackle one of the most important issues we face as the population ages. Andrew Furber highlighted the challenges Wakefield faces, with higher than average dementia rates.

Clive Harries noted potential interest from a local GP to join the Wakefield Dementia Strategy Board.

It was suggested that a future board development session should focus on developing a

clear vision for the future of dementia care in Wakefield with agreement about what success will look like.

It was **RESOLVED** that:

- i) the Dementia Friendly Communities presentation be noted.

13/52 Minutes of the Audit Committee held on 23 April, 9 May and 23 May 2013

Sandra Cheseldine introduced the minutes and reported that during April and May the committee had held three meetings.

The Wakefield District Primary Care Trust accounts were considered by the committee before approval on 6 June 2013 at the cluster sub-committee of the Department of Health.

The Governing Body extended formal thanks to the Finance Team for their hard work to prepare the Wakefield District Primary Care Trust 2012/13 accounts.

It was **RESOLVED** that:

- i) the minutes of the Audit Committee held on 23 April, 9 May and 23 May 2013 be noted.

13/53 Minutes of the Integrated Governance Committee held on 23 April and 16 May 2013

Rhod Mitchell introduced the minutes and noted that the committee had been kept very busy, with a heavy work load. He drew attention to a number of areas, including follow-up work being done in response to the KPMG's integrated governance report, and working being undertaken on the Board Assurance Framework.

It was **RESOLVED** that:

- i) the minutes of the Integrated Governance Committee held on 23 April and 16 May 2013 be noted.

13/54 Minutes of the Clinical Cabinet held on 25 April 2013

Dr Adam Sheppard presented the minutes and drew attention to a number of matters, including work to ensure that QIPP is embedded within the CCG.

It was **RESOLVED** that:

- i) the minutes of the Clinical Cabinet held on 25 April 2013 be noted.

13/55 Any Other Business

There was no other business.

13/56 Exclusion of Public and Press

At 4.15 pm it was **RESOLVED** that:

- i) representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1970).

13/57 Date and Time of Next Meeting

Tuesday 9 July 2013, 1.00pm, Boardroom White Rose House. Board members to be available from 12.30 pm to meet with members of the public.

**NHS Wakefield Clinical Commissioning Group
GOVERNING BODY
BOARD MEETING**

Action Points from the Meeting held on Tuesday, 11 June 2013

| <i>Minute No</i> | <i>Topic</i> | <i>Action required</i> | <i>Who</i> | <i>Date for completion</i> | <i>Progress</i> |
|------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 13/11 | Establishment Pack | <ul style="list-style-type: none"> Operational Scheme of Delegation to be included in the staff induction process. | Andrew Pepper | 11 June 2013 | Verbal update to be provided at the meeting on 9 July 2013 |
| 13/42 | Amendments to the CCG constitution (including the insertion of an additional whistleblowing clause) | <ul style="list-style-type: none"> Application to be made to NHS England for approval of the amended CCG Constitution. | Andrew Pepper | 9 July 2013 | Complete. Application submitted to NHS England on 27 June 2013. This followed a process to obtain members practice approval for the changes. |
| 13/43 | QIPP Development | <ul style="list-style-type: none"> Clinical Cabinet to hold a workshop to focus on QIPP development. | Andrew Pepper / Jo Pollard | 9 July 2013 | Complete. Workshop was held 13 June 2013. |
| 13/44 | Quality & Performance Report | <ul style="list-style-type: none"> Report template should be reviewed and consideration given to removing the 'deadline' column. | Andrew Pepper | 6 July 2013 | Complete. |
| 13/45 | Response to the Francis Report | <ul style="list-style-type: none"> Future updates on the CCG's response to the Francis Report will form part of the quality & performance report. | Jo Pollard | 6 July 2013 | Complete. |
| 13/51 | Dementia Presentation | <ul style="list-style-type: none"> Further invitations to be made to the GP interested in joining the Wakefield Dementia Strategy board | Phil Smedley | 9 July 2013 | Further email communication has been sent to the GP. Up until 1 July 2013 no response has been received. |

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| Title of meeting: | Governing Body | Agenda Item: | 7 | | | | | | | | | | | | | | | | | | | | |
| Date of Meeting: | 9th July 2013 | Public/Private Section: | | | | | | | | | | | | | | | | | | | | | |
| Paper Title: | Chief Officer Briefing | Public | ✓ | | | | | | | | | | | | | | | | | | | | |
| | | Private | | | | | | | | | | | | | | | | | | | | | |
| | | N/A | | | | | | | | | | | | | | | | | | | | | |
| Purpose (this paper is for): | Decision | Discussion | Assurance | | | | | | | | | | | | | | | | | | | | |
| | | Information | ✓ | | | | | | | | | | | | | | | | | | | | |
| Report Author and Job Title: | Jo Webster, Chief Officer | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Clinical Lead: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Governing Board Executive Lead: | Jo Webster, Chief Officer | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation | | | | | | | | | | | | | | | | | | | | | | | |
| It is recommended that the Governing Body note the contents of the Chief Officer report. | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Summary: | | | | | | | | | | | | | | | | | | | | | | | |
| To provide an update to members of the Governing Body | | | | | | | | | | | | | | | | | | | | | | | |
| Link to overarching principles from the strategic plan: | <table border="1"> <tr> <td>Improve health equality across our population</td> <td>✓</td> </tr> <tr> <td>Support for individual health and wellbeing</td> <td>✓</td> </tr> <tr> <td>Care provided in the right setting and close to home</td> <td>✓</td> </tr> <tr> <td>Appropriate access and choice for all</td> <td>✓</td> </tr> <tr> <td>Understanding our population and putting patients at our centre</td> <td>✓</td> </tr> <tr> <td>Safe and high quality experiences and clinical outcomes</td> <td>✓</td> </tr> <tr> <td>Transparent clinically-led commissioning</td> <td>✓</td> </tr> <tr> <td>Service transformation through redesign</td> <td>✓</td> </tr> <tr> <td>Improvement through collaboration and integration</td> <td>✓</td> </tr> <tr> <td>Financial efficiency, probity and balance</td> <td>✓</td> </tr> </table> | | | Improve health equality across our population | ✓ | Support for individual health and wellbeing | ✓ | Care provided in the right setting and close to home | ✓ | Appropriate access and choice for all | ✓ | Understanding our population and putting patients at our centre | ✓ | Safe and high quality experiences and clinical outcomes | ✓ | Transparent clinically-led commissioning | ✓ | Service transformation through redesign | ✓ | Improvement through collaboration and integration | ✓ | Financial efficiency, probity and balance | ✓ |
| Improve health equality across our population | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Support for individual health and wellbeing | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Care provided in the right setting and close to home | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Appropriate access and choice for all | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Understanding our population and putting patients at our centre | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Safe and high quality experiences and clinical outcomes | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Transparent clinically-led commissioning | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Service transformation through redesign | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Improvement through collaboration and integration | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Financial efficiency, probity and balance | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Outcome of Equality Impact Assessment: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Outline public engagement: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Assurance departments/ organisations who will be affected have been consulted: | CCG Leadership Team | | | | | | | | | | | | | | | | | | | | | | |
| Previously presented at committee / governing body: | Chief Officer briefing is presented at every Governance Body meeting, most recently 11 June 2013 | | | | | | | | | | | | | | | | | | | | | | |
| Reference document(s) / enclosures: | Meeting the Challenge Consultation, Deliberative Event -Summary Report | | | | | | | | | | | | | | | | | | | | | | |
| Risk Assessment: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Finance/ resource implications: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |

NHS Wakefield Clinical Commissioning Group

Board Meeting of the Governing Body

9 July 2013

Chief Officer Briefing

Duty of Candour

The Duty of Candour was introduced from 1 April 2013 as part of the Government's desire to improve transparency in NHS organisations and increase public confidence. It ensures that patients and their families are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences. The duty builds on the Being Open principles and is now a national quality requirement in the 2013/14 contract. Each failure to notify the patient or their family has a contractual consequence and associated penalty – the recovery of the cost of the episode of care or £10,000 if the cost of the episode is unknown.

The 2013/14 NHS Standard Contract: Technical Contract Guidance on implementing the contractual requirements relating to the Duty of Candour states that the contractual duty applies to incidents that result in moderate harm, severe harm or death (using National Patient Safety Agency (NPSA) definitions) that are reported on local risk management systems.

The duty has been discussed with providers through Quality Board arrangements to ensure clarity of understanding of the definition and the associated contractual consequences for failing to notify patients and/or their families.

Yorkshire and the Humber Clinical Senate

There are 12 Senates in England. All are designed to provide a source of independent strategic advice and leadership, supporting commissioners to make the best decisions about the health care for their populations. Their accountability and governance structures are guided by national policy. I am pleased to include in my report the following description of the development of the Yorkshire and the Humber Clinical Senate.

The Yorkshire and the Humber Clinical Senate is keen to develop the thinking around its form and function in collaboration with a wide range of stakeholders. It is equally keen to limit the industry that could potentially come with the Senate development and is currently aiming to create a structure that integrates with existing processes rather than develops another reporting tier. The Senate structure is expected to include:

- a Council; a core multi disciplinary Steering Group of between 20-30 members to oversee Senate business and to co-ordinate the received advice; and
- an Assembly, a diverse multi professional group encompassing the birth to death spectrum of NHS care.

Although national guidance states that commissioners need to invite the Senate to provide an opinion on a topic, it may be advantageous to consider a wider and more proactive mandate for the Senate. With its broad remit and its access to a range of clinical advice it could be well-placed to more actively consider challenges in service delivery or inconsistencies in outcomes or access to services.

The position of Senate Chair is not yet filled but will be advertised (widely within our region and within NHS Jobs and the BMJ) over the next few weeks. There is a proposal for a national meeting in September 2013 to discuss Senate development.

I welcome your thoughts and comments on design and development, and our liaison with the Yorkshire and the Humber Senate and will on your behalf convey them to the Senate Manager.

A national strategy for commissioning support services

Towards commissioning excellence: Developing a strategy for commissioning support services was published by NHS England on 12 June 2013. The strategy outlines the key building blocks required to ensure that all commissioners can access excellent and affordable commissioning support services, enabling them to commission effectively for the benefit of patients. NHS England plans to take a managed approach to developing the commissioning support market as they view it as in the interest of all commissioners in mitigating the following potential risks: market failure; lack of innovative networked providers, capable of accessing a wide range of skills and resources to support commissioners to deliver QIPP; and poor value for money.

Board members should particularly note the NHS England proposal to support a procurement approach which importantly includes the establishment of a procurement framework where buyers can approach the pre-qualified suppliers on a specific lot with a detailed description of the services they need (tender specification) and invite them to respond with a bid to provide the services specified.

The approach also includes five other elements as follows:

- Facilitate the development of 'lead providers'
- Facilitate commissioners to undertake joint procurements
- Advise on the phasing of procurements
- Co-creation of standard service specifications and other tender documents
- Ensure access to procurement advisors/mentors

Board members are asked to note the following key milestones going forward:

- June to August 2013 – Engagement with CCGs and providers on procurement options and assurance of CCG in-house provision.
- September 2013 – NHS England publishes its approach to supporting procurement and timetable.
- October 2013 – CCGs publish initial procurement intentions and timetable to support discussion on how to realise their intentions.

- October 2013 – NHS England publishes its approach to evaluating value for money in commissioning support services and to ensuring continuity of service.
- October 2013 – NHS England publishes update on progress, including progress on partnership working with voluntary organisations and local authorities.
- November 2013 – NHS England publishes its strategy for autonomous Commissioning Support Units.
- December 2013 – Release of upgraded commissioning support choice ‘app’.
- April 2014 – Procurement framework goes live with supporting voluntary good practice specifications.
- October 2014 – Update on progress and any necessary fine tuning of implementation.

Board members can access the full guidance at <http://www.england.nhs.uk/wp-content/uploads/2013/06/towa-commis-exc.pdf>

NHS Procurement, Patient Choice and Competition Regulations

The revised NHS Procurement, Patient Choice and Competition Regulations came into force in March 2013. The regulations require CCGs to procure services in a open, transparent and non discriminatory manner. The regulations apply to all healthcare services that the CCG commissions. The most significant change in the final version from previous drafts is in relation to single tender actions. In previous versions there were only very limited reasons for using a single tender action, these have been removed from the final version. There remains a requirement for CCGs to demonstrate the rationale for using a single tender action in areas where there is only one potential provider. The regulations now require CCGs to consider integration with other services when making the procurement decisions. The CCG will ensure that our policies and procedures reflect these revised guidelines and that procurement decisions follow the regulations and our scheme of delegation.

Continuing Care

Independent Audit – the final report from the independent organisation commissioned to undertake a detailed audit of local Continuing Healthcare systems and processes has been delayed due to loss of key staff both in the Local Authority and CCG. A draft final report was issued in June and a further meeting is scheduled to take place at the end of July. It is hoped that the final report will be available during August. The CCG continuing care team and Local Authority managers have started work on an action plan to address the key issues raised.

Contested Cases – It was reported in April 2013 that a team of clinical and administrative staff have been put in place to screen and where necessary investigate the cases received. The screening process is underway and as a result a small percentage of cases have been closed. A number of these are now being addressed via the complaints procedure. Due to the loss of key staff within the team, it is now proving very difficult to continue and the CCG is exploring alternative arrangements to ensure that this priority can continue to be progressed.

YAS NHS 111

YAS NHS 111 service continues to progress with mobilisation with remaining areas in the region due to go live 2nd July. To allow for this YAS have continued a recruitment and training programme for additional call handlers and daily monitoring of performance occurs to ensure there is no inadvertent affect on performance for those areas already live. YAS have taken action to respond to mobilisation issues including altering staff shift patterns to meet times of increased demand. In June an open, partnership workshop event was held by commissioners with YAS and LCD to jointly identify and work through areas of service development and improvement. Activity to the out-of-hours service remains high with the CSU, on behalf of commissioners, currently undertaking a demand review with full engagement from YAS and LCD and a formal report due at the forth coming Contract Management Board.

Meeting the Challenge

The final analysis report on the output from the formal three months public consultation exercise on the proposals contained within the Mid Yorkshire Clinical Services Strategy has now been published and is available on the Meeting the Challenge website: www.meetingthechallenge.co.uk A document which sets out a summary of the main findings is attached as **Appendix A**. The full report will be considered in detail as part of the business to be conducted in the public meeting of the NHS North Kirklees and NHS Wakefield Clinical Commissioning Groups on 25 July when a final decision on the next steps for the strategy will be taken.

Jo Webster
Chief Officer

Meeting the Challenge Consultation Deliberative Event -Summary Report

Paper from TCC

27-06-2013



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1. Summary findings

1.1 Introduction

The *Meeting the Challenge* Consultation took various forms, including a postal and online consultation, public meetings, discussion groups and other submissions including; road shows, stakeholder feedback and letters.

As with most consultations those who engage in the process are not necessarily representative of the views of the whole community.

In order to try to reach out to all members of the community and to be open and transparent the *Meeting the Challenge* team took various steps including ensuring the consultation was promoted via stakeholders and the media. As well as making the consultation document available online, in GP surgeries and other accessible locations, it was mailed to 241,303 households using Royal Mail, with a *Freepost* return address for respondents to use when returning the feedback form contained within the summary document. A further breakdown of engagement methods used can be found in section 1.2 of this summary.

The feedback form asked a combination of closed questions (where respondents are offered a series of options) and open questions (where respondents can offer any view). There were 2091 respondents to the main consultation either by post or online from across the postcode areas covered by the consultation.

As well as holding 8 public meetings the *Meeting the Challenge* team also commissioned *The Campaign Company* to facilitate 9 discussion groups and attended 47 community and stakeholder groups, 11 of which were arranged directly by the *Meeting the Challenge* team and have been analysed. The discussion groups were designed to reach out to those whose views were under represented in the process or residents drawn from geographic areas where concern about the changes was highest and the Integrated Impact Assessment (IIA) had shown greatest impact. Their findings should be understood in this context.

The *Meeting the Challenge* team also commissioned *The Campaign Company* to conduct a phone poll of 1,013 residents which was based on strict quotas and tolerances by age, gender, geography and ethnicity. The findings can therefore be seen as representative of the community as a whole. The phone poll was conducted towards end of the consultation period (11th May – 4th June¹).

Of course, some residents are likely to be more affected by change or at least to be more concerned about the potential impact of changes and therefore the poll findings should be understood alongside the responses to key questions by specific parts of the community.

The different modes of consultation make it difficult to read results neatly across from one to another. For example, a public meeting is qualitative in nature with more room for expression

¹ Although this ended after the consultation period had ended, the phone poll continued to ensure all tolerances were met

of opinions, whereas a consultation document contains more closed questions, and is therefore more quantitative in nature. With this caveat, what follows is a summary of the findings as they relate to key themes and service areas, which is based on the following sources:

- Postal and web consultation submissions
- Phone poll
- Public meetings
- Discussion groups

Further analysis of each of the above is contained in the main document, with chapters devoted to each. In addition the main document contains analysis of social media, emails, telephones, special interest group meetings, campaign group submissions and other contributions to the consultation. The consultation plan was developed based on the draft Integrated Impact Assessment and the equality data was drawn from. Details on the equalities monitoring for specific activities such as the phone poll and postal and web submissions are presented alongside their respective data.

This report has been compiled by *The Campaign Company*. During the period of this consultation the *Meeting the Challenge* team also chose to have the process independently assessed. This was undertaken by *The Consultation Institute*.

1.2 Background

The consultation started at the beginning of March 2013 and was part of a much longer process which had seen proposals developed, amended and refined over almost three years.

The initial approach was based on responding to the recommendations of the National Clinical Advisory team (NCAT) and women's services reviews. Five options were identified with local clinicians to improve services for patients. Talks were also held with patients, community groups, members of the public and their representatives about these proposals and their feedback was sought. Roadshows were placed in areas of high possible impact. Large events took place with both Pakistani and Indian Muslim communities (Taleem and Al-Hikmah).

The *Meeting the Challenge* team also produced a DVD of the maternity proposals and children's proposals in Urdu and played in the maternity and glucose testing clinics. A Relationship Matrix developed by North Kirklees CCG, Wakefield CCG and Mid Yorkshire Hospitals NHS Trust was created to ensure that the organisations engaged and communicated with groups representing the 9 protected characteristics outlined in the Equality Act.

In June and July 2012 work with clinicians and other groups, including patient representatives, developed a criteria and options appraisal mechanisms for the emerging options. Meetings were held in following months with a wide range of stakeholders to raise awareness and understanding of the options and to discuss the reasons for change. In November and December 2012 a six week period of intensive promotional and engagement activity was carried out as a precursor to the consultation process. Throughout this period and the months before consultation began the Trust and commissioners continued to meet with key stakeholders to discuss progress.

The full consultation ran from the 4th March to 31st of May 2013

A website, *meetingthechallenge.co.uk*, was set up with events calendar, supporting documentation, full consultation and summary consultation documents in downloadable forms, and other information updating the public on the issues surrounding the consultation, such as audio recordings and transcripts of public meetings. As well as promoting public meetings online they were advertised through the media and via community groups and stakeholders.

Just over 240,000 summary consultation documents were mailed to households using Royal Mail. A Freepost address was provided for completed feedback forms. Residents, staff and other interested organisations could also complete the feedback form online. The *Meeting the Challenge* team also distributed approximately 9,500 summary documents to libraries, pharmacists, GP surgeries, supermarkets and the largest employers in the areas. The consultation document was also made available in Gujarati and Urdu. Easy read and large print versions of the consultation document were also produced. The deadline for receipt of postal submissions was taken to be Friday 7th June, one week after the final deadline for the consultation.

Emails, letters, tweets, phone calls and submissions from interested parties were recorded and transcripts from the public meetings produced. In addition The Campaign Company was commissioned to conduct a 1,000 resident poll and facilitate certain discussion groups.

In an effort to reach patients who were currently using services that might change the *Meeting the Challenge* team visited wards and units including maternity, children's and A & E. On occasion they were able to complete the feedback form with patients and carers, at other times they raised awareness and handed out consultation summary documents

1.3 Findings

Awareness

Levels of awareness were measured by the phone poll that was conducted towards the end of the consultation period.

Phone poll: Respondents were asked whether they had heard about the *Meeting the Challenge* consultation. A quarter of people (25%) had heard about it (256 out of 1013 polled). Respondents were most likely to have found out about it from the local paper or (31%) another local media source (16%) or a GP practice or hospital (16%).

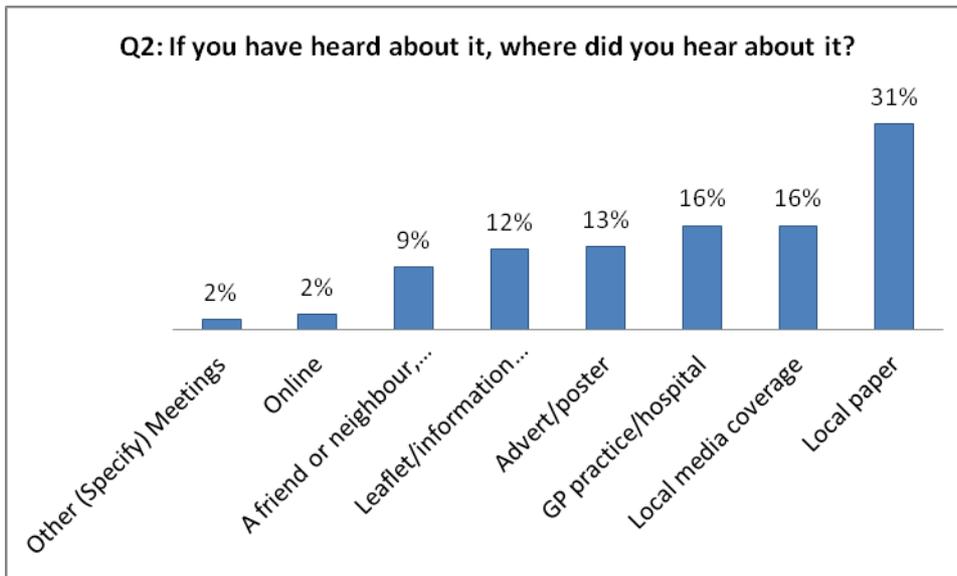


Chart1 – If you have heard about it, where did you hear about it? (Base 256)

Overall views of the changes

Each of the consultation methods and tools asked for some overall view of the changes that are being proposed.

Phone poll: Of those who had heard about the changes, 28 per cent were very concerned, 21 per cent quite concerned and 11 per cent slightly concerned. 23 per cent said they needed more information before taking a view.

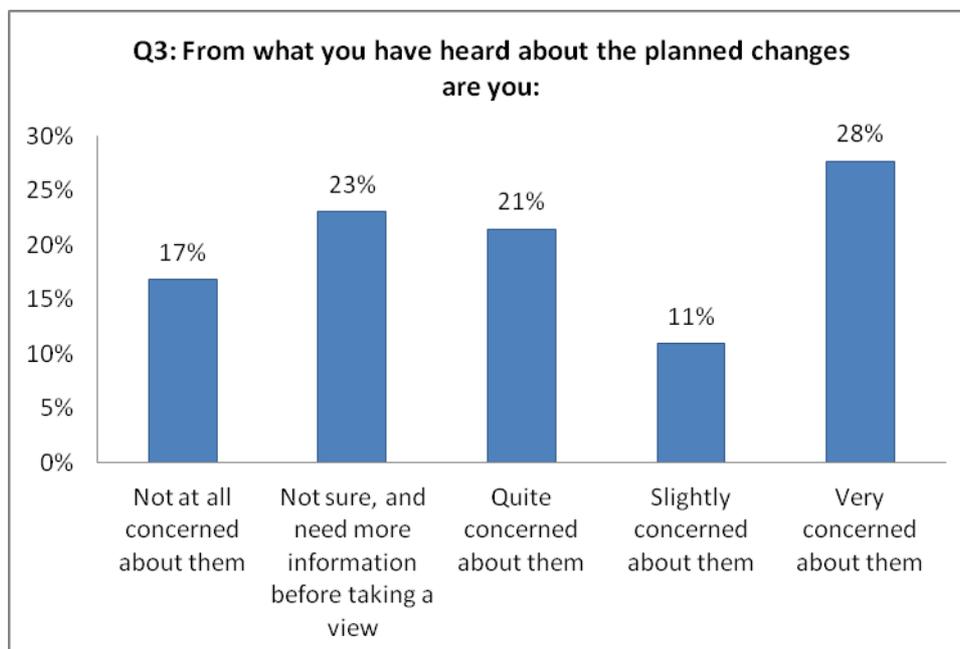


Chart 2 – from what you have heard about the planned changes are you: (Base 256)

Consultation submissions (postal and web): Respondents were evenly divided on whether they felt the proposals would achieve their aims (29 per cent agreed and 29 per cent disagreed).

Table 1 summarises the findings from the three key quantitative questions based on overall views of the changes.

Table 1: Qualitative findings of Q1, Q2 and Q3

| Question | Key quantitative analysis |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Q1: Do you think these proposals achieve our aims to save more lives, improve outcomes and patient experience? | Overall 29 per cent of respondents thought the proposals would achieve the aims (30 per cent postal, 29 per cent web). |
| | Overall 29 per cent of respondents thought the changes would not achieve their aims (25 per cent postal, 43 per cent web). |
| Q2: Are there aspects of these changes you disagree with? | Overall 28 per cent of respondents thought there were not any aspects of the changes they disagreed with (29 per cent postal, 26 per cent web). |
| | Overall 38 per cent of respondents disagreed with any aspects of these changes (33 per cent postal, 55 per cent web). |
| Q3: Do you think there are any other options we should be considering? | Overall, 45 per cent of respondents thought there were other options to be considered (40 per cent postal, 60 per cent web). |
| | Overall 11 per cent of respondents thought there were not any other options that should be considered (11 per cent postal, 12 per cent web). |

Analysis of the qualitative data from postal and web respondents shows that the three main areas of concern are **access to care, transport** and **specific hospitals**. These three themes interact and appear across the consultation responses as a basket of concerns that are related particularly to locality. The connection between these concerns is explained further in the body of the report.

Public Meetings: The level of overall concern about the changes expressed in public meetings varied greatly but meetings held in North Kirklees typically exhibited higher levels of concern (see section on geography covered below). Many of the concerns expressed in public meetings related to wider changes to the health service and specific concerns based on the history of the local health service. More often than not those who attended meetings understood the need for change but disagreed with specific elements of change.

Key broader concerns raised in public meetings included:

-
- A view that Pinderfields hospital PFI had “saddled” the hospital with debt
 - The historic merger of the three hospitals into a single trust had resulted in Dewsbury hospital ‘taking on Pinderfields debt’
 - The financial motive for changes
 - Whether attendees would really be listened to
 - Specific concerns about the current appointment system

In addition, there were clear differences in both the levels of concern and specific concerns based on geography, with residents in North Kirklees exhibiting higher levels of anxiety about the proposed changes. This was understandable as the IIA showed that the proposals would impact more on this area.

Discussion groups: The 9 discussion groups including two staff groups, three resident or community groups in North Kirklees, two maternity groups and two groups with school age children.

Many members of staff are also residents and they tended to have general concerns about the pace of change, communicating change to the public, and the challenge of providing care in the community quickly enough within resources. They also asked questions about the long term sustainability of the model in the context of limited overall resources, other CCGs ‘offers’ (among staff there was a recognition that what happens outside their administrative boundaries has a significant impact on what happens within it) and shared some specific concerns with the public about what would happen to Dewsbury hospital over time. For example, would it be able attract staff of the right calibre?

Resident and maternity groups were more likely to focus on specific concerns but also raised many of the questions that attendees of public meetings did, including a concern that whatever their opinion the changes would happen anyway.

Different views by geography

Consultation methods took geography into account (e.g. by asking for postcodes) and we are able to analyse how that influenced responses

Phone poll: There are significant differences by geography. When asked about level of concern 78 per cent of respondents to this question from North Kirklees have some concern about the changes (very, quite or slightly) compared to 60 per cent of the overall sample.

Consultation submissions (postal and web): This is visible within the consultation submissions with over half of respondents from North Kirklees (51%) disagreeing with any aspects of these changes compared to 29 per cent of respondents from Wakefield.

In North Kirklees 40 per cent of respondents believe the proposals would not achieve their aims.

Public meetings and resident/community discussion groups in North Kirklees: The common themes raised in the qualitative engagement with residents were:

-
- Concerns that population growth and poverty in North Kirklees had not been adequately accounted for in the changes
 - The sustainability of the model. Would Dewsbury hospital be viable in the long run? Would Pinderfields hospital be able to cope?
 - North Kirklees had been let down in the past and did this proposal therefore form part of a pattern?
 - Travel time to specialist at Pinderfields
 - Other travel concerns around time, cost and convenience

Difference in views by equalities groups

The consultation methods took equalities into account through a set of equalities questions. Again we are able to see how this influences the response.

Phone Poll: Black, Minority and Ethnic (BME) respondents were more concerned about the proposals with 73% showing some level of concern compared to 60% overall.

Transport was an issue for multiple groups; it was however more of an issue for the oldest and youngest age groups as well as the BME community.

In addition the BME community were more concerned keeping maternity services local than the overall response.

Consultation submissions (web and postal): Almost half of BME respondents thought that the proposal would not achieve their aims and 60% of respondents from BME groups thought there were other options to be considered. This is higher than the overall response for these questions which were 29% and 45%.

Discussion groups and interest groups: There were a number of specific concerns that came up for some of the engagement with protected groups.

- BME respondents had concerns over sustainability of the proposed new model and why Dewsbury services should be removed
- The BME respondents also had concerns over the lack of patient choice and questions over the capacity of Pinderfields
- How the system copes with difficulties during labour was a further issue for BME respondents
- Older respondents had significant concerns around transport and the extra burden that this would place on attending hospital and visiting hospital
- The older age group were also concerned about the service that they receive and how changes would impact on that

1.4 Views by service area

All of the service areas that form part of the proposed changes were addressed by the consultation methods.

Accident and emergencies

Phone poll: This asked respondents to rank the aspects of the service they felt were most important in order. In table 2 the weighted rank is based on weighting the 1st choice as three times the 3rd choice. Using the weighted ranking respondents were most likely to value 'well equipped ambulances with highly trained ambulance crews so that, if necessary, treatment can begin in the ambulance' (29%) followed by 'Ambulance services that meet national response guidelines of 8 minutes' (24%). 'A local A&E' and 'more specialist trained emergency doctors in hospitals' each received a weighted ranking score of 17%.

Table 2: Accident and Emergency by ranking (Phone poll)

| Features | Most important | 2 nd most important | 3 rd Most important | Weighted ranking |
|------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|------------------|
| a. Ambulance services that meet national response guidelines of 8 minutes | 33% | 17% | 13% | 24% |
| b. Well equipped ambulances with highly trained ambulance crews so that, if necessary, treatment can begin in the ambulance. | 29% | 36% | 14% | 29% |
| c. A local A&E service | 16% | 17% | 8% | 17% |
| e. More specialist trained emergency doctors in hospitals to provide the highest possible quality of care | 13% | 16% | 27% | 17% |
| d. Lower waiting times in A&E | 6% | 8% | 15% | 8% |
| f. Don't know | 3% | 6% | 14% | 6% |

Access to care, transport and specific hospitals were the top three concerns of residents responding to open questions in the consultation. In fact, the underlying theme across many of these concerns is that for some residents' services, particularly accident and emergency provision, would be further away.

Public meetings and discussion groups: Travel time to A&E was raised regularly in public meetings, with many residents in Dewsbury and the surrounding area highlighting long travel times in rush hour and concern about congestion. Staff groups tended to empathise with this concern but in certain cases also highlighted the fact that other factors also mattered, and that in some rural areas the time taken to get to hospital could be longer.

Maternity services

Phone Poll: For residents overall, aside from 'don't know' the most important feature of a maternity service was a local service, followed by more specialist services available and a choice of where to have the baby.

Table 3: Maternity services by ranking (phone poll)

| Features | Most Important | 2 nd most important | 3 rd most important | Weighted ranking |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|------------------|
| a. A local maternity service | 30% | 13% | 8% | 21% |
| f. Don't know | 29% | 32% | 39% | 32% |
| d. More specialist consultants available in case a birth is complicated | 15% | 12% | 19% | 15% |
| b. A choice of where to have your baby | 13% | 21% | 10% | 15% |
| c. All your antenatal and postnatal appointments locally (e.g. at your doctor's surgery, at home, or in your nearest hospital) | 8% | 19% | 14% | 12% |
| e. More support for those who want home births | 5% | 4% | 9% | 5% |

Consultation submissions (postal and web): Less than one per cent of those who replied to the main consultation were either currently or recently pregnant. A decision was therefore taken to hold two discussion groups with mothers (and fathers) of babies and young children.

Discussion groups: The common themes across the discussion groups, and raised elsewhere in the consultation, including through letters and at public meetings, were:

- The difficulty of monitoring a pregnancy and assessing risk over time. What happens in a scenario in which a ‘low risk’ birth suddenly becomes a ‘high risk’ birth?
- If there is a need to transfer to from Dewsbury to Pinderfields when a birth becomes ‘high risk’ the time taken to get to Pinderfields.
- What if there is a need for an epidural in Dewsbury? Could there be anaesthetists/consultants on call?
- If there is not enough reassurance about the above won’t everyone pick Pinderfields and then how will it cope?

Surgery/outpatients

Phone poll: Respondents valued improved access to specialists, shorter waiting times and fewer cancellations almost equally.

Table 4: Surgery and Outpatients by ranking (Phone Poll)

| Features | Most Important | 2 nd most important | 3 rd most important | Weighted ranking |
|---------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|------------------|
| e. Improved access to specialists for the most seriously ill patients | 30% | 14% | 21% | 23% |
| d. Shorter waiting times for planned operations | 21% | 26% | 21% | 23% |
| c. Planned operations going ahead when scheduled with fewer cancellations | 19% | 25% | 17% | 21% |
| a. Local outpatient care | 15% | 13% | 13% | 14% |
| b. More planned treatment at Dewsbury and Pontefract | 14% | 16% | 12% | 14% |

| | | | | |
|---------------|----|----|-----|----|
| f. Don't know | 2% | 6% | 15% | 6% |
|---------------|----|----|-----|----|

Consultation submissions (postal and web) public meetings and discussion groups: Respondents raised a variety of concerns, often about current provision, including the booking system, and late cancellations.

Residents in North Kirklees raised concerns that appointments were or would be offered faster for Pinderfields than Dewsbury, resulting in diminished 'real' choice. They also raised concerns about lack of specialists on site at Dewsbury.

Children's services and 'care closer to home' are covered in more detail throughout the main document but features relatively rarely as proactively raised concerns.

Transport

Phone poll: Respondents ranked cheaper and easier parking facilities ahead of better public transport and a shuttle bus between hospitals. However, car owners are far more likely to rank easier/cheaper parking ahead of better public transport than non car owners. Moreover, the combined public transport choices (shuttle bus and others) rank higher than easier/cheaper parking.

Table 5: Transport by ranking (Phone Poll)

| Features | Most Important | 2 nd most important | 3 rd most important | Weighted ranking |
|----------------------------------------------------------------------------|----------------|--------------------------------|--------------------------------|------------------|
| b. Easier/cheaper parking facilities at the hospital | 57% | 24% | 6% | 38% |
| a. Better public transport, e.g buses, to get to hospital | 23% | 21% | 19% | 22% |
| c. A shuttle bus between hospitals available for longer hours | 13% | 32% | 27% | 21% |
| d. Travel information made more available, e.g. provided with appointments | 5% | 12% | 26% | 11% |
| e. Don't know | 3% | 11% | 21% | 9% |

Consultation submissions (postal and web): Concerns about transport featured throughout the responses and more detail can be found in the consultation submissions chapter. In analysis of question 9, which asked for suggestions to help people travel to hospital, the most popular suggestion was by use of a shuttle bus, followed by flexible appointments.

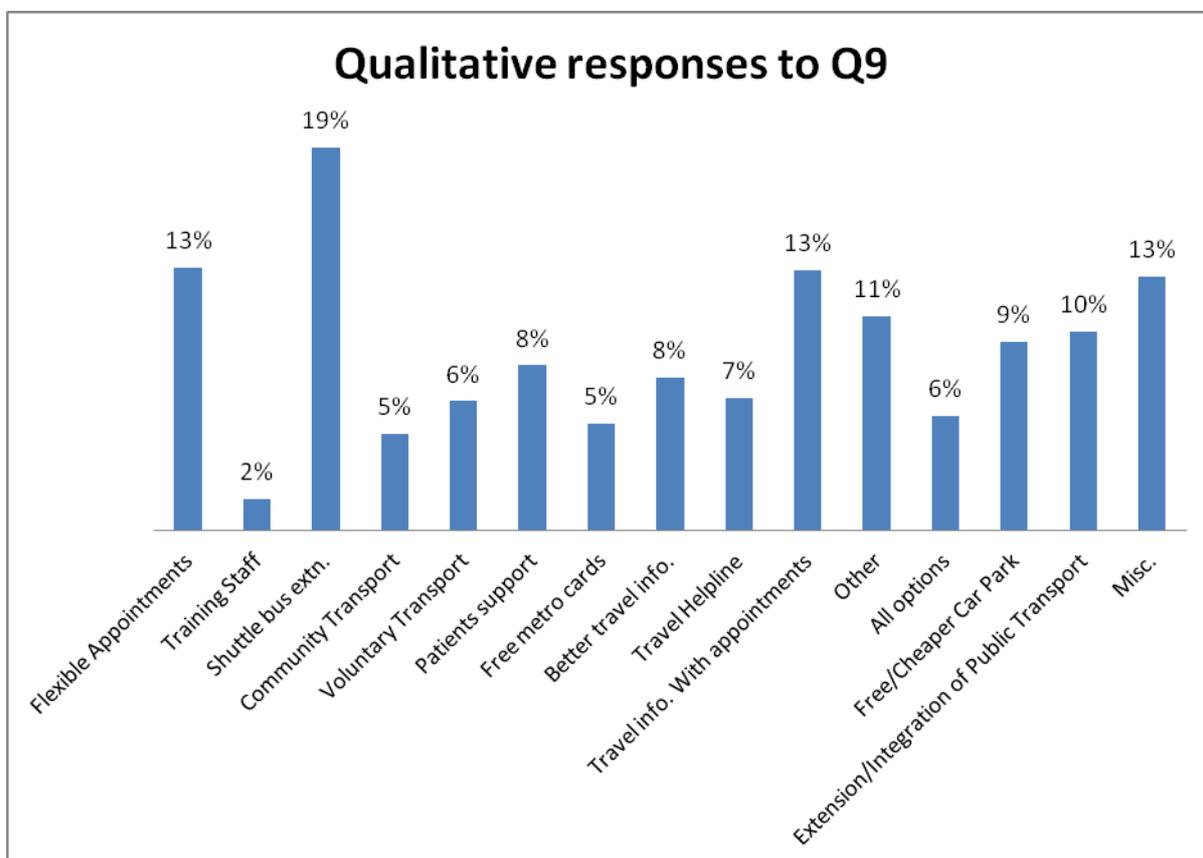


Chart 3: Qualitative responses to transport options

Public meetings and discussion groups: The common themes that recur across the qualitative engagement on transport were:

- The time taken to A&E in an emergency, particularly for residents who live further away from Pinderfields, particularly at certain times of the day
- The time and inconvenience of getting to hospital for those who do not have a car
- Car park charges and the difficulty of finding parking
- The cost of transport, particularly for those who have to visit hospital regularly

The Travel Advisory Group that was set up during pre-consultation has reconvened to explore transport solutions in more detail.

Specific concerns about Pinderfields and Dewsbury

Consultation submissions, public meetings and discussion groups: Although there were concerns raised about Pontefract Hospital the main concerns raised were around Pinderfields. There were various criticisms of current provision at Pinderfields, covering capacity and service levels, and anxieties about how it would cope with the potential increase in demand.

As well as concerns about travel to Pinderfields some North Kirklees residents (and some staff) were also unsure about the long term viability of Dewsbury when its services were, as they perceived it, 'downgraded.'

There were many other detailed concerns raised about current provision and the potential impact of changes and this report covers these in more detail. Whilst verbatim quotes are included, these are merely offered as examples, and should not be seen as fully reflective of the views of all residents. The various methodologies for each element of the consultation are covered within the report, and the appendices provide further detail of the key materials used in the process.

1.5 Conclusion

The Meeting the Challenge consultation used diverse engagement methods, providing the community and stakeholders with different channels and opportunities to engage. In response to the proposals a clear picture emerges from across those engagement strands. Residents who actively engaged in the consultation process were evenly divided on whether they thought the proposals would achieve their aims and generally supportive in principle of specialising care. But consistent concerns were raised about the specific proposals. In particular, these focused on the impact of changes to Dewsbury and District Hospital in North Kirklees. The main concerns highlighted were;

- *Transport and travel* - the centralisation of a number of specialist services that would impact on journey times and travel accessibility across the area
- *Access to care* - centralising services at one hospital would impact on the availability of local appointments and access to emergency care
- *Specific hospitals* - centralising some services at Pinderfields raises issues about capacity in that hospital and concerns about the long term viability of Dewsbury hospital

Any reconfiguration that impacts on the services available in a local area will raise levels of anxiety among those most likely to be affected.

It is not the purpose of this report to make recommendations on the proposed changes. However, decision makers should be fully aware of the persistent concerns raised during the consultation.

The *Meeting the Challenge* team should conduct further work to address the main concerns, particularly on transport, and set out clear processes to monitor any changes that take place to establish their real impact over time. Effective and consistent communication is also vital to allay anxieties.

The phone poll conducted as part of this consultation provides some indication that when the local health service and the population are focused on outcomes, their views are more likely to be aligned. For example, how well an ambulance is equipped, the training of staff and rapid response times for emergency services are common goals.

If the local health service can achieve the objectives set out in its consultation the local population is likely to be more positive about any changes it makes.

| | | | | | | | | | | | | | | | | | | | | | | | |
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| Title of meeting: | Governing Body | Agenda Item: | 8 | | | | | | | | | | | | | | | | | | | | |
| Date of Meeting: | 9 July 2013 | Public/Private Section: | | | | | | | | | | | | | | | | | | | | | |
| Paper Title: | Finance Report Month 2 2013/14 | Public | ✓ | | | | | | | | | | | | | | | | | | | | |
| | | Private | | | | | | | | | | | | | | | | | | | | | |
| | | N/A | | | | | | | | | | | | | | | | | | | | | |
| Purpose (this paper is for): | Decision | Discussion | Assurance ✓ Information | | | | | | | | | | | | | | | | | | | | |
| Report Author and Job Title: | Karen Parkin, Head of Finance & Governance | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Clinical Lead: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Governing Board Executive Lead: | Andrew Pepper, Chief Finance Officer | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation: | | | | | | | | | | | | | | | | | | | | | | | |
| It is recommended that the Governing Body note the contents of the report. | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Summary: | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The Month 2 Finance Report provides a year to date and year end forecast position as at 31st May 2013. Overall the CCG has a year to date surplus of £53k and a year-end forecast of £0k against the financial plan. This includes the planned surplus of £5502k. There are 10 key financial performance indicators:</p> <ul style="list-style-type: none"> • 6 indicators are green • 1 indicator is red. This is the year to date QIPP position which is below 50% of target at month 2. • 1 indicator is amber/red. This is the forecast outturn for QIPP delivery which currently shows 68% against target • 2 indicators are not yet scored as activity data is not yet available. | | | | | | | | | | | | | | | | | | | | | | | |
| Link to overarching principles from the strategic plan: | <table border="1"> <tr><td>Improve health equality across our population</td><td></td></tr> <tr><td>Support for individual health and wellbeing</td><td></td></tr> <tr><td>Care provided in the right setting and close to home</td><td></td></tr> <tr><td>Appropriate access and choice for all</td><td></td></tr> <tr><td>Understanding our population and putting patients at our centre</td><td></td></tr> <tr><td>Safe and high quality experiences and clinical outcomes</td><td></td></tr> <tr><td>Transparent clinically-led commissioning</td><td></td></tr> <tr><td>Service transformation through redesign</td><td></td></tr> <tr><td>Improvement through collaboration and integration</td><td></td></tr> <tr><td>Financial efficiency, probity and balance</td><td>✓</td></tr> </table> | | | Improve health equality across our population | | Support for individual health and wellbeing | | Care provided in the right setting and close to home | | Appropriate access and choice for all | | Understanding our population and putting patients at our centre | | Safe and high quality experiences and clinical outcomes | | Transparent clinically-led commissioning | | Service transformation through redesign | | Improvement through collaboration and integration | | Financial efficiency, probity and balance | ✓ |
| Improve health equality across our population | | | | | | | | | | | | | | | | | | | | | | | |
| Support for individual health and wellbeing | | | | | | | | | | | | | | | | | | | | | | | |
| Care provided in the right setting and close to home | | | | | | | | | | | | | | | | | | | | | | | |
| Appropriate access and choice for all | | | | | | | | | | | | | | | | | | | | | | | |
| Understanding our population and putting patients at our centre | | | | | | | | | | | | | | | | | | | | | | | |
| Safe and high quality experiences and clinical outcomes | | | | | | | | | | | | | | | | | | | | | | | |
| Transparent clinically-led commissioning | | | | | | | | | | | | | | | | | | | | | | | |
| Service transformation through redesign | | | | | | | | | | | | | | | | | | | | | | | |
| Improvement through collaboration and integration | | | | | | | | | | | | | | | | | | | | | | | |
| Financial efficiency, probity and balance | ✓ | | | | | | | | | | | | | | | | | | | | | | |
| Outcome of Equality Impact Assessment: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Outline public engagement: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Assurance departments/ organisations who will be affected have been consulted: | Not applicable | | | | | | | | | | | | | | | | | | | | | | |
| Previously presented at committee / governing body: | Finance Report presented at every Governance Body meeting, most recently 11 June 2013 and also presented at Integrated Governance Committee, most recently 20 June 2013. | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Reference document(s) / enclosures: | None |
| Risk Assessment: | Section 5 of the paper gives details of the financial risks including mitigation. Where appropriate, risks are registered on the risk register. |
| Finance/ resource implications: | Not applicable |

NHS WAKEFIELD CCG

Finance Report – Month 2 2013/14

1. Introduction

This report shows the financial position at 31st May 2013.

2. Key Financial Performance Indicators

NHS Wakefield CCG key financial performance indicators are detailed below:

| Financial Performance | | | | |
|-----------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|
| No. | Indicator | RAG Measure | RAG | Value |
| 1 | Underlying recurrent surplus | Green: >= 2% Amber/Green: 1-1.99% Amber Red: 0-0.99% Red: <0% | Green | 13/14 surplus £5.5m + NR £9m = £14.5m = 3.3% |
| 2 | Surplus - year to date performance | Green: >= 1% Amber/Green: >=0.8% Amber/Red: >=0.5% Red: <0.1% | Green | £917k = 1.2% |
| 3 | Surplus - Full year forecast | Green: >= 1% Amber/Green: >=0.8% Amber/Red: >=0.5% Red: <0.1% | Green | £5502k = 1.2% |
| 4 | Management of 2% NR funds within agreed processes | Green=Yes Red=No | Green | - |
| 5 | QIPP - year to date delivery | Green: >= 95% of plan Amber/Green: >=80% of plan Amber/Red: >=50% of plan Red: <50% of plan | Red | - |
| 6 | QIPP - full year forecast | Green: >= 95% of plan Amber/Green: >=80% of plan Amber/Red: >=50% of plan Red: <50% of plan | Amber/Red | £6.8m = 68% of £10m target |
| 7 | Activity trends - year to date | Green: <101% of plan Amber/Green: <102% of plan Amber/Red: <103% of plan Red: <104% of plan | TBC - activity information not yet available | TBC - activity information not yet available |
| 8 | Activity trends - full year forecast | Green: <101% of plan Amber/Green: <102% of plan Amber/Red: <103% of plan Red: <104% of plan | TBC - activity information not yet available | TBC - activity information not yet available |
| 9 | Running costs | Green: <= RCA Red: >RCA | Green | £63k underspend at M2 |
| 10 | Clear identification of risks against financial delivery and mitigations | Green: Indicator met in full Amber/Green: Indicator partially met limited uncovered risk Amber/Red: Indicator partially met material uncovered risk Red: Indicator not met | Green | All risks identified with value and mitigation (see section 5) |

3. Overall Financial Performance

As predicted, the following adjustments were made to the CCG's allocation during May:

| | |
|-----------------------------------------------|-----------------|
| 13/14 Opening Programme Allocation | £450,210 |
| 13/14 Running Cost Allocation | £8,580 |
| Specialist Commissioning transfer to NHSE | (£7,624) |
| Offender Health | £544 |
| B/F surplus | £4,231 |
| Total Allocation at 31 st May 2013 | £455,941 |

A high level analysis of budget headings and financial performance is provided in Table 1 below:

Table 1:

| Provider | Annual Budget £'000 | Budget to Date £'000 | Expenditure to Date £'000 | Variance to Date £'000 | Forecast year end Variance £'000 |
|---------------------------------------------------|------------------------|-------------------------|------------------------------|---------------------------|-------------------------------------|
| Community Health Services | 29,563 | 4,927 | 4,927 | 0 | 0 |
| Acute | 263,881 | 43,980 | 43,980 | -0 | 0 |
| Mental Health | 40,014 | 6,669 | 6,669 | 0 | 0 |
| Continuing Care | 25,548 | 4,258 | 4,268 | 10 | 0 |
| Primary Care | 65,208 | 10,930 | 10,909 | -21 | 0 |
| Other | 13,414 | 2,236 | 2,257 | 21 | 0 |
| Bfwd Surplus | 4,231 | 705 | 705 | 0 | 0 |
| Programme Allocation (exc planned surplus) | 441,859 | 73,705 | 73,715 | 10 | 0 |
| Running Costs | 8,580 | 1,430 | 1,367 | -63 | 0 |
| Total | 450,439 | 75,135 | 75,082 | -53 | 0 |

| | | |
|-------------------------|----------------|---------------|
| 13/14 Planned Surplus | 5,502 | 917 |
| Total Allocation | 455,941 | 76,052 |

Programme budgets are further analysed below. Running costs is under budget which is a combination of vacancies and organisational development training costs.

Currently, there is no activity information to be able to forecast to any degree of accuracy and therefore a balanced position has been assumed for year end.

4. Programme Budgets

Variances against Programme budgets are shown in Table 2 below. Significant variances can be explained as follows:

- Primary Care year to date underspend relates to vacancies within the medicine management team
- Continuing Care year to date overspend relates to increased staffing levels in order to deal with the rising number of claims that originated in the previous year.
- Other Contracts year to date overspend is due to PMO support. However this has been provided for in the 2% non-recurrent reserve. Additionally, a reconciliation has been requested from the PMO for YTD and future costs.
- QIPP is currently presented here as a balanced budget as the expectation is that it will be achieved by the end of the year. However there is a risk to this which is described in the risks section below.
- Non-Recurrent plans are not finalised. WCCG has access to a range of non-recurrent resources including the 2% reserve, brought forward surplus, non-elective readmissions and access to s256 resources in partnership with WMDC

Table 2:

| Provider | Annual Budget £'000 | Budget to Date £'000 | Expenditure to Date £'000 | Variance to Date £'000 | Forecast year end Variance £'000 |
|----------------------------------------------------|------------------------|-------------------------|------------------------------|---------------------------|-------------------------------------|
| Mental Health | 40,014 | 6,669 | 6,669 | 0 | 0 |
| Acute - Mid Yorkshire Hospitals Trust | 202,158 | 33,693 | 33,693 | -0 | 0 |
| Acute - Leeds | 13,732 | 2,289 | 2,289 | -0 | 0 |
| Acute - YAS | 15,213 | 2,535 | 2,535 | 0 | 0 |
| Other Acute | 32,778 | 5,463 | 5,463 | -0 | 0 |
| Prescribing | 60,486 | 10,143 | 10,144 | 0 | 0 |
| Primary Care and Out of Hours | 4,722 | 787 | 765 | -22 | 0 |
| Continuing Care & Free Nursing Care | 25,548 | 4,258 | 4,268 | 10 | 0 |
| Community Services | 29,563 | 4,927 | 4,927 | 0 | 0 |
| Other Contracts | 7,275 | 1,212 | 1,233 | 21 | 0 |
| Bfwd Surplus | 4,231 | 705 | 705 | 0 | 0 |
| QIPP | -10,000 | -1,667 | -1,667 | 0 | 0 |
| Other Reserves | 7,135 | 1,189 | 1,189 | 0 | 0 |
| Non Recurrent Reserve | 9,004 | 1,501 | 1,501 | 0 | 0 |
| Total Programme Budgets (exc 13/14 surplus) | 441,859 | 73,705 | 73,715 | 10 | 0 |
| Running Costs | 8,580 | 1,430 | 1,367 | -63 | 0 |
| Total | 450,439 | 75,135 | 75,082 | -53 | 0 |

| | | |
|-------------------------|----------------|---------------|
| 13 / 14 Surplus | 5,502 | 917 |
| Total Allocation | 455,941 | 76,052 |

5. Risks

Key risks are outlined in Table 3 below:

Table 3:

| Risk | Potential Financial Impact | Mitigation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Acute provider contracts risk of £3.9m of non-recurrent income. | £2.5m | WCCG share is provided for as a contingency. |
| Running Cost Allowances (RCA). Awaiting outcome of national rebasing of RCA regarding NHS Property Services in order to enter into lease/other HQ contracts. CCG considers that the original baseline amount should be adjusted downwards to reflect changes to the definition of what was included and economies made in-year. Outcome awaited. | £1.3m | Fully provided for in RCA budgets |
| Specialist Commissioning – MYHT awaiting contract offer from SCG to triangulate against CCG core offer. Proposed rebasing of specialist mental health adult low secure contracts from budget to M8 forecast outturn creates a material financial risk. | £0.9m | The result of the rebasing has resulted in a defund to the CCG allocation of £7.6m in total with £1.4m of this relating to mental health. This has been contained within the provision set aside to deal with any rebasing issues. There remains a risk relating to out of area specialist commissioning to be reconciled by NHSE at the end of M4. |
| Risk assessed QIPP plans currently £6.8m against target of £10m. | £3.2m | Process in place to ensure rigour in QIPP development and reporting. Workshop event held to facilitate generation of new ideas. Follow up scoping work has identified potential for a further £1m in 13/14 |
| Reconciliation of primary care budgets transferred to contracts including dental, pharmacy and health visiting | £0.5m | These issues are being worked through with the WYAT. |
| Inability to validate invoices due to s251 matters, causing delays in authorisation, payment and impact on BPPC | £0 | On a case by case basis, to agree a realistic payment schedule with providers which would be subject to retrospective validation. |

6. Better Payment Practice Code

The NHS target is 95% of invoices to be paid within 30 days both in terms of value and on number of invoices. Actual performance for month 2 is shown below:

| Month 2 2013/14 - 31st May 2013 | Number | £000's |
|-----------------------------------------------|------------|------------|
| Non NHS Creditors | | |
| Total bills at the end of the month | 484 | 2967 |
| Total bills paid within target | 477 | 2805 |
| Percentage of bills paid within target | 99% | 95% |
| NHS Creditors | | |
| Total bills at the end of the month | 24 | 24195 |
| Total bills paid within target | 22 | 23920 |
| Percentage of bills paid within target | 92% | 99% |

7. Cash

Forecast cash drawdown is higher than necessary at the beginning of the year due to uncertainty on the timing of payments within the new organisation. The forecast was appropriately prudent and as a result actual cash left in the bank was higher at the end of May. It is expected that this position will be resolved by the end of June as we have improved cash flow forecast techniques and adjusted the cash draw down accordingly.

8. Shared Business Services

Difficulties are currently being experienced with the payment of both CCG and PCT invoices. The NHS Shared Business Services (SBS) invoice imaging system has failed resulting in not being able to view invoice images. This is affecting all SBS clients. SBS have implemented a recovery programme. There is an impact to the clearance of old PCT invoices within the Department of Health deadlines for the final closure of the PCT.

9. Statement of Financial Position

The analysis of the brought forward Statement of Financial Position (balance sheet) remains to be completed post final accounts and final closedown of PCT accounts. This will be developed after Q1 when closedown of the PCT accounts is finalised in line with the national timetable.

10. Legacy Issues

DH bank accounts were to remain open for the clearance of PCT debtors and creditors. Original guidance was that these accounts would close at the end of June at which point any remaining debtors and creditors will transfer to the relevant organisation. This guidance is under review nationally.

11. Recommendations

Members are asked to receive and note the contents of the report.

Karen Parkin,
Head of Finance & Governance
28/6/13

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|
| Title of meeting: | Clinical Commissioning Group Board | Agenda Item: | 9 |
| Date of Meeting: | 09 July 2013 | Public/Private Section: | |
| Paper Title: | Integrated Performance and Quality Report – Summary June 2013 | Public | ✓ |
| | | Private | |
| | | N/A | |
| Purpose (this paper is for): | Decision | Discussion | Assurance |
| | | Information | ✓ |
| Report Author and Job Title: | Miranda Berry – Commissioning for Quality Manager Luke Streeting – Performance and Planning Manager | | |
| Responsible Clinical Lead: | Dr David Brown – Quality Lead | | |
| Responsible Governing Board Executive Lead: | Jo Pollard – Director of Commissioning and Quality Andrew Pepper – Chief Finance Officer | | |
| Recommendations: | | | |
| It is recommended that the Governing Body: <ol style="list-style-type: none"> i. note the current performance against key national and local performance and quality measures; and ii. approve the actions being taken to address areas of underperformance. | | | |
| Executive Summary: | | | |
| The integrated Quality & Performance Report is a key tool to provide assurance to the CCG that strategic objectives are being delivered and to direct attention to significant risk, issues, exceptions and areas for improvement. The purpose of the report is to inform Board members of current performance against the 2013/14 NHS Operating Framework, NHS Outcomes Framework and key quality, safety and experience measures. | | | |
| The report reflects indicators that are currently underperforming against target, with a performance improvement section to highlight the key issues and actions being taken to improve performance. | | | |
| Key issues | | | |
| <ul style="list-style-type: none"> • YAS Cat A: YAS continues to fail to meet the Red 1 8 minute targets. • Cancer: % of patients with an urgent GP referral to first definitive treatment within 62 days - has not achieved the 90% target for the month. • Cancer: % of patients receiving their first definitive treatment within 62 days has missed target. • MRSA: Wakefield has breached its zero tolerance target for this never event during the month. MYHT has reported two breaches in total. • C Diff: There have been 8 reported cases for Wakefield patients and 9 cases for MYHT. • RTT: incomplete. Although admitted and non admitted RTT 18 weeks have achieved overall threshold, the incomplete RTT 18 week pathway has not achieved the 92% threshold overall and failed across 7 specialties. | | | |
| The report includes a summary (page 17) of the gap analysis undertaken against the 290 recommendations from the Francis report as agreed at the last meeting, and lists where actions have been identified to address the 70 recommendations relevant (directly or indirectly) to the CCG. | | | |
| The following developments have been made to this month's report: <ul style="list-style-type: none"> - Improvement of the KPI Exceptions table identifying direction of travel and previous months 'form': - Inclusion of local key performance indicators to reflect the performance of CCG strategic priorities; - Inclusion of national and local measures for the 2013/14 Quality Premium; | | | |

- A robust process for flagging key risk/concerns and then subsequently integrating them into the CCG risk register.

A detailed programme of incremental improvements to the report has been agreed with CSU, with a timetable for introduction into the report over the next six months.

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---|---------------------------------------------|--|------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------------------|--|---------------------------------------------------------|--|------------------------------------------|--|-----------------------------------------|--|---------------------------------------------------|--|-------------------------------------------|--|
| Link to overarching principles from the strategic plan: | <table border="1"> <tr> <td>Improve health equality across our population</td> <td>✓</td> </tr> <tr> <td>Support for individual health and wellbeing</td> <td></td> </tr> <tr> <td>Care provided in the right setting and close to home</td> <td></td> </tr> <tr> <td>Appropriate access and choice for all</td> <td></td> </tr> <tr> <td>Understanding our population and putting patients at our centre</td> <td></td> </tr> <tr> <td>Safe and high quality experiences and clinical outcomes</td> <td></td> </tr> <tr> <td>Transparent clinically-led commissioning</td> <td></td> </tr> <tr> <td>Service transformation through redesign</td> <td></td> </tr> <tr> <td>Improvement through collaboration and integration</td> <td></td> </tr> <tr> <td>Financial efficiency, probity and balance</td> <td></td> </tr> </table> | Improve health equality across our population | ✓ | Support for individual health and wellbeing | | Care provided in the right setting and close to home | | Appropriate access and choice for all | | Understanding our population and putting patients at our centre | | Safe and high quality experiences and clinical outcomes | | Transparent clinically-led commissioning | | Service transformation through redesign | | Improvement through collaboration and integration | | Financial efficiency, probity and balance | |
| Improve health equality across our population | ✓ | | | | | | | | | | | | | | | | | | | | |
| Support for individual health and wellbeing | | | | | | | | | | | | | | | | | | | | | |
| Care provided in the right setting and close to home | | | | | | | | | | | | | | | | | | | | | |
| Appropriate access and choice for all | | | | | | | | | | | | | | | | | | | | | |
| Understanding our population and putting patients at our centre | | | | | | | | | | | | | | | | | | | | | |
| Safe and high quality experiences and clinical outcomes | | | | | | | | | | | | | | | | | | | | | |
| Transparent clinically-led commissioning | | | | | | | | | | | | | | | | | | | | | |
| Service transformation through redesign | | | | | | | | | | | | | | | | | | | | | |
| Improvement through collaboration and integration | | | | | | | | | | | | | | | | | | | | | |
| Financial efficiency, probity and balance | | | | | | | | | | | | | | | | | | | | | |
| Outcome of Equality Impact Assessment: | Not applicable | | | | | | | | | | | | | | | | | | | | |
| Outline public engagement: | Not applicable | | | | | | | | | | | | | | | | | | | | |
| Assurance departments/ organisations who will be affected have been consulted: | Quality Team, Performance Team (CSU), Contracting Team and Mid Yorkshire Hospitals NHS Trust | | | | | | | | | | | | | | | | | | | | |
| Previously presented at committee / governing body: | Integrated Governance Committee 20 June 2013 | | | | | | | | | | | | | | | | | | | | |
| Reference document(s) / enclosures: | Not applicable | | | | | | | | | | | | | | | | | | | | |
| Risk Assessment: | All performance indicators not meeting required threshold have been logged on the CCG Risk Register | | | | | | | | | | | | | | | | | | | | |
| Finance/ resource implications: | Contractual breaches linked to performance not meeting required threshold have been identified. | | | | | | | | | | | | | | | | | | | | |



Wakefield Clinical Commissioning Group

**NHS Wakefield Clinical Commissioning Group
Integrated Quality and Performance Report (Board Summary)
July 2013**

NHS Wakefield Clinical Commissioning Group Integrated Quality & Performance Report (Summary)

July 2013

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Items removed from IGC Report not included in Board Report

- SWYPFT National Schizophrenia Audit
- MYHT Hip Fracture Report 2013

NHS Wakefield Clinical Commissioning Group Integrated Quality & Performance Report (Summary)

July 2013

Report Content

This month's report represents the next stage of development, linking the indicators to CCG Strategic Objectives and the Quality Premium is included for the first time. A Development Action Plan has been agreed with CSU (13/06/13) which identifies a staged implementation of report evolution that will include individual contract performance, activity and finance trading positions, and workforce information. The information contained in this report relates to NHS Wakefield CCG across all providers including Mid Yorkshire Hospitals NHS Trust. Key messages are provided on Page 3 of the report with actions presented on page 6.

Recommendations:

1. To note the content of the report and actions

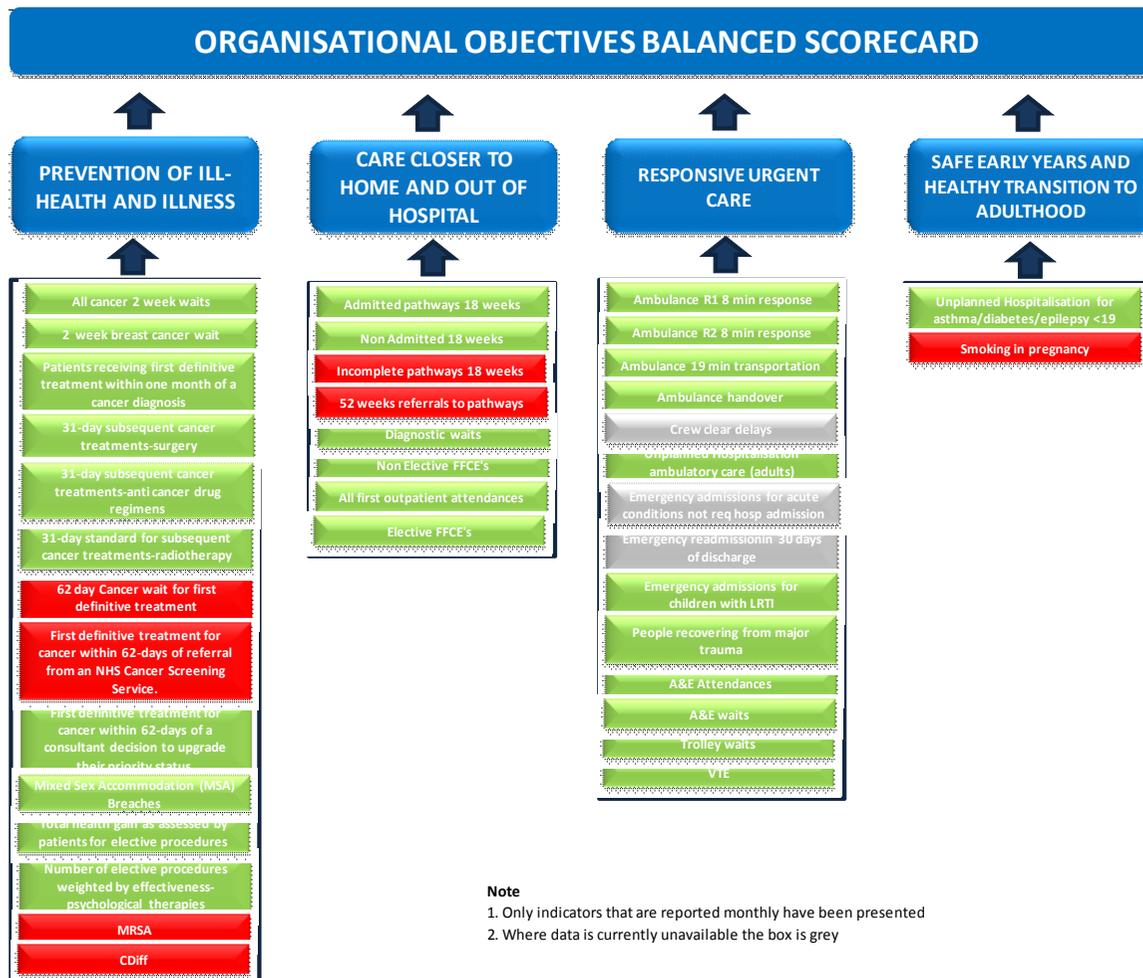
Key Messages

| Key Success Stories | Areas for Improvement |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Wakefield CCG cancer Waits for both 2 week and 31 day targets have been achieved for April. This was also a consistent achievement throughout 12/13. • YAS Ambulance Response times – Cat A (Red 1) 8 mins target has been achieved for April. • 18 Weeks Referral to Treatment Times for admitted and non-admitted have been achieved for April. • 6 week diagnostic waits were achieved for April. • A&E 4hr waits have been achieved for both April. This is consistent achievement of the target following on from 12/13. • Summary Hospital (level) Mortality Index (SHMI) for MYHT has reduced to 90.76 (against an expected 100). • Friends and Family Test – 93.6% of patients were extremely likely or likely to recommend MYHT to friend or family. | <ul style="list-style-type: none"> • Wakefield CCG cancer 62 day waits have not achieved the target levels for both the Urgent GP and NHS Cancer Screening Service referrals. • Wakefield CCG Ambulance Response times – Cat A (Red 1) 8 mins has failed to reach the target for the period. • 18 weeks Referral to Treatment times for incomplete pathways have not achieved target for April. • There were 2 cases during the period where the 52 Week Referral to Treatment timescale has been breached. • MRSA there has been 1 case for April at MYHT and one for the CCG, there is a zero tolerance approach to MRSA for 13/14. • There have been 8 cases of C.Diff in Wakefield patients during the month (target for month 6), MYHT have reported 4 cases during the period which is within their performance tolerance. • Increasing Access to Psychological Therapies (IAPT) - The proportion of people with depression who receive psychological therapies is below target. A month on month decline continues to be seen since Sept 12. |



Strategic Objectives balanced score card

Indicator Performance against NHS Wakefield Strategic Objectives





Key Performance Indicators – Exceptions and Early Warning

Exceptions

| Domain | Wakefield CCG Strategic Objective | | Data Availability | Reporting Period | Wakefield CCG | | | Trend Information | | | Provider | | | | | |
|----------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|--------------------------------|--------|-------|-------------------|---------------------|---|----------------------------|--------------------------------|--------|-------|-------|--|
| | | | | | Period Target/ 2013/14 Plan | Actual | YTD | FOT | Direction of travel | | Previous months score card | Period Target/ 2013/14 Plan | Actual | YTD | FOT | |
| | Month | 2012/13 | | | YAS | | | | | | | | | | | |
| 1 | Ambulance Response Times | Cat A (Red 1) 8 mins Wakefield CCG | Monthly | Apr | 75% | 73.4% | 73.4% | 73.4% | ↑ | ↑ | ●●●●● | 75% | 75.3% | 75.3% | 75.3% | |
| 1 | Cancer | % of patients with an urgent GP referral to first definitive treatment within 62 days | Monthly** | Apr | 85% | 81.8% | 81.8% | 81.8% | ↓ | ↓ | ●●● | Data not available | | | | |
| | | % of patients receiving their first definitive treatment for cancer within two months (62 days) of referral from an NHS Cancer Screening Service | Monthly** | Apr | 90% | 87.5% | 87.5% | 87.5% | ↑ | ↓ | ●●● | | | | | |
| Prevention of ill health and illness | | | | | | | | | | | Mid Yorks | | | | | |
| 5 | Healthcare Associated Infections | MRSA | Monthly | Apr | 0 | 1 | 1 | 12 | ↓ | ↓ | ●●● | 0 | 1 | 1 | 12 | |
| | | Clostridium Difficile | Monthly | Apr | 6/86 | 8 | 8 | 96 | → | ↓ | ● | 4/49 | 4 | 4 | 48 | |
| Care closer to home and out of hospital care | | | | | | | | | | | Mid Yorks | | | | | |
| 4 | 18 Weeks RTT Waiting Time Standards | RTT - Incomplete | Monthly | Apr | 92% | 91.0% | 91.0% | 91.0% | ↓ | ↓ | ●●●●● | 92% | 90.2% | 90.2% | 90.2% | |
| 4 | Number of 52 week Referral to Treatment Pathways | Number of 52 week referral to treatment pathways -for patients on incomplete pathways at the end of the period* | Monthly | Apr | 0 | 2 | 2 | 24 | ↓ | | Data not available | 0 | 0 | 0 | 0 | |
| 5 | Improved access to psychological therapies | People Entering Psychological Therapies | Monthly | Apr | 2.6/ 10 | 1.2% | 1.2% | 1.2% | ↓ | ↓ | ●●●●● | | | | | |

** These indicators are returned on a quarterly basis, however, data is available monthly and the current months performance is below the target threshold.

Data – April 2013, data remains incomplete at time of report production. **Source** – CCG Outcomes Framework, Everyone Counts Annex A and B



Strategic Monitoring

Strategic Monitoring

Performance is above target this month on the following indicators however, they continue to be monitored, in the following months report this section will be expanded to include the full scope of strategically sensitive indicators that have historically been a risk.

| Domain | Wakefield CCG Strategic Objective | Data Availability | Reporting Period | Wakefield CCG | | | Trend Information | | Mid Yorks | | | | | |
|-----------------------------------------------------|-------------------------------------|-----------------------------------------------|------------------|-----------------------------|--------|--------------------|-------------------|--------------------------------------------|----------------------------|-----------------------------|--------|--------|--------|--------|
| | | | | Period Target/ 2013/14 Plan | Actual | YTD | FOT | Direction of travel against previous month | Previous months score card | Period Target/ 2013/14 Plan | Actual | YTD | FOT | |
| Care closer to home and out of hospital care | | | | | | | | | | | | | | |
| 4 | 18 Weeks RTT Waiting Time Standards | RTT - Admitted | Monthly | Apr | 90% | 91.74% | 91.74% | 91.74% | ↓ | ●●●●● | 90% | 92.26% | 92.26% | 92.26% |
| | | RTT - Non Admitted | Monthly | Apr | 95% | 96.31% | 96.31% | 96.31% | ↓ | ●●●●● | 95% | 96.09% | 96.09% | 96.09% |
| Responsive Urgent Care | | | | | | | | | | | | | | |
| 4 | A & E 4 Hour Waiting Time Standard | % Patients who spent 4 hours or less in A & E | Weekly | April | 95% | Data not available | | ↑ | ●●●●● | 95% | 97.00% | 97.00% | 97.00% | |

Data – April 2013, data remains incomplete at time of report production. **Source** – CCG Outcomes Framework, Everyone Counts Annex A and B

Referral to Treatment Admitted and Non Admitted - Although the overall target was achieved, there were a number of specialities where the target was not reached. It should be noted that the 18 Week RTT Recovery Plan designed to restore performance in the Incomplete Pathway for MYHT is likely to cause failure to achieve the required threshold for this area during June and July, with sustained performance across all three area's being planned by the end of August 2013.

Wakefield CCG RTT Admitted

| | No of Admitted Patients Treated | No of Admitted Patients Treated In 18 Weeks | % Admitted Patients Treated In 18 Weeks |
|------------------------|---------------------------------|---------------------------------------------|-----------------------------------------|
| General Surgery | 324 | 291 | 89.81% |
| Trauma and Orthopedics | 367 | 328 | 89.37% |
| Neurosurgery | 8 | 5 | 62.50% |
| Cardiothoracic Surgery | 35 | 27 | 77.14% |

Wakefield RTT Non Admitted

| | No of Non Admitted Patients Treated | No of Non Admitted Patients Treated In 18 Weeks | % Non Admitted Patients Treated In 18 Weeks |
|----------------------|-------------------------------------|-------------------------------------------------|---------------------------------------------|
| Ear, Nose and Throat | 555 | 524 | 94.41% |
| Neurosurgery | 22 | 17 | 77.27% |
| Rheumatology | 145 | 126 | 86.90% |



Key Performance Indicators – Performance Improvement

| Indicator | Key Issues | Key Actions | Action Owner | Forum/ Date |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Ambulance Response Times Cat A (Red1) 8mins Wakefield CCG | <ul style="list-style-type: none"> Performance continues to improve since February 2013 when adverse weather caused a dip in performance. The previous months performance(March) was 71.6%. Within the WY business area there continues to be significant variance in target achievement between the CCG's serviced. The indicator has been recognised as a priority by YAS especially in the West Yorkshire region. | <ul style="list-style-type: none"> YAS WY Ops Director has been requested to attend July Integrated Governance Committee (IGC) to provide an update. WY Recovery Plan being tabled and discussed at next Contract Management Board (CMB) where confirmation of WY action plan will be established. Draft operational plans for all Clinical Business Units (CBU's) for agreement at July CMB CCG Risk Register Updated | Matt England Matt England Matt England Matt England | IGC 18/07/13 Y&H CMB 27/06/13 YAS CMB 10/07/13 June 2013 |
| Healthcare Associated Infections - MRSA | <ul style="list-style-type: none"> Between Dec 2012 and March 2013 there were no cases of MRSA reported at MYHT. An action plan has been developed across the health economy which is monitored at the monthly Hospital and Community Acquired Infection (HCAI) Task and Finish Group meeting chaired by the Interim Chief Executive of MYHT. A pre-48hr cases was reported by MYHT which is attributed to Wakefield CCG for indicator purposes. | <ul style="list-style-type: none"> Screening policy has been revised and additional care pathways included; suppressions treatments and documentation have been refreshed to ensure administration of treatments. All pregnant women to be screened at 36 weeks. Aseptic non touch technique training (ANTT) and competence assessment undertaken in secondary care and community. Policy for taking blood cultures has been revised and assurance of competency prior to undertaking procedure. Bi Weekly antibiotic audits within secondary care and review of antimicrobial prescribing policy. Contract Breach Notifications is being issued CCG Risk Register Updated | Jane O'Donnell Jane O'Donnell Jane O'Donnell Jane O'Donnell Jane O'Donnell Mel Turton Laura Elliott | EQB 06/06/13 EQB 06/06/13 EQB 06/06/13 EQB 06/06/13 EQB 06/06/13 June 2013 June 2013 |
| Healthcare Associated Infections – C Diff | <ul style="list-style-type: none"> In the period there were 8 cases for Wakefield CCG – 5 pre 72 hour (1 MYHT, 3 GP samples, 1 LTHT) and 3 post 72 hour (3 MYHT) against a target of no more than 86 cases. For MYHT there were – 4 post 72 hour cases against a target of no more than 49 cases. There was an increase in the incidence of outbreaks in the community and norovirus in hospital settings during April. This resulted in increased sampling/ screening for | <ul style="list-style-type: none"> Continued work with the medicines management team on Proton Pump Inhibitors (PPI)/ antimicrobial prescribing. Patient information and patient held alert cards for C.Diff. Continued investigation and education for cases in care homes. CCG Risk Register Updated | Jane O'Donnell Jane O'Donnell Jane O'Donnell Laura Elliott | EQB 06/06/13 EQB 06/06/13 EQB 06/06/13 June 2013 |

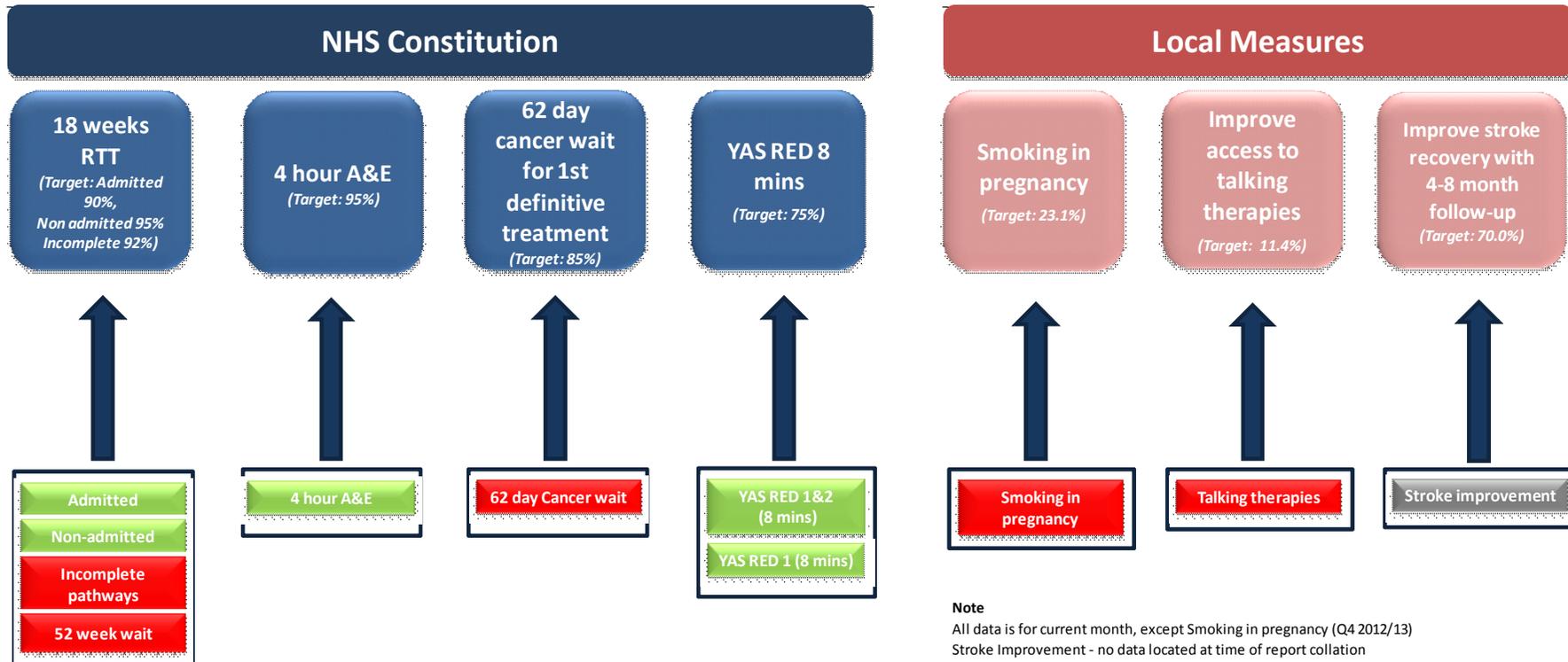
| | | | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| | gastroenteritis during that time, possibly resulting in more positive screens. | | | |
| 18 Weeks RTT Waiting Time Standard – Incomplete Pathways | <ul style="list-style-type: none"> The 18 Week Referral to Treatment (RTT) Incomplete Pathway performance has deteriorated and dropped below the 8% tolerance for the first time in 12 months. Where in relation to MYHT the Trust have identified there are challenges within certain specialties which are contributing significantly to the dip in performance. | <ul style="list-style-type: none"> Within the Trust work is ongoing with Intensive Support Team and Patient Service Managers in the specialities underperforming to agree action plans to reduce waiting times by Aug 2013 An Executive Team (MYHT) weekly challenge has been put in place to ensure delivery of action plans. RTT performance was discussed at Executive Contract Board (ECB) June 2013, where Trust presented outline recovery plan. Agreement to re-instate RTT Recovery Board. Quality Board requested a Quality Impact Assessment on RTT failure Contract Breach Notifications is being issued CCG Risk Register Updated Where adverse performance relates to Non MYHT RTT, correspondence has been raised with lead commissioners in Doncaster and Leeds CCGs | <p>MYHT</p> <p>MYHT</p> <p>Matt England</p> <p>Laura Elliott</p> <p>Mel Turton Matt England</p> <p>Matt England</p> | <p>Ongoing</p> <p>CMB July 2013</p> <p>ECB July 2013</p> <p>EQB July 2013</p> <p>June 2013 June 2013</p> |
| 52 Week RTT Pathways – Number of Patients on a incomplete pathway after 52 Weeks | <ul style="list-style-type: none"> There have been two breaches of the standard. <ol style="list-style-type: none"> Doncaster and Bassetlaw Trust – General Surgery Novus Health Ltd – Orthopaedics Doncaster identified waiting list issues in April 2013. Initial Investigation for Doncaster and Bassetlaw Hospital Trust (DBHT) indicates the patient has now completed surgery. Initial investigation indicates the Novus Health Ltd breach is due to patient choice however, the Access Policy has not been applied by the provider. It has been identified that the patient has booked surgery for Oct 13 | <ul style="list-style-type: none"> Wakefield CCG continue to work with and support Doncaster CCG in reducing waiting lists in the Trust, the agreed contract with Doncaster reflected the waiting list pressures and continues to be monitored. Contract Management Team are working with Novus regarding the robust application of the Access Policy. Contract Breach Notifications are being issued for both Incidents (£5000 per Breach consequence) for each month the patient continues to breach | <p>Mel Turton</p> <p>Carol Bell</p> <p>Mel Turton/ Carol Bell</p> | <p>Ongoing</p> <p>June 13</p> <p>June 2013</p> |
| Improved access to psychological therapies | <ul style="list-style-type: none"> Performance has continued to drop since Sept 2012. The JSNA identified mental health as a local priority as there is a clear link between good mental health and improved health outcomes. IAPT is a local measure for the Wakefield CCG Quality Premium. | <ul style="list-style-type: none"> From 1 April 2013 GP's are able to have a single point of access to talking therapies through the Turning Point Rightsteps Service. IGC June 2013 has requested Commissioner to provide a Deepdive report at the July 2013 meeting to include Recovery Plan and improvement Trajectory. CCG Risk Register Updated | <p>Phil Smedley</p> | <p>IGC 18 July 2013</p> |



Level 2a: Strategic Plan – Quality Premium Performance Scorecard

Performance against Strategic Plan Quality Premium Objectives

It is important to note that failure to meet the NHS Constitution rights identified below will result in a reduction in the total payable through the Quality Premium.





Deep Dive - MYHT Patient Safety Walkabout – Pinderfields April 2013

This summarises findings from a Walkabout that took place at Pinderfields Hospital on the 30th April 2013. Walkabouts involve a small team of clinical and non clinical staff walking onto ward areas to note their first impressions. Members of the team also talk to patients and carers during the visit to listen understand their experience of care and identify areas for improvement. The methodology was developed based on the NHS Institute for Innovation and Improvement's 15 Step Challenge and good practice adopted from elsewhere. The team is accompanied by a MYHT senior nurse / manager.

Key Issues

- The Walkabout took place on Accident & Emergency Department, Medical Assessment Unit and Ward 44. Feedback included;

Areas of good practice

- Buzzers were answered quickly.
- Ward 44 was seen to be professional and calm. Staff were friendly, welcoming and courteous.
- Evidence of participation in 'Releasing Time to Care' improvements on Ward 44.
- Infection prevention notices (eg handwashing signs) prominently displayed in patient rooms.

Areas for consideration

- Signage displayed in English Language only and staff unaware of where to access information leaflets in different languages (although they knew how to access an interpreter).
- Hand gel points were not available in the corridor areas of A&E, although they were available in bays and trolleys.
- A&E Doctors were seen to be wearing lanyards which does not comply with infection prevention guidance. Nursing staff were compliant.

Areas of concern

- Participation in ward rounds by nurses may potentially impact on communication.
- Some patient notes did not contain completed risk assessments.
- Some patient documentation was not up to date.

Key Actions

Verbal feedback was given to the senior manager once the walkabout was completed. Feedback and recommendations following each visit are fed to the MYHT Director of Quality and discussed at their monthly Quality & Clinical Governance Committee. They are also discussed at MYHT Executive Quality Board



In the Spotlight - Adult Inpatient Survey 2012 - MYHT

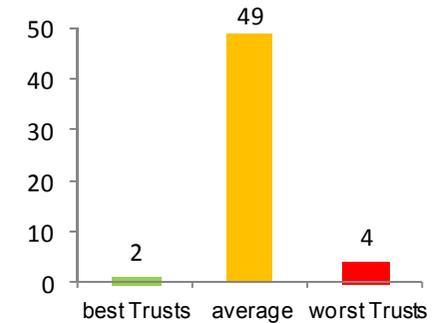
The annual Adult Inpatient Survey was published April 2013. It provides a comprehensive account of how patients experience inpatient care in the NHS. Each organisation has a detailed feedback report of their findings including information on local changes since 2011 and benchmarked analysis against comparable organisations. Results are primarily intended to help organisations review and improve patient experience so that staff can provide better patient care. The Care Quality Commission will use the results from the survey in the Quality & Risk Profile for each provider. The full report is available [here](#).

Key Issues

Summary of key findings;

- Scoring: Responses were converted into scores on a scale from 0-10. The higher the score, the better the trust is performing. Where a trust is 'better' or 'worse' than the majority of trusts, it is very unlikely to have happened by chance.
- **MYHT scored in the average 'expected range' for the large majority of questions.**
- However, MYHT were in the 'worst' group of Trusts for the section of questions about overall views and experiences.
- **MYHT were in the top performing Trusts for;**
 - *Planned admission date*: 'was your admission date changed by the hospital?'
 - *The ward*: 'did you get help from staff to eat your meals?'
- **MYHT were in the worst performing Trusts for;**
 - *Staffing*: 'were there enough nurses on duty to care for you in hospital?'
 - *Patient information / medicines*: 'were you given clear written or printed information about your medicines?'
 - *Dignity & Respect*: 'overall, did you feel you were treated with respect and dignity while you were in hospital?'
 - *Patient information / complaints*: 'did you see, or were you given, any information explaining how to complain to the hospital about the care you received?'

| Year | 2012 |
|------------------------|--------------|
| Response Rate | 48% |
| Number of responses | 397 |
| Green (best trusts) | 2 question |
| Amber (expected range) | 49 questions |
| Red (worst trusts) | 4 questions |



Patient responses about nursing staffing levels, information about medicines and information about how to complain appear consistent with quality intelligence derived from other sources such as patient safety walkabouts and CQC activity.



In the Spotlight - Adult Inpatient Survey 2012 – MYHT Cont'd

Key Issues

Section Scores;

- The survey also presents 'section scores' which groups questions by theme.
- MYHT scored 'worse' than the majority of Trusts for the section of questions about overall views and experiences.

Change over time;

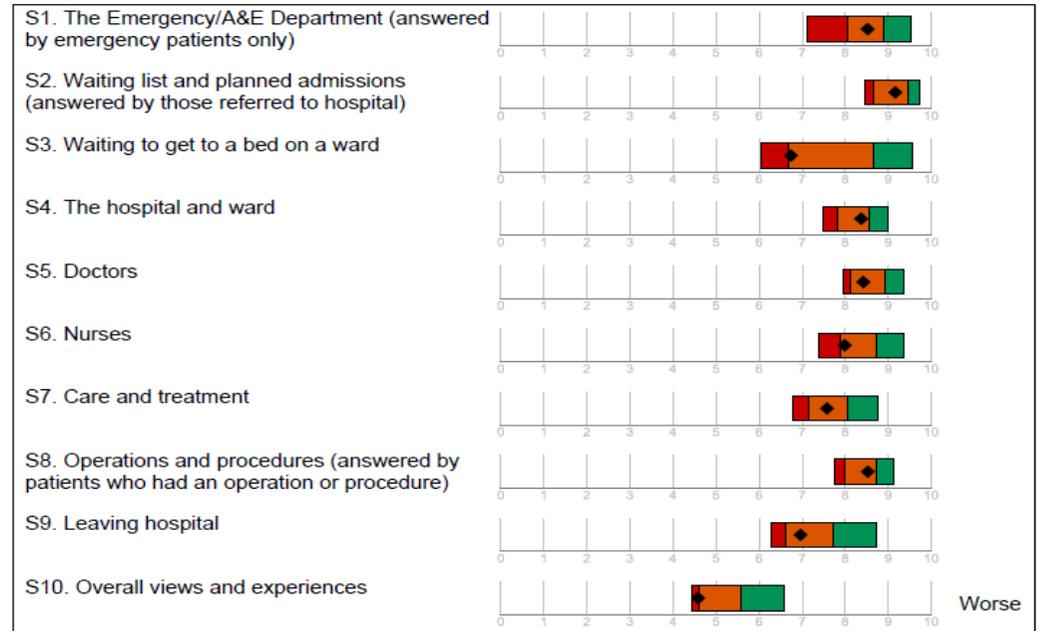
The scores show no significant change on the previous year except for 4 questions.

- There was statistically significant *improvement* from the previous 2011 survey for;
 - 'was you admission date changed by the hospital'
 - 'did you get enough help from staff to eat your meals?'
- There was statistically significant *deterioration* from the previous 2011 survey for;
 - 'did you ever use the same bathroom or shower area as patients of the opposite sex?'
 - 'how would you rate the hospital food?'

National patient experience CQUIN;

A national patient experience indicator was included in the 2012-13 CQUIN scheme. This comprised a composite score from 5 selected questions in the national patient survey. MYHT scores meant that they achieved 50% of the indicator payment.

Section Scores





In the Spotlight - Adult Inpatient Survey 2012 – MYHT Cont'd

Key Actions

- The Survey was discussed at the MYHT Trust Board April 2013 and MYHT Executive Quality Board on 6 June 2013. An action plan has been developed to address the areas that need improvement. The action plan has clear governance structures within the Trust. There is a 4 month window of opportunity for improvement prior to the national survey being undertaken again in July 2013.

Actions include:

- Discharge Improvement Programme: led by the Division of Integrated Care. This will include review of discharge procedures and checklist, training sessions on effective discharge, last stop quality check prior to discharge of patients from Discharge Lounge, and review of model, structure and function of the discharge team.
 - Information Sharing – Medicines: led by Director of Pharmacy. This will include piloting new ways of working for prescription checking times, pilot of printing of medical information chart from SystemOne on Elderly Ward at Dewsbury, pharmacist involvement in Discharge workstream.
 - Staffing Levels: implement new approach to intentional ward rounds, 11.5hr shifts, and buzzer audits.
 - Patient information about how to make a complaint: ward sisters to review availability of information and website information to be reviewed.
- The Trust Patient Experience Manager will triangulate survey data, formal complaints, FFT data and NHS Choices Feedback to identify themes and trends in relation to the priority areas for improvement. A report is expected in June 2013.



In the Spotlight - SWYPFT Staff Survey 2012

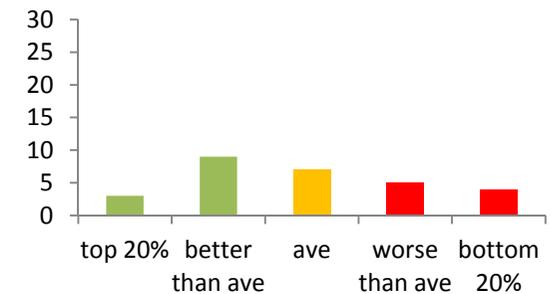
The findings of the SWYPFT national Staff Survey 2012 were presented in the March report. The Board and Integrated Governance Committee requested information on the Trust's response to the survey and governance issues. The survey was discussed in detail at the SWYPFT Executive Quality Board meeting on 3 June.

Key Issues

Summary of key findings;

- SWYPFT were in the bottom 20% of Trusts for;
 - Receiving health and safety training in last 12 months
 - Witnessing potentially harmful errors, near misses, or incidents in last month
 - Having equality and diversity training in last 12 months
 - Staff motivation at work.
- SWYPFT were in the top 20% of Trusts for;
 - Believing the Trust provides equal opportunities for career progression or promotion
 - Work pressure felt by staff
 - Staff recommendation of the trust as a place to work or receive treatment
- MYHT's overall staff engagement score was *average* when compared with trusts of a similar type.

| Year | 2012 |
|-------------------------|-------------|
| Response Rate | 53% |
| Number of responses | 430 |
| Green (highest 20%) | 3 questions |
| Green (better than ave) | 9 questions |
| Amber (average) | 7 questions |
| Red (worse than ave) | 5 questions |
| Red (bottom 20%) | 4 questions |





In the Spotlight - SWYPFT Staff Survey 2012 - Con-'d

Key Actions

- The SWYPFT Well-Being at Work Partnership Group are finalising the action plan and will monitor the Trusts progress in its delivery.
- The Trust wide action plan links with two key workforce initiatives: the Investors in People standard (IiP) and the Well-Being at Work Partnership. Having gained the accreditation for IiP the Trust is now working for gold accreditation.
- Action plan **focuses on the 3 key areas** where the Trust was in the bottom 20%
 - *Equality and Diversity training*; Review figures to ensure training is in line with Trust policy, i.e. training undertaken every 3 years.
 - *Health and Safety Training*; training to be publicised in weekly communications; introduce a bespoke e-learning package for Trust staff.
 - *Staff motivation*; Explore issue further via IiP interviews & focus groups and Well-Being at Work 'pulse' survey. Recommendations to Business development group & Support services to allocate resource.
- Where the trust was below average for similar organisations a review will be undertaken by other relevant workgroups.
- Actions include;
 - Healthy lifestyle road shows.
 - Stress at work toolkit is being developed for service managers.
 - Fast track referrals to physiotherapy and stress/anxiety related illness.
 - Well-being at work sub groups such as mental well-being and resilience, physical activity and food at work.
 - Discrimination at work to be reviewed by the strategies Equality & Diversity group..
- Other related work streams
 - Development of a values based appraisal process.
 - Development of values based recruitment activity.
 - Review how the Trust reinforces organisational values during a new employee's first 12 months of working in the Trust.
 - 'The Talent Pool' aims to create a learning community, it requires staff to commit to a programme of self reflection & learning.
 - Middleground 3 enables staff to explore the responsibilities, accountability & behaviours necessary to ensure resources and effort are aligned to the achievement of the Trust's Vision, Values & Goals



In the Spotlight – CQC Reviews

The following care homes were inspected and found to be fully compliant with all outcomes assessed.

| Provider | Inspection type | Outcomes Assessed | CQC History |
|-------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| West Ridings, Lofthouse West Ridings | 7 Feb 2013 Unannounced routine inspection | 04: Care and welfare of people who use services 07: Safeguarding people who use services from abuse 17: Complaints | <ul style="list-style-type: none"> - 7 Oct 2011: inspection in response to concerns - 23 Jan 2012: inspection to check that improvements required had been made - 11 May 2012: inspection to check that improvements required had been made - 7 Feb 2013: routine inspection |
| Carr Gate, Wakefield Carr Gate | 25 March 2013 Unannounced inspection to check improvement | 01: Respecting & involving people who use services 04: Care and welfare of people who use services 13: Staffing | <ul style="list-style-type: none"> - 6 Nov 2012: routine inspection. Compliance Action made. - 25 March 2013: inspection to check that improvements required had been made and in response to a concern that had been made. The information alleged that there was insufficient staff on duty in the evening / night to meet people's needs. |
| The Grove Care Home, Knottingly The Grove | 13 April 2013 Unannounced routine inspection | 01: Respecting & involving people who use services 04: Care and welfare of people who use services 09: Management of Medicines 13: Staffing 14: Supporting Workers 16: Assessing & monitoring the quality of service provision | <ul style="list-style-type: none"> - 20 June 2012: routine inspection - 13 April 2013: routine inspection |
| Snapethorpe Hall (Wakefield) Snapethorpe Hall | 2 May 2013 Unannounced routine inspection | 01: Respecting & involving people who use services 04: Care and welfare of people who use services 05: Meeting nutritional needs 10: Safety & suitability of premises 13: Staffing 16: Assessing & monitoring the quality of service provision | <ul style="list-style-type: none"> - 7 Nov 2012: inspection in response to concerns - 2 May 2013: routine inspection |



In the Spotlight - CQC Reviews

The Chestnuts Residential & Nursing Home (Bond Care Limited)

The Chestnuts provides personal and nursing care for up to 41 older people who require residential and nursing care.

| | | |
|--------------------------------------------------------------|---------------------------------------------|--|
| Provider | The Chestnuts, Altofts | |
| Date of Inspection | 9 April 2013 | |
| Review Type | Unannounced routine inspection | |
| Link to Report | Chestnuts | |
| Outcomes | Action Needed | |
| 01 – Respecting & involving people who use services | Compliant | |
| 04 – Care and welfare of people who use services | Action needed (Minor Impact on Patients) | |
| 10 – Safety & suitability of premises | Compliant | |
| 16 – Assessing & monitoring the quality of service provision | Compliant | |
| 21 – Records | Compliant | |

CQC history:

19 Sept 2012: inspection in response to concerns

9 April 2013: routine inspection

What patients said:

People told the CQC that they enjoyed living at the home. People made choices in their daily lives, such as what they wore, when they got up and what they wanted to eat. People said ‘the food is delicious’. People said that staff respected their privacy and dignity. People told us they had enough to do.

The provider has been asked to send the CQC a report by 07 June 2013 setting out the action they will take to meet the standards. The CQC will then revisit to ensure that this action has been taken.



In the Spotlight - CQC Reviews

Atlee Court (Minster Care Management Ltd)

Atlee Court provides personal and nursing care for up to 68 people who require residential and nursing care.

| | | |
|--------------------------------------------------------------|---------------------------------------------|--|
| Provider | Atlee Court (Normanton) | |
| Date of Inspection | 25 April 2013 | |
| Review Type | Unannounced routine inspection | |
| Link to Report | Atlee Court | |
| Outcomes | Action Needed | |
| 02 – Consent to care and treatment | Compliant | |
| 04 – Care and welfare of people who use services | Action needed (Minor impact on patients) | |
| 09 – Management of medicines | Compliant | |
| 10 – Safety & suitability of premises | Compliant | |
| 16 – Assessing & monitoring the quality of service provision | Compliant | |

CQC history:

21 Dec 2010: inspection in response to concerns
 30 July 2012: routine inspection
 27 Sept 2012: inspection in response to concerns
 25 April 2013: routine inspection

What patients said:

Patients told the CQC that they were happy and that they made their own decisions. 'the staff are brilliant, they always ask me what I want to do'. The CQC saw that people were supported to make choices and their independence was promoted. People said they were happy and that they enjoyed good food & a comfortable bed.

The provider has been asked to send the CQC a report by 22 June 2013 setting out the action they will take to meet the standards. The CQC will then revisit to ensure that this action has been taken.

The Local Authority and CCG are working in partnership to improve the quality of care in the care home.



In the Spotlight - CQC Reviews

Croft House Care Home (Countrywide Care Homes Ltd)

Croft House provides residential and nursing care for up to 66 people.

| | | |
|--------------------------------------------------|---------------------------------------|------------------------------------------------|
| Provider | Croft House Care Home (Ossett) | |
| Date of Inspection | 10/04/13 | |
| Review Type | Unannounced routine inspection | |
| Link to Report | Croft House | |
| Outcomes | Action Needed | |
| 02 – Consent to care & treatment | | Compliant |
| 04 – Care and welfare of people who use services | | Action Needed (Moderate impact on patients) |
| 09 – Management of medicines | | Compliant |
| 13 – Staffing | | Compliant |
| 17 – Complaints | | Compliant |

CQC history:

10 July 2012: inspection in response to concerns

10 April 2013: routine inspection

What patients said:

Patients told us staff involved them in decisions about their treatment and care and how staff acted in accordance with their wishes. Relatives told us that communication with the home was good. A relative said 'the staff are excellent and I am very happy with the care my relative receives'. Relatives felt able to make comments and were confident the staff or manager would do all they could to put it right.

The provider has been asked to send the CQC a report by 31 May 2013 setting out the action they will take to meet the standards. The CQC will then revisit to ensure that this action has been taken.



In the Spotlight - CQC Reviews

Hemsworth Park (Four Seasons)

Hemsworth Park provides nursing and residential care for older adults and those with dementia.

| | | |
|--------------------------------------------------|------------------------------------------------|--|
| Provider | Hemsworth Park, Kinsley | |
| Date of Inspection | 23 April 2013 | |
| Review Type | Unannounced routine inspection | |
| Link to Report | Hemsworth Park | |
| Outcomes | Enforcement Action Taken | |
| 04 – Care and welfare of people who use services | Enforcement | |
| 09 – Management of Medicines | Enforcement | |
| 17 – Complaints | Action needed (Minor impact on patients) | |
| 21 – Records | Action needed (Moderate impact on patients) | |

CQC history:

19 Oct 2012: routine inspection
23 April 2013: routine inspection

What patients said:

Service users gave a range of feedback.

The provider has been asked to send the CQC a report by 7 June 2013 setting out the action they will take to meet the standards. Findings have been referred to Local Authority Safeguarding. An enforcement action has been taken to protect the health, safety and welfare of people using the service. The CQC will revisit to ensure that this action has been taken.

Agenda item : 10

Mental Health Presentation
(no paper)

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------|-------------|
| Title of meeting: | Governing Body | Agenda Item: | 11 |
| Date of Meeting: | 9 July 2013 | Public/Private Section: | |
| Paper Title: | NHS Wakefield Clinical Commissioning Group Board Assurance Framework | Public | ✓ |
| | | Private | |
| | | N/A | |
| | | If private, insert here reason for inclusion as a private paper | |
| Purpose (this paper is for): | Decision | Discussion | Assurance ✓ |
| Report Author and Job Title: | Adam Bassett, Senior Associate Governance and Risk | | |
| Responsible Clinical Lead: | Dr Phil Earnshaw, Chair of NHS Wakefield CCG | | |
| Responsible Governing Board Executive Lead: | Jo Webster, Chief Officer | | |
| Recommendation: | | | |
| It is recommended that the Governing Body notes the updated Board Assurance Framework for NHS Wakefield Clinical Commissioning Group. | | | |
| Executive Summary: | | | |
| <p>This report outlines the revised NHS Wakefield Clinical Commissioning Group (CCG) Board Assurance Framework (BAF).</p> <p>Following a decision to review the BAF after the full establishment of NHS Wakefield CCG a number of actions have been undertaken.</p> <p>The first of these was a workshop comprising of Governing Body members which was held at Hatfield Hall on 14 May 2013. At this workshop Governing Body members identified 9 strategic threats affecting the 10 principles of NHS Wakefield CCG. This also established clinical and executive leads for each threat.</p> <p>Following this a number of meetings have been undertaken with the lead for each threat on the BAF to identify scoring, key controls, gaps in controls, assurances, gaps in assurances and actions and then revised risk scores. This has resulted in the full identification of 10 threats against the 10 principles. The scores have been found following the risk assessment process to identify:</p> <ul style="list-style-type: none"> • Likelihood, how likely something is to happen • Consequence, the potential impact that this might have <p>The overall risk score was then achieved by multiplying the potential consequence by the potential likelihood to provide a risk score utilising a 5 x 5 matrix scoring system, which produces a range of scores from 1 to 25. This is as follows:</p> | | | |

| Consequence | Likelihood | | | | |
|--------------------|------------|---------------|---------------|-------------|------------------------|
| | Rare 1 | Unlikely 2 | Possible 3 | Likely 4 | Almost Certain 5 |
| Insignificant 1 | 1 | 2 | 3 | 4 | 5 |
| Minor 2 | 2 | 4 | 6 | 8 | 10 |
| Moderate 3 | 3 | 6 | 9 | 12 | 15 |
| Major 4 | 4 | 8 | 12 | 16 | 20 |
| Catastrophic 5 | 5 | 10 | 15 | 20 | 25 |

A meeting has also been held with Rhod Mitchell, Chair of the Integrated Governance Group and Sandra Cheseldine, Chair of the Audit Committee to review the format of the BAF. A number of suggestions were made as follows:

- Rhod Mitchell has recommended the format followed by West London Clinical Commissioning Group. The BAF is now reflected in this format.
- That the term risks be changed to 'threats against the achievement of the principles'. This has now been changed and the new term introduced.
- That the BAF was too descriptive and that some threats were scored too low. These have been reviewed by Jo Webster, Dr Phil Earnshaw and Andrew Pepper and rescored.

The BAF has also been shared with Helen Jones from the West Yorkshire Audit Consortium who was happy with the format and the revised content.

An examination has also taken place against other BAFs used by external organisations which has identified areas requiring further development and improvement.

It is anticipated that as the BAF develops a further score will be added to reflect the risk appetite. This is the extent/score to which the CCG would tolerate a likely threat to the strategic principle.

The latest version of the NHS Wakefield CCG BAF is attached to the report.

Link to overarching principles from the strategic plan:

| | |
|-----------------------------------------------------------------|---|
| Improve health equality across our population | ✓ |
| Support for individual health and wellbeing | ✓ |
| Care provided in the right setting and close to home | ✓ |
| Appropriate access and choice for all | ✓ |
| Understanding our population and putting patients at our centre | ✓ |
| Safe and high quality experiences and clinical outcomes | ✓ |
| Transparent clinically-led commissioning | ✓ |
| Service transformation through redesign | ✓ |
| Improvement through collaboration and integration | ✓ |
| Financial efficiency, probity and balance | ✓ |

| | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Outcome of Equality Impact Assessment: | Not applicable |
| Outline public engagement: | Not applicable |
| Assurance departments/ organisations who will be affected have been consulted: | Meetings have taken place with Clinical Leaders and Executive Directors to discuss each threat on the Board Assurance Framework. |
| Previously presented at committee / governing body: | Integrated Governance Committee, 20 June 2013 |
| Reference document(s) / enclosures: | Not applicable |
| Risk Assessment: | Not applicable |
| Finance/ resource implications: | Not applicable |

NHS Wakefield Clinical Commissioning Group Board Assurance Framework

| Principle 1: Improve health equality across our population | | Lead Director: Dr Andrew Furber | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|---|-----|---|------|---|----------------------------------------------------------------------------|
| Threats against the achievement of the principles: The risk of not improving health equality due to: - inaccurate data / evidence; - inadequate engagement of providers; - failure to monitor and communicate changes in data / evidence; - failure to monitor / check quality regularly / update - trends; - lack of measurable objectives. Resulting in no improvement to health equality. | | Lead Clinician: Dr Ann Carroll | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 3x3 = 9 Current: 2x3 = 6 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>9</td> </tr> <tr> <td>May</td> <td>9</td> </tr> <tr> <td>June</td> <td>6</td> </tr> </tbody> </table> | Month | Risk Score | April | 9 | May | 9 | June | 6 | Date last reviewed: June 2013 Rationale for Current Score |
| Month | Risk Score | | | | | | | | | |
| April | 9 | | | | | | | | | |
| May | 9 | | | | | | | | | |
| June | 6 | | | | | | | | | |
| Key controls in place 1. Data accuracy and data quality improvements: - Smoking cessation, cancer targeted at practice level - Public Health Data - Data on childhood accidents - Dental treatment 2. Changes in data / evidence and role of Public Health to continue to monitor this. 3. Reporting arrangements - childhood obesity key performance indicators - Joint Strategic Needs Assessment profiling population - Addressing areas of needs and targeting. 4. CCG Representation on Health and Wellbeing Board, Dr Earnshaw, Dr Sheppard and Dr Carroll. 5. Director of Public Health attends CCG Governing Body meetings. 6. Statutory requirement on CCG / public sector to undertake equality impact assessments on all policies. 7. Commissioning of new services requires and equality impact assessment. | | Internal Assurances 1. Regular monitoring by Clinical Cabinet of local indicators, e.g. smoking in pregnancy, care after stroke and mental health. 2. Director of Public Health attends both the Health and Wellbeing Board, CCG Governing Body and Clinical Cabinet. The Director of Public Health is the author of the Joint Strategic Needs Assessment (JSNA) which paints a picture of health within the district. 3. Dr Carroll accountable at Clinical Cabinet and undertakes health inequality responsibility on behalf of the Governing Body. | | | | | | | | |
| | | External Assurances 1. Mortality rates and hospital activity data for major long term conditions (currently a falling trend). 2. Public Health England data, e.g. longer lives allowing for regional comparisons. | | | | | | | | |
| Gaps in controls and actions 1. Not clear if objectives are measurable. 2. Is what is being measured outside of the control, eg individual behaviour and economic circumstances. 3. Funding arrangements awaiting clarification. | | Gaps in assurances and actions | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

| Principle 2: Support for individual health and wellbeing | | Lead Director: Dr Andrew Furber | | | | | | | | |
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| Threats against the achievement of the principles: There is a risk of unwillingness / resistance to change lifestyle due: - to cultural and behavioural issues. Resulting in no support or improvement in individual health and wellbeing. | | Lead Clinician: Dr Ann Carroll | | | | | | | | |
| Risk Rating Risk Rating (likelihood x consequence) Initial: 3x3 = 9 Current: 2x3 = 6 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>9</td> </tr> <tr> <td>May</td> <td>9</td> </tr> <tr> <td>June</td> <td>6</td> </tr> </tbody> </table> | Month | Risk Score | April | 9 | May | 9 | June | 6 | Date last reviewed: June 2013 |
| | | Month | Risk Score | | | | | | | |
| April | 9 | | | | | | | | | |
| May | 9 | | | | | | | | | |
| June | 6 | | | | | | | | | |
| | | Rationale for Current Score | | | | | | | | |
| Key controls in place 1. Strong support for individual diabetes management through DESMOND and DAPHNE schemes. 2. Public and patient engagement work in designing services. 3. GP practice patient reference groups. 4. Partnership Groups, e.g. learning disabilities. 5. Mid Yorkshire Hospitals NHS Trust appointed individual with responsibility for supporting people with learning disabilities at hospital attendances. | | Internal Assurances 1. Regular monitoring by Clinical Cabinet of local indicators, e.g. smoking in pregnancy, care after stroke and mental health. 2. Director of Public Health attends both the Health and Wellbeing Board, CCG Governing Body and Clinical Cabinet. The Director of Public Health is the author of the Joint Strategic Needs Assessment (JSNA) which paints a picture of health within the district. 3. Dr Carroll accountable at Clinical Cabinet and undertakes health inequality responsibility on behalf of the Governing Body. | | | | | | | | |
| | | External Assurances 1. Mortality rates and hospital activity data for major long term conditions (currently a falling trend). | | | | | | | | |
| Gaps in controls and actions | | Gaps in assurances and actions | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

| Principle 3: Care provided in the right setting and close to home | | Lead Director: Jo Pollard | | | | | | | | |
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| Threats against the achievement of the principles: The risk of health and social care providers failing to provide care in the right setting and closer to home due to: <ul style="list-style-type: none"> - no partnership agreement on transformational strategy; - lack of affordability; - lack of capacity in primary care; - lack of community engagement; - estates capacity issues. Resulting in lack of integration of community health care services with acute services, poor patient care and patient experience and direct threat to the sustainability of local hospitals and social care services. | | Lead Clinician: Dr Avijit Biswas | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 4x4 = 16 Current: 3x4 = 12 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>16</td> </tr> <tr> <td>May</td> <td>16</td> </tr> <tr> <td>June</td> <td>12</td> </tr> </tbody> </table> | Month | Risk Score | April | 16 | May | 16 | June | 12 | Date last reviewed: June 2013 Rationale for Current Score |
| Month | Risk Score | | | | | | | | | |
| April | 16 | | | | | | | | | |
| May | 16 | | | | | | | | | |
| June | 12 | | | | | | | | | |
| Key controls in place <ol style="list-style-type: none"> 1. Implementation of transitional plan and clinical services review across health and social care partners 2. Primary Care Local Improvement Scheme (PCLIF) to reduce A&E attendances and dependencies of LTCs on beds. 3. Care Closer to Home - Integrated team leading to prevention of admissions and early discharge, to be implemented by March 2014. 4. Establishment of community services hubs. 5. Reablement Services | | Internal Assurances <ol style="list-style-type: none"> 1. PCLIF performance managed on monthly basis. Data collated by CSU and presented to the CCG Governing Body. 2. Monthly update on the transformation programme to Clinical Cabinet and the CCG Governing Body 3. Governance arrangements for transformation work: <ul style="list-style-type: none"> - Transformation Board - Mid Yorkshire Health and Social Care Partnership Board - Programme Executive | | | | | | | | |
| | | External Assurances <ol style="list-style-type: none"> 1. Rigorous approval process of PCLIF, performance managed and scrutinised by LAT. 2. Care Closer to Home Group development of key performance indicators. 3. Patient Satisfaction Surveys. 4. Reablement service reported to the JSCB | | | | | | | | |
| Gaps in controls and actions <ol style="list-style-type: none"> 1. New system dependent on degree of capacity, capacity saturated in primary care. 2. Ageing GP and practice nurse workforce, partly addressed by the development of a nurse training programme. 3. Agreement around early discharge - not fully clear who has overall responsibility for clinical care in the community. 4. Changes to working practices in community clinical staff, staff engagement being undertaken by MYHT. 5. Estates capacity issues, new property organisations will require mapping out. 6. Evaluation framework | | Gaps in assurances and actions At this stage it is too early to demonstrate findings of patient satisfaction surveys. ACTIONS <ol style="list-style-type: none"> 1. increased use of nurse practitioners. 2. Nurse training programme. 3. Mitigate impact on individual practice by community services staff, introduction of 6 community clinical hubs by MYHT. | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

| Principle 4: Appropriate access and choice for all | | Lead Director: Jo Pollard | | | | | | | | |
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| Threats against the achievement of the principles: The risk to appropriate access and choice for all due to: - restricted access for primary care services; - insufficient capacity commissioned; - insufficient delivery of commissioned capacity; - the decommissioning for local services for clinical issues; - lack of information about health and social care services. Resulting in less than optimal patient care, reputational risk to the CCG, poor health outcomes and reinforcing health inequalities. | | Lead Clinician: Dr Paul Dewhirst | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 4x4=16 Current: 3x4=12 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>16</td> </tr> <tr> <td>May</td> <td>16</td> </tr> <tr> <td>June</td> <td>12</td> </tr> </tbody> </table> | Month | Risk Score | April | 16 | May | 16 | June | 12 | Date last reviewed: June 2013 Rationale for Current Score |
| Month | Risk Score | | | | | | | | | |
| April | 16 | | | | | | | | | |
| May | 16 | | | | | | | | | |
| June | 12 | | | | | | | | | |
| Key controls in place 1. Agreed JSNA and Health and Well Being Strategy. 2. Clinically led commissioning and Clinical Cabinet 3. Primary Care Local Improvement Scheme (PCLIF) to reduce A&E attendances and dependencies of LTCs on beds. 4. Clinical services review – whole system, health and social care 5. Capacity planning 6. Winter planning 7. A&E Recovery planning 8. Pilot 7 day working primary care 9. Extending criteria based commissioning. 10. Integrated performance and quality report 11. 18 week task and finish group | Internal Assurances 1. Integrated quality and performance report reported to the Integrated Governance Committee and Governing Body. 2. Monthly update on the transformation programme to Clinical Cabinet and the CCG Governing Body 3. Governance arrangements for transformation work: - Transformation Board - Mid Yorkshire Health and Social Care Partnership Board - Programme Executive 4. PCLIF performance managed on monthly basis. Data collated by CSU and presented to the CCG Governing Body. | External Assurances 1. Monthly meeting of NHS England West Yorkshire Quality Surveillance Group. 2. Monthly JSCB + HWB Board meeting 3. NHS England A+E Recovery Group | | | | | | | | |
| Gaps in controls and actions 1. Impact of clinical services review on primary care 2. Immature relationships and processes with NHS England Primary Care Commissioning and Contracting. | Gaps in assurances and actions | | | | | | | | | |
| Current Performance | Additional comments | | | | | | | | | |

| Principle 5: Understanding our population and putting patients at our centre | | Lead Director: Jo Webster | | | | | | | | |
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| Threats against the achievement of the principles: CCG fails to live up to its aim of being 'locally valued' and is perceived negatively by patients and the public | | Lead Clinician: Dr Ivan Hanney | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 3x4 = 12 Current: 2x4 = 8 Appetite: | <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>12</td> </tr> <tr> <td>May</td> <td>12</td> </tr> <tr> <td>June</td> <td>8</td> </tr> </tbody> </table> | Month | Risk Score | April | 12 | May | 12 | June | 8 | Date last reviewed: June 2013 Rationale for Current Score |
| Month | Risk Score | | | | | | | | | |
| April | 12 | | | | | | | | | |
| May | 12 | | | | | | | | | |
| June | 8 | | | | | | | | | |
| Key controls in place 1. Lay involvement with PPI member of NHS Wakefield CCG Governing Body. 2. CCG to lead public consultation process, engage with public (eg. Mid Yorkshire Service Strategy) and widening consultation with cross section of public. 3. Regular engagement and briefing of Councillors, Overview and Scrutiny Committee and MPs. 4. Member practices encouraged to have a Patient Reference Group (PRG) and network established. 5. Communications/Engagement Plan and PPI plan agreed and signed off by Governing Body/CCE. 6. Agreed JSNA and Health and Well Being Strategy. 7. Trends evaluated from complaints and MP letters. 8. Clinical Cabinet - consideration of key data - third sector - other commissioners - providers 9. Practice Support Unit (PSU) engagement of GPs into commissioning process. 10. PSU support in designing improved or better clinical pathways for practices. 11. Clinical Networks. 12. Succession planning by CCG, clinical chairs invited to attend Clinical Cabinet on rotation. | | Internal Assurances 1. PPI member attends Governing Body meetings (1) 2. Meeting regularly with OSC and MPs (2) 3. GPs encouraged to have a Patient Reference Group in place (4) - only two member practices do not have a PRG Communications and Engagement Strategy approved by CCG Board prior to authorisation. Strategy to be refreshed summer 2013. PIPEC also meets on a quarterly basis. 4. Able to compare complaints / MP letter data (7) 5. NHS Wakefield CCG Constitution requires the establishment of the Clinical Cabinet providing a GP voice. | | | | | | | | |
| Gaps in controls and actions 1. Lack of commissioning network where needs might be discussed. 2. Full Evaluation of MP Letters / Complaints trends. 3. Relations not mature in new system. | | External Assurances 1. Consultation Institute has signed off the Mid Yorkshire consultation process (2). | | | | | | | | |
| Current Performance | | Gaps in assurances and actions 1. Meetings with OSC / MPs ensure proper feedback through appropriate forum. 2. Test the effectiveness of PRG's. 3. New complaints reporting system not fully developed. 4. Structure of Clinical Cabinet agenda needs to include specific reference to health needs. | | | | | | | | |
| | | Additional comments | | | | | | | | |

| Principle 6: Safe and high quality experiences and clinical outcomes | | Lead Director: Jo Pollard | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|----|-----|----|------|----|----------------------------------------------------------------------------|
| Threats against the achievement of the principles: 6a. Avoidable harm to patients due to unsafe services and inadequate controls and assurances resulting in higher mortality, untoward incidents and poorer services. 6b. The risk of poor patient experience due to patients not feeling at the centre of services resulting in lower levels of satisfaction. 6c. The risk of Wakefield residents not being able to access the best available care due to the inadequate commissioning of services resulting in lower levels of satisfaction and wellbeing. | | Lead Clinician: Dr David Brown | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 4x4 = 16 Current: 3x4 = 12 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>16</td> </tr> <tr> <td>May</td> <td>16</td> </tr> <tr> <td>June</td> <td>12</td> </tr> </tbody> </table> | Month | Risk Score | April | 16 | May | 16 | June | 12 | Date last reviewed: June 2013 Rationale for Current Score |
| Month | Risk Score | | | | | | | | | |
| April | 16 | | | | | | | | | |
| May | 16 | | | | | | | | | |
| June | 12 | | | | | | | | | |
| Key controls in place 1. Monthly Executive Quality Boards for main providers: MYHT,SWYPFT 2. Monthly production of CCG Integrated quality and performance report, details key performance, activity and quality data and actions to address performance issues. 3. CCG Patient Safety Walkabouts at MYHT, planned for SWYPFT 4. Complaints processes and procedure. Deputy Clinical Leader has overall responsibility for CCG complaints process. 5. Adult and children NHS safeguarding issues reviewed monthly, designated GP & nurse for adults and children and in post. 6. CCG Response to Francis report produced June 2013. 7. NHS system wide workshop on provider response to Francis report 20.06.13 | Internal Assurances 1. Integrated quality and performance report reported to the Integrated Governance Committee and Governing Body. 2. Separate adult and children safeguarding report to the Integrated Governance Committee and Governing Body 3. Local Quality Surveillance Group which aims to capture performance information from number of stakeholders, hard and soft data. 4. CCG response to Francis report received by CCG Governing Body June 2013. | External Assurances 1. Clinical Senates / Networks 2. Monthly meeting of NHS England West Yorkshire Quality Surveillance Group. 3. Staff Survey 4. Monthly HWB Board meeting 5. Patient Satisfaction survey 6. Care Quality Commission Reports 7. GMC Trainee surveys | | | | | | | | |
| Gaps in controls and actions 1. Full evaluation of service provider's complaints data, key themes and service areas. 2. Not all measures capture full patient experience across a pathway. 3. CCG not monitoring and assuring all other service providers its commission's services from. 4. Gathering soft intelligence systematically and utilisation. 5. Lack of patient/carer involvement in commissioning 6. Primary care service commissioning and contracting lead NHS England need to develop information sharing and governance 7. Relations not mature in new system | Gaps in assurances and actions 1. Soft information gathering not fully developed/systematic/mature 2. Current contracts and quality assurance measures do not measure across a patient pathway 3. Monitoring and reporting of other providers performance and quality is not developed. | | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

| Principle 7: Transparent clinically led commissioning | | Lead Director: Jo Webster | | | | | | | | |
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| Threats against the achievement of the principles: Risk of failure of clinical leadership due to: - lack of clinical resource (capability, capacity and motivation); - lack of clarity on governance structures. Resulting in loss of connection with patients with - effective / best practice - with other clinicians | | Lead Clinician: Dr Phil Earnshaw | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 4x3 = 12 Current: 3x3 = 9 Appetite: | <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>12</td> </tr> <tr> <td>May</td> <td>12</td> </tr> <tr> <td>June</td> <td>9</td> </tr> </tbody> </table> | Month | Risk Score | April | 12 | May | 12 | June | 9 | Date last reviewed: June 2013 |
| | | Month | Risk Score | | | | | | | |
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| May | 12 | | | | | | | | | |
| June | 9 | | | | | | | | | |
| | | Rationale for Current Score | | | | | | | | |
| Key controls in place 1. Sufficient budget to engage clinical leadership. 2. Systematic organisational development plan in place which encourages development of clinical leaders. 3. Succession planning in place to identify future leaders. 4. Clinical networks and Clinical Cabinet rotation ensuring that clinical leaders are able to lead and to ensure resources for empowerment and development to ensure clinical leaders are able to make decisions. 5. Process in place to ensure that key clinical leaders have backing their own practice. Nomination form has to be signed by senior partner and also requirement for two nominations from separate practices. 6. Patients are involved in every stage of the commissioning cycle. e.g. diabetes network involvement of patients, communications undertaken through prospectus, quarterly meetings of 'you said, we did', patients involved in specifications and bid evaluations. | | Internal Assurances 1. Financial reporting by Chief Financial Officer. 2. CCG fixed running costs. 3. Annual appraisal / capability assessment. 4. Measurement of network leads engaging on formal development programmes. 5. Evidence of devolved budgets from April 2014 , e.g. prescribing. 6. Replicate assurance process for senior partner signing nomination form. 7. Rotation process for GP leads of every three years. | | | | | | | | |
| | | External Assurances 1. Local authority scrutiny process through Overview and Scrutiny Committee. 2. Health and Wellbeing Board. 3. Clinical Senates / Networks. 4. HealthWatch. | | | | | | | | |
| Gaps in controls and actions 1. Further development required for organisational development programme currently in transformation. 2. Lack of understanding in member practices and further development work required. Need to provide further education on separation between commissioning and provision. 3. Organisational development programme required for whole commissioning cycle. 4. Requirement for national priorities to be transformed into local priorities and ideas needed from member practices. 5. Requirement for networks to move to undertake national responsibilities. 6. Need to ensure that nurses and consultants are fully involved in the process, medical leaders forum needs to grow and develop. | | Gaps in assurances and actions 1. Organisations not yet fully established: - HealthWatch - Senates / Clinical Networks. | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

| Principle 8: Service transformation through redesign | | Lead Director: Jo Pollard | | | | | | | | |
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| Threats against the achievement of the principles: Risk of failure of service transformation and redesign due to: <ul style="list-style-type: none"> - lack of vision(strategic) leading to poor patient outcome; - Risk of failure of service transformation and redesign due to lack of tactical planning leading to poor patient outcome - failure of operational delivery. - affordability Leading to poor patient outcome. | | Lead Clinician: Dr Adam Sheppard | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 4x4 = 16 Current: 3x4 = 12 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>16</td> </tr> <tr> <td>May</td> <td>16</td> </tr> <tr> <td>June</td> <td>12</td> </tr> </tbody> </table> | Month | Risk Score | April | 16 | May | 16 | June | 12 | Date last reviewed: June 2013 |
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| May | 16 | | | | | | | | | |
| June | 12 | | | | | | | | | |
| | | Rationale for Current Score | | | | | | | | |
| Key controls in place <ol style="list-style-type: none"> 1. Robust Transformation Programme <ul style="list-style-type: none"> - Held to account through Mid Yorkshire Health and Social Care Programme Executive - Social care partners members of the programme executive - Programme management office additional CCG resource - Health and Wellbeing Board - Monthly Transformation updates to the Clinical Cabinet - Monthly Governing Body reports on transformation - Clinical leads across CCG's for all transformation work streams 2. Good Strategic Vision <ul style="list-style-type: none"> - 5 Work streams - Joint Strategic Needs Assessment - Health and Wellbeing Strategy 3. Recurrent updates to: <ul style="list-style-type: none"> - Clinical Cabinet and Governing Body on transformation - Task and finish group - Transformation programme linked into Clinical Services Strategy for Mid Yorkshire Health economy - Provider Task Force led by the Mid Yorkshire Hospitals NHS Trust in 5 work stream areas. | | Internal Assurances <ol style="list-style-type: none"> 1. Sub groups of the Governing Body discussions (Audit, Clinical Cabinet and Integrated Governance Group) where slippage is questioned. 2. Governance arrangements for transformation work: <ul style="list-style-type: none"> - Transformation Board - Mid Yorkshire Health and Social Care Partnership Board - Programme Executive | | | | | | | | |
| | | External Assurances <ol style="list-style-type: none"> 1. Health and Wellbeing Board scrutiny 2. NHS England 3. Assurances from respective boards 4. Statutory processes | | | | | | | | |
| Gaps in controls and actions <ol style="list-style-type: none"> 1. Business planning assumptions and risk sharing arrangements 2. Risk mitigation plan | | Gaps in assurances and actions <ol style="list-style-type: none"> 1. Outcome of public consultation unknown 2. Outcome of Wakefield and N.Kirklees CCG Board decision July 2013. 3. Development of operational plans to deliver the service transformation across the work streams | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

| Principle 9: Improvement through collaboration and integration | | Lead Director: Jo Webster | | | | | | | | |
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| Threats against the achievement of the principles: The risk of the planned transformation of healthcare not happening because of lack of co-operation between all health and social care partners including primary and secondary care, resulting in poor patient care. | | Lead Clinician: Dr Phil Earnshaw | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 5x4 = 20 Current: 4x4 = 16 Appetite: | <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>20</td> </tr> <tr> <td>May</td> <td>20</td> </tr> <tr> <td>June</td> <td>16</td> </tr> </tbody> </table> | Month | Risk Score | April | 20 | May | 20 | June | 16 | Date last reviewed: June 2013 |
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| May | 20 | | | | | | | | | |
| June | 16 | | | | | | | | | |
| | | Rationale for Current Score | | | | | | | | |
| Key controls in place <ol style="list-style-type: none"> 1. Health and Wellbeing Board (HWB) is a forum where key leaders across our local Health and Social Care system work together to improve the health and wellbeing of their population. 2. Programme Office ensures the effective communication of instructions on behalf of the MYHT Board and Executive team, its role is to maintain the Quality assurance and quality control requirements for all the products of the partnership. 3. Agreement at the HWB to identify a set of strategic priorities and identify a common vision and purpose linked to the JSNA and Health and Wellbeing strategy 4. The CCG is a member of the Local Services Board which is a forum whereby again key leaders across all sectors of the District meet to discuss challenges and opportunities to work differently. 5. Joint Commissioning arrangements with the local authority are in place for some elements of commissioning e.g. mental health, learning disability, children and some adult services. 6. The Mid Yorkshire transformation programme ensures that all key partners work together to formulate commissioning strategies that will ensure services are effective, high quality and sustainable in the future. 7. Community Task Force – collaboration of our providers, committed to working differently, driving through innovation resulting in state of the art community and primary care services capable of dealing with the challenges of Health and Social Care. An early win is the appointment of an integrated Care Director that will work across Mid Yorkshire and the Local Authority to bring together Health and Social Care Teams. | | Internal Assurances <ol style="list-style-type: none"> 1. Quality and Performance Report – outlining impact of partnership on key priority areas 2. Chief Officer informal and formal meetings 3. Integrated Governance committee 4. Business planning processes ensure that that we secure appropriate level of engagement in our commissioning decisions. 5. Internal and External Audit | | | | | | | | |
| Gaps in controls and actions <ol style="list-style-type: none"> 1. Health and Wellbeing Board fully maximising the opportunities and strength of the partnership 2. Joint Commissioning arrangements currently undertaking a review in light of NHS and Local Authority restructure 3. Giving the complexity of partnership working, collaboration needs to be developed to foster better understanding, stronger co-operation and greater understanding of the partnerships challenge in order to be more successful and productive impact on Health and Social Care delivery. Gaps in External controls and actions <ol style="list-style-type: none"> 4. OD programme to support and develop a different set of leadership behaviours throughout the system to ensure a sustainable solution can be developed. 5. Development of an agreement / alliance that binds together formally our provider collaboration. | | External Assurances <ol style="list-style-type: none"> 1. Health and Wellbeing Board scrutiny 2. NHS England assurance processes 3. Assurances from respective boards 4. Positive impact on Particular challenges outlined in the Health and Wellbeing Strategy and Joint Strategic Needs Assessment. | | | | | | | | |
| Current Performance | | Gaps in assurances and actions <ol style="list-style-type: none"> 1. Use of contractual methodologies that hold to account the collaborative agreement 2. Alignment of incentives and rewards that facilitate different and more innovative ways of working. | | | | | | | | |
| | | Additional comments | | | | | | | | |

| Principle 10: Financial Efficiency Probity and Balance | | Lead Director: Andrew Pepper | | | | | | | | |
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| Threats against the achievement of the principles: The risk of not delivering financial duties due to lack of budgetary control and efficiency resulting in the restriction of services for patients. And the risk that NHS resources are not appropriately deployed due to ineffective systems and governance resulting in inappropriate commissioning decisions. | | Lead Clinician: Dr Adam Sheppard | | | | | | | | |
| Risk Rating (likelihood x consequence) Initial: 4x4 = 16 Current: 3x4 = 12 Appetite: | <table border="1"> <caption>Risk Score Trend</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>16</td> </tr> <tr> <td>May</td> <td>16</td> </tr> <tr> <td>June</td> <td>12</td> </tr> </tbody> </table> | Month | Risk Score | April | 16 | May | 16 | June | 12 | Date last reviewed: June 2013 |
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| April | 16 | | | | | | | | | |
| May | 16 | | | | | | | | | |
| June | 12 | | | | | | | | | |
| | | Rationale for Current Score | | | | | | | | |
| Key controls in place 1. Development of comprehensive QIPP programme with: <ul style="list-style-type: none"> Executive and Clinical Leads for QIPP QIPP being embedded within locality networks and discussions on meeting agendas. QIPP aligned to transformation agenda. QIPP is standing item at Clinical Cabinet meetings and Clinical Cabinet accountability to Governing Body on the QIPP programme. QIPP performance reports to Integrated Governance Group 2. Agreed budget 3. Prime Financial Policies / Scheme of Delegation 4. Budgetary control system 5. QIPP Tracker 6. SLA's with providers | | Internal Assurances 1. Examination of QIPP by Audit Committee 2. Clinical Cabinet challenge. Chair holds colleagues to account on QIPP 3. Integrated Governance Group holds QIPP to account through performance analysis. 4. QIPP reports to Board 5. Internal Audit indicate that systems and controls are working effectively. | | | | | | | | |
| | | External Assurances 1. External Audit indicate that systems and controls are working effectively. 2. West and South Yorkshire and Bassetlaw Commissioning Support Unit 3. Payroll | | | | | | | | |
| Gaps in controls and actions 1. External agencies provide services for CCGs; for example the CSU and Shared Business Services (SBS). 2. QIPP not fully embedded within CCG membership. 3. QIPP responsibility being embedded below Executive Team level only recently commenced. 4. CCG not yet been through full financial cycle. 5. QIPP programme not fully identified. 6. Need to fully embed systems and processes. | | Gaps in assurances and actions | | | | | | | | |
| Current Performance | | Additional comments | | | | | | | | |

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| Title of meeting: | Governing Body | Agenda Item: | 12 |
| Date of Meeting: | 9 July 2013 | Public/Private Section: | |
| Paper Title: | NHS Wakefield Clinical Commissioning Group Risk Register | Public | ✓ |
| | | Private | |
| | | N/A | |
| Purpose (this paper is for): | Decision | Discussion | Assurance |
| | | | Information |
| Report Author and Job Title: | Adam Bassett, Senior Associate Governance and Risk Pam Vaines, Associate Governance and Risk | | |
| Responsible Clinical Lead: | Not applicable | | |
| Responsible Governing Board Executive Lead: | Andrew Pepper, Chief Financial Officer | | |
| Recommendation: | | | |
| It is recommended that the Governing Body notes the risk register for NHS Wakefield Clinical Commissioning Group as a correct reflection of the current position. | | | |
| Executive Summary: | | | |
| The Risk Register was presented at the June Integrated Governance Committee and has been subject to a new review cycle which commenced in April 2013. A review cycle consists of a review by the Risk Owner, Senior Manager and Director. All 70 of the risks have been reviewed as part of the risk cycle and also at the Risk Surgery held on 27 June which was attended by the Chief Officer and two Lay members. | | | |
| A risk register guidelines document has been issued to all staff involved with the risk register to encourage consistency in documenting the risk. Part of the review cycle for Senior Managers and the Risk Surgery included checking that the guidelines had been followed. | | | |
| The Senior Manager's review also includes a requirement to identify and inform the Clinical Lead of relevant risks. All Clinical Leads have access to the risk register. | | | |
| The risk register is archived approximately every 8 weeks at the end of the review cycle. This means that there is an archived audit trail for each risk. | | | |
| As of 28 June 2013 there are 70 risks on the risk register as follows; | | | |
| Critical Risks (scoring 25-20) – None Serious Risks (scoring 16-15) – 9 as follows: | | | |
| <ul style="list-style-type: none"> • 2975 Scoring 16 There is a risk that the current consultation around the Mid Yorkshire service strategy could be taken to judicial review. • 2976 Scoring 16 There is a risk that the CCG will not comply with information governance rules, guidance and best practice. • 2984 Scoring 16 There is a risk that the CCG will have further cases of MRSA bacteraemia and exceed the annual objective of 86 Clostridium Difficile cases in 2013/14. • 2985 Scoring 16 There is a risk that MYHT will have further cases of MRSA bacteraemia and exceed the annual objective | | | |

of 49 Clostridium Difficile cases in 2013/14.

- 2977 Scoring 16
There is a risk that the CCG will process patient confidential data inappropriately in relation to Section 251.
- 2969 Scoring 16
There is a risk of failure to deliver the planned improvements and savings within QIPP programme for 2013/14.
- 2973 Scoring 15
There is a risk of ophthalmology patients experiencing delays in first outpatient and follow up appointments.
- 2952 Scoring 15
There is a risk that the targets relating to Referral to Treatment Times will not be achieved in aggregate and at individual speciality level.

High Risks (scoring 12-8) – 25

Other risks (scoring 6 or below) – 36

Those risks scoring 15 and above, together with the Director and Senior Manager lead, are outlined in appendix 1 to the report.

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|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---|---------------------------------------------|---|------------------------------------------------------|---|---------------------------------------|---|-----------------------------------------------------------------|---|---------------------------------------------------------|---|------------------------------------------|---|-----------------------------------------|---|---------------------------------------------------|---|-------------------------------------------|---|
| <p>Link to overarching principles from the strategic plan:</p> | <table border="1"> <tr> <td>Improve health equality across our population</td> <td>✓</td> </tr> <tr> <td>Support for individual health and wellbeing</td> <td>✓</td> </tr> <tr> <td>Care provided in the right setting and close to home</td> <td>✓</td> </tr> <tr> <td>Appropriate access and choice for all</td> <td>✓</td> </tr> <tr> <td>Understanding our population and putting patients at our centre</td> <td>✓</td> </tr> <tr> <td>Safe and high quality experiences and clinical outcomes</td> <td>✓</td> </tr> <tr> <td>Transparent clinically-led commissioning</td> <td>✓</td> </tr> <tr> <td>Service transformation through redesign</td> <td>✓</td> </tr> <tr> <td>Improvement through collaboration and integration</td> <td>✓</td> </tr> <tr> <td>Financial efficiency, probity and balance</td> <td>✓</td> </tr> </table> | Improve health equality across our population | ✓ | Support for individual health and wellbeing | ✓ | Care provided in the right setting and close to home | ✓ | Appropriate access and choice for all | ✓ | Understanding our population and putting patients at our centre | ✓ | Safe and high quality experiences and clinical outcomes | ✓ | Transparent clinically-led commissioning | ✓ | Service transformation through redesign | ✓ | Improvement through collaboration and integration | ✓ | Financial efficiency, probity and balance | ✓ |
| Improve health equality across our population | ✓ | | | | | | | | | | | | | | | | | | | | |
| Support for individual health and wellbeing | ✓ | | | | | | | | | | | | | | | | | | | | |
| Care provided in the right setting and close to home | ✓ | | | | | | | | | | | | | | | | | | | | |
| Appropriate access and choice for all | ✓ | | | | | | | | | | | | | | | | | | | | |
| Understanding our population and putting patients at our centre | ✓ | | | | | | | | | | | | | | | | | | | | |
| Safe and high quality experiences and clinical outcomes | ✓ | | | | | | | | | | | | | | | | | | | | |
| Transparent clinically-led commissioning | ✓ | | | | | | | | | | | | | | | | | | | | |
| Service transformation through redesign | ✓ | | | | | | | | | | | | | | | | | | | | |
| Improvement through collaboration and integration | ✓ | | | | | | | | | | | | | | | | | | | | |
| Financial efficiency, probity and balance | ✓ | | | | | | | | | | | | | | | | | | | | |
| <p>Outcome of Equality Impact Assessment:</p> | <p>The relevant equality impact assessment was carried out as part of the Integrated Risk Management Framework.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Outline public engagement:</p> | <p>Not applicable</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Assurance departments/ organisations who will be affected have been consulted:</p> | <p>Not applicable</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Previously presented at committee / governing body:</p> | <p>Integrated Governance Committee, 20 June 2013.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Reference document(s) / enclosures:</p> | <p>Not applicable</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Risk Assessment:</p> | <p>Not applicable</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Finance/ resource implications:</p> | <p>Not applicable</p> | | | | | | | | | | | | | | | | | | | | |

Appendix 1 High Level Risk Log as at 28 June 2013

| Rating | RiskNo | Director Lead | Senior Manager Lead | Principal Risk | Key Controls | Gaps Identified | TRR | Ass/ Controls | + Assurance | Gaps Assurance |
|--------|--------|---------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------|
| Ser | 2975 | Jo Pollard | Jo Pollard | There is a risk that the current consultation around the Mid Yorkshire service strategy could be taken to judicial review. As well as the damage to the reputation of the local NHS this would result in significant time pressures on the implementation of any proposed changes and could impact on the other transformation workstreams. See risk 4182.. NB risk 5 on the MY Health and Social Care programme risk register links to this risk | WYCSU have established a programme office to handle the consultation and the overall transformation programme. Within this programme there is dedicated communications, engagement and diversity resource. Detailed reports on the consultation process are provided to the Programme Executive. | None identified | 16 | Reports to Programme Board/Programme Executive. Minutes of meetings with key stakeholders Records of public meetings Comms and engagement action plan and reports. DH Gateway Team have reviewed plans for the consultation process. CCG Board actively participate in the process and consider progress. An independent company is receiving and analysing all feedback. Another independent organisation (The Consultation Institute) is monitoring the process against best practice and providing periodic, scheduled reviews - with the aim of achieving an accredited process. | Reviews received from The Consultation Institute have given assurance that the process so far has been appropriate. | |

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| Ser | 2976 | Andrew Pepper | Katherine Bryant | There is a risk that the CCG will not comply with information governance rules, guidance and best practice due to inappropriate use of corporate, patient or personal information, resulting in harm to patients and/or the CCG (eg financial or reputation damage) and a failure to achieve IG toolkit level 2 by 31st March 2014. | * CCG is accessing IG service from the CSU. * CCG has adopted PCT IG policies, ensuring that IG policies are in place. * Both a SIRO and a Caldicott Guardian have been appointed. | * Action plan will be prepared following the release of the revised NHS information governance toolkit (version 11). * All IG policies require review; although the CSU has provided model policies for adaptation and adoption by the CCG these are not customer ready. * IG training will be provided for staff but dates not finalised. * Data sharing agreements with Wakefield Council and HSCIC have not been agreed. Framework for sharing personal information has not been agreed with the CSU. | 16 | * IG toolkit level 1 was achieved in March 2013 * A register of SIRO/Caldicott queries is being maintained and monitored. | * IG update paper presented to Integrated Governance Committee on a monthly basis (most recently on 20/06/2013). * Chief Finance Officer has discussed concerns regarding quality of IG support with responsible director at the CSU, and a recovery plan will be provided to demonstrate improved service in July 2013. | None identified. |
| Ser | 2984 | Jo Pollard | Laura Elliott | Due to the incidence of health care associated infections in community and hospital settings there is a risk that the CCG will have further cases of MRSA bacteraemia and exceed the annual objective of 86 Clostridium difficile cases in 2013/14 resulting in financial (loss of proportion of quality premium), reputational and patient safety consequences. | * Action plans in place across the Health Economy. * MRSA treatment pathway in place. * All cases of MRSA are subject to Post Infection Review (PIR) and appropriate action plans developed and monitored. * CDI cases are mapped monthly by GP postcode. * PIRs are undertaken for cases in Care Homes | None identified | 16 | Data retrieved from Public Health England Mandatory Enhanced Surveillance System (MESS) | * Quarterly reports to Integrated Governance Committee from July 2013 * Data sent to Head Of Quality monthly for inclusion in the monthly Integrated Quality & Performance report | None identified |

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| Ser | 2985 | Jo Pollard | Laura Elliott | Due to the incidence of health care associated infections in hospital there is a risk that MYHT will have further cases of MRSA bacteraemia and exceed the annual objective of 49 Clostridium difficile cases in 2013/14 resulting in contractual, reputational and patient safety consequences. | * HCAI Action plan in place. * Post 48 hour MRSA cases have Post Infection Review (PIR) undertaken. * Discussed at weekly Executive Director's HCAI meetings with public health representation. * MYHT Monthly Task and Finish HCAI group with public health/commissioner representation | Contract performance notice to be issued for breaches | 16 | Data retrieved from PHE Mandatory Enhanced Surveillance System (MESS) | * All Post Infection Reviews (PIRs) are presented to the weekly Executive Directors HCAI Group. * Quarterly Infection Prevention and Control reports to Integrated Governance Committee from July 2013. * Data sent to CCG Head of Quality for inclusion in monthly Integrated Quality & Performance Reports * Discussed monthly at the MYHT Executive Quality Board through Patient Safety Dashboard | None identified |
| Ser | 2977 | Andrew Pepper | Katherine Bryant | There is a risk that the CCG will process patient confidential data inappropriately due to potential inadvertent misunderstanding of the national position on s.251 exceptions resulting in confidentiality breaches and financial/reputation damage to the CCG. Further related result of s.251 position is severe disruption to information services and provision of information for business purposes; contracting, service improvement and performance. | * Specific advice is urgently being sought from the CSU information governance (IG) service. * Wakefield CCG are co-signatory to a letter sent to NHS England outlining concerns about the implications of s.251. * CCG staff have been informed that they cannot access 13/14 patient level data in any circumstances other than direct patient care and they must seek SIRO approval before accessing 12/13 data for reasons of financial probity. * Data access issues are being considered by the SIRO and Caldicott Guardian on a case by case basis. * The CCG and CSU are communicating with providers to advise them of interim arrangements for contract reconciliation and billing where patient identifiable information is normally used to agree activity and finance. | * There is a significant amount of guidance released in a fast-paced environment regarding s.251 agreements, HSCIC, DMIC and Data Sharing advice. * A lack of clarity at a national level about what constitutes direct patient care, and if it does not, what actions should be taken to ensure patient consent is in place. | 16 | * Staff are highlighting data access issues to the SIRO and Caldicott Guardian, this demonstrates that staff understand that they should not access patient level data and are flagging any areas of concern. These issues are logged and reported to the Integrated Governance Committee on a monthly basis (most recently on 20/06/2013). | * Information Governance update papers were presented to the Integrated Governance Committee on a monthly basis (most recently on 20/06/2013). * A 'data sharing agreement' between the CCG and CSU has been signed. | IG Toolkit (version 11) assessment will be completed by 31/03/2014; regular progress reports will be presented to the Integrated Governance Committee. |

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| Ser | 2969 | Jo Webster | Lee Beresford | There is a risk of failure to deliver the planned improvements and savings within our QIPP programme for 2013/14 due to the programme being too dependent upon the complex and challenging transformation of local providers and their services. | NHS Wakefield CCG QIPP programme for 2013/14 has been designed and can be described. Each has a senior identified lead. The programme includes large and innovative quality improvement schemes for example the Primary Care Transformation Scheme for 2013/14. Active development of additional QIPP schemes is underway. Weekly QIPP overview meetings with the executive team provides active and rapid scrutiny of all schemes as they begin to take shape and become operational. Monthly scrutiny and overview by the Clinical Cabinet - ensures clinical ownership of the projects and reshapes/approves new projects. Local clinical networks consider opportunities for innovative change - sponsoring to Clinical Cabinet via the innovation scheme. CCG process is in active re-development to include written forms eg 'project on a page', local tracking format, local delivery planning/timetabling. CSU engaged in horizon-scanning, local opportunity scoping and the supply/share of 'tools' and good practice exemplars. CSU engaged in supplying workforce resources to boost major initiatives eg PCTS PSU taking on integrative support role for appropriate QIPP projects into practices. Local Transformation structures, programmes and processes are beginning to identify their QIPP and CIP assumptions and mechanisms for delivery. | Clinical leads for all projects are yet to be agreed. Programme analysis shows that more projects need to be added to the programme to increase its delivery target robustness. Contractual mechanism issues have delayed the Primary Care Local Improvement Framework for 2013/14. | 16 | Risks raised during QIPP programme management and monitored via local QIPP tracking to be reflected in the Risk Register. Entry on Risk Register ensures risks associated with QIPP programme are highlighted across the organisation. However, details of individual risks are to be reported by the lead managers. This is a risk that is to be tolerated throughout the year. Overview and optimisation of projects is achieved through engagement of the Clinical Cabinet CCG Board receives information with the finance report. | CCG Board receives information with the finance report. External reporting to Area Team required within the CCG Assurance Framework. Expected first return by July 2013. | None |
| Ser | 2973 | Jo Pollard | Debra Taylor Tate | There is a risk of ophthalmology patients experiencing delays in first outpatient and follow up appointments due to increasing demand for services at Mid Yorkshire resulting in delayed diagnosis and treatment. | June 2013 Clinical cabinet agreed to secure additional service capacity to reduce waiting times for patients and requested QIA/clinical risk assessment is carried out by MYHT. Clinical Cabinet agreed the distribution of guidelines that direct patients to the most appropriate services through referrals direct from optometrists. | None identified | 15 | --MYHT services are monitored in line with standing contract arrangements. -QIPP tracker monthly review against demand plan and activity projections. MYHT action plan monitored monthly at Quality Board/ECB | Monthly reports Contract Management Group, Executive Contract Board, Quality Board | None |

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| Ser | 2952 | Andrew Pepper | Matt England | <p>There is a risk that the targets relating to Referral to Treatment Times (RTT) will not be achieved in aggregate and at individual specialty level. Due to provider system and capacity issues. Resulting in an adverse impact on quality of care, patient experience, key targets being missed and a failure to achieve the quality premium.</p> | <p>* Included within the key performance indicators reported in the CCG Integrated and Quality and Performance Report. * The agreed contract activity plans with Mid Yorkshire Hospitals Trust (MYHT) take account of the volume of activity required to reduce waiting times within key specialties at variance to RTT performance. * A fortnightly RTT recovery board (chaired by the Head of Contracting and Commercial Strategy) oversees the progress of the Trust against the recovery plan.</p> | <p>* Recovery trajectories to be finalised for both Admitted and Non Admitted pathways at a specialty level. * Introducing regular performance reporting against recovery plan to be shared with the CCG by the Trust. * Quality impact assessment at a specialty level has been identified and will be discussed at the Mid Yorkshire Hospitals Quality Board in July 2013.</p> | 15 | <p>* Progress will be monitored against the key elements of the recovery plan such as volume of over 18 week patients, volume of trip overs and performance against the key targets. * Outline recovery plan provided by the Trust at the June 2013 Executive Contract Board (ECB).</p> | <p>* Regular reports on performance and recovery to MYHT Executive Contract Board (ECB) and Contract Management Group (CMG) in June 2013. * Performance reporting to CCG, Integrated Governance Committee (IGC) on a monthly basis and from the IGC to the CCG Board. Most recent report to the IGC was 19 June 2013.</p> | None identified. |
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NHS Wakefield Clinical Commissioning Group

INTEGRATED GOVERNANCE COMMITTEE

Minutes of the meeting held on the 20 June 2013

| | | |
|-----------------------|--------------------------|----------------------------------------------------------------------------------------------------|
| Present: | Rhod Mitchell (Chair) | Lay Member |
| | Stephen Hardy | Lay Member |
| | Jo Webster | Chief Officer |
| | Andrew Pepper | Chief Finance Officer |
| | Dr Phillip Earnshaw | Nominated clinical member |
| In Attendance: | Sandra Cheseldine | Lay Member |
| | Karen Parkin | Head of Finance and Governance |
| | Katherine Bryant | Governance and Board Secretary |
| | Nick Kirk | Head of Property Management, NHS Property Services (Minute number 13/69) |
| | Matt England | Head of Contracting and Commercial Strategy (Minute number 13/70, 13/71) |
| | Laura Elliott | Head of Quality and Engagement (Minute number 13/70) |
| | Adam Bassett | Senior Associate Governance and Risk, WSYBCSU (Minute number 13/72, 13/73, 13/74, 13/75, 13/76) |
| | Simon Rowe | Commissioning Manager (Minute number 13/83) |
| | Angela Peatfield | Minute Taker |

13/62 Apologies for Absence

Apologies were received from Dr David Brown, Dr Avijit Biswas and Jo Pollard.

13/63 Declaration of Interest

Rhod Mitchell requested declarations of interests from members of the Committee relating to items on the agenda. No declarations of interest were made.

13/64 Minutes of meeting held on 16 May 2013

The minutes of the meeting held on 16 May 2013 were agreed as a correct record.

13/65 Matters arising from meeting held on 16 May 2013

13/15 – Joint Compact including Shared, Hosted and Collaborative Arrangements Report

Following discussion at the 18 March meeting where it was agreed that the SWYPFT contract would be reviewed in six months time, Andrew Pepper agreed to pick this up with Matt England to confirm the detail and if the review will take place in September.

13/49 – Draft summary of non-recurrent proposals

Andrew Pepper confirmed that a paper regarding non-recurrent proposals is to be presented at the Clinical Cabinet on 27 June 2013 and will be presented at the Integrated Governance Committee in July.

13/50 – Integrated Quality and Performance Report

A representative of the Yorkshire Ambulance Service (YAS) was invited to attend an IGC meeting to provide a progress report following the information detailed in the Quality and Performance Report. No response has been received from YAS, it was agreed a further invitation will be sent for the July meeting.

Rhod Mitchell and Jo Pollard have yet to meet to discuss what needs to be included in future reporting to ensure good governance in respect of the Quality and Performance report.

13/51 – Serious Incident Management Arrangements

Jo Pollard and Adam Bassett are to meet to discuss the information to be reported to Quality Board.

13/66 Integrated Governance Committee Updated Workplan

Katherine Bryant presented the updated workplan for information.

It was RESOLVED that:

- i) The Committee noted the updated work plan.

13/67 Finance Report Month 2

Karen Parkin presented this paper providing a year to date and year end forecast position as at 31 May 2013. Overall the CCG has a year to date surplus of £970k and a year-end forecast of £5502k which is in line with plan. There are 10 key financial performance indicators:

- 6 indicators are green
- 1 indicator is red, this is the year to date QIPP position which is below 50% of target at month 2
- 1 indicator is amber/red, this is the forecast outturn for QIPP delivery which currently shows 68% against target
- 2 indicators are not yet scored as activity data is not yet available

A full discussion took place. Sandra Cheseldine referred to table one of the paper and asked how many of the figures shown were actual figures. Karen Parkin responded that the financial information is based on activity information. It was agreed that future reports will provide a more detailed explanation regarding running costs and underspend figures.

Phil Earnshaw asked whether it would be possible to provide a trend analysis with the last quarter/six months of activity. Andrew Pepper responded that due to the changes in accounting practices for 2013/14 this has proved a challenge. Karen Parkin suggested that

areas that may not have changed from 2012/13 could be considered to provide some trend analysis.

Sandra Cheseldine suggested that the mitigation wording in table three could be amended in respect of QIPP.

It was RESOLVED that:

- i) The Committee noted the contents of the report.

13/68 QIPP Update

Karen Parkin gave a verbal update advising that a QIPP event had taken place last week and work was ongoing to produce an action plan. The workshop was very successful and 20 schemes were going to be taken forward, some of which would be project managed by the CSU. It was noted that this was a long term vision and not all schemes would be implemented this year but would be built into future planning of services.

It was anticipated that a completed action plan would be available in July following a quality assurance process and identification of any risks. It was noted that future monitoring reports would provide a month by month position.

It was RESOLVED that:

- i) The Committee noted the QIPP update.

13/69 NHS Property Services Ltd Update

Nick Kirk attended the meeting to present this paper. Nick explained that NHS Property Services is working through a three stage developmental period, Transition 2012/13, Consolidation 2013/14 and Development 2015.

With regard to capital investment for 2013/14 it was good news to hear that the new third party development in South Kirkby opened in May 2013 and the extension and refurbishment of the Stanley Health Centre is expected to be completed in January 2014.

Other capital investment for 2013/14 involves Castleford Health Centre and Henry Moore Clinic. Dr Phil Earnshaw commented that a multi agency approach should take place to develop these proposals to ensure the appropriate services are delivered. Jo Webster agreed to arrange a discussion with Alison Knowles, Commissioning Director, West Yorkshire Area Team, to consider whether the current estate across the district is fit for purpose in providing the additional community services.

It was also noted that Mid Yorkshire Hospitals NHS Trust are currently reviewing their accommodation across the district and it was agreed that Andrew Pepper would raise the estates issue at a future MYHT Quality Board meeting for further discussion.

It was RESOLVED that:

- i) The Committee noted the update.

13/70 Integrated Quality and Performance Report

Matt England and Laura Elliott attended the meeting to present this paper. The report reflects indicators that are currently underperforming against target, with an exception report to highlight the key issues and actions being taken to improve performance. The following developments to this month's report are:-

- Improvement of the key performance indicators exceptions table identifying direction of travel and previous months 'form'
- Inclusion of local key performance indicators to reflect the performance of CCG strategic priorities
- Inclusion of national and local measures for the 2013/14 Quality Premium
- A robust process for flagging key risk/concerns and then subsequently integrating them into the CCG risk register

Matt advised that the Yorkshire Ambulance Service (YAS) KPI target shown in the report as 80% is an error, the target is 75%. A detailed discussion followed and it was noted that YAS are looking at resource improvement and are developing an action plan. Steven Hardy commented that it would be useful to know by how much the ambulance response times target had been missed.

Rhod Mitchell commented that the Referral to Treatment (RTT) performance has deteriorated. Matt advised that he has had sight of the recovery plan and that the 18 week Recovery Board meetings have been re-instated and meetings will be taking place two-weekly and penalties will be enforced for the breaches.

The target for 'Improved access to psychological therapies' is showing a month on month decline, however Matt advised that Phil Smedley, Head of Partnership Commissioning has confirmed that there has been some improvement since May 2013.

Jo Webster commented that this was a good report and the improvements to strengthen the assurance process should continue. It was agreed that consideration should be given to an early warning signs process. It was noted that the minutes of the MYHT Executive Contract Board meetings should better reflect the detailed discussions taking place regarding areas of performance concerns and what is being put in place to mitigate the concerns.

It was RESOLVED that:

- i) The Committee noted the current performance against key national and local performance against key national and local performance and quality measures; and
- ii) approved the actions being taken to address areas of underperformance.

13/71 Deep Dive 18 weeks at speciality level

Matt England incorporated the verbal update on the 18 weeks at speciality level as part of the discussions on the above Quality and Performance report, advising that the 18 week Recovery Board meetings have been re-instated. It was noted that a firm plan with recovery trajectories and activity profiles will be finalised for discussion and agreement within both organisations.

In accordance with the MYHT Contract – Schedule 4 – Part A and Part G there are contractual consequences associated with under achieving the threshold for each speciality within the admitted, non admitted and incomplete pathways. The financial value associated with the breaches is currently being calculated.

It was RESOLVED that

- i) The Committee noted the verbal update.

13/72 Serious Incident Update

Adam Bassett attended the meeting to present this paper which provides an update on the position with regard to serious incidents up until the end of May 2013. The numbers of open serious incidents is as follows:

- 9 - Mid Yorkshire Hospitals NHS Trust
- 13 - South West Yorkshire Partnership Foundation Trust
- 2 - Yorkshire Ambulance Service
- 1 - Independent Section
- 2 - Local Care Direct

It was noted that with effect from 1 June 2013 the Safeguarding Adult serious incident reports will be forwarded to the West Yorkshire Area Team to be performance managed.

Following discussion it was agreed that it would be useful if future reports could provide reasons when reports are delayed and for future reports to include lessons learned.

It was noted that future Serious Incident updates will be included as part of the Quality and Performance Report.

It was RESOLVED that:

- i) The Committee noted the current position regarding serious incidents as at the end of May 2013.

13/73 Complaints Update

Adam Bassett presented the report providing a position statement on the complaints and MP letters which have been received by the CCG up until the end of May 2013. Three complaints have been received by the CCG since 1 April 2013. With regard to legacy issues following the close of NHS Wakefield District Primary Care Trust on 31 March 2013 there are five complaints still open and one has been closed as at the end of June 2013.

A number of actions have been undertaken during May with regard to complaints handling arrangements, noting that complaint responses will now be signed not only by the Chief Officer but also by Dr Adam Sheppard, who is the clinical lead responsible for complaints. The issue of achievement of timescales at MYHT and other providers will continue to be monitored by the complaints team and reported to Dr Adam Sheppard, who has agreed to write to Stephen Eames, Chief Executive at MYHT regarding their response timescales.

It was noted that the West Yorkshire Patient Advice and Liaison Service came into operation from 1 April 2013 and provides a PALS service for CCGs across the West Yorkshire Area.

They are in the process of developing their systems and it is proposed that figures will be available to be presented to the Integrated Governance Committee in the near future.

An update on a report recently issued by the Parliamentary and Health Service Ombudsman and Local Government Ombudsman in relation to a complaint received by the former NHS Wakefield District Primary Care Trust was also shared for information including their recommendations. The CCG will be liaising with MYHT who now provide community nursing services regarding the preparation of an action plan which will be shared with the complainant and key organisations.

It was RESOLVED that:

- i) The Committee noted the legacy and new complaints which are currently open as at the end of May 2013;
- ii) noted the current developments with regards to complaints handling arrangements by NHS Wakefield Clinical Commissioning Group; and
- iii) noted the progress regarding a recent report by the Parliamentary and Health Service Ombudsman and Local Government Ombudsman in relation to a complaint received by the former NHS Wakefield District Primary Care Trust.

13/74 Risk Register Update

Adam Bassett presented the Risk Register update noting that as at 11 June 2013 there were 65 risks on the risk register. During the review cycle 19 risks were identified for closure and seven new risks were added. Those risks scoring 15 and above were outlined in Appendix 1 of the report.

Karen Parkin advised that a further review of the risk register was going to take place before the report was presented to the CCG Governing Body on 9 July. Risk surgeries will take place next week to scrutinise the wording of the risks and ensure the scoring is consistent. It was noted that Sandra Cheseldine has agreed to take part in the risk surgeries.

It was RESOLVED that:

- i) The Committee noted the risk register for NHS Wakefield CCG; and
- ii) agreed that critical and serious risks be presented to the Governing Body following the further review at the risk surgeries next week.

13/75 Statutory Responsibilities Update

Adam Bassett presented this paper outlining the updated list of risk management statutory roles and responsibilities for NHS Wakefield CCG confirming the appointed person details in respect of the Health and Safety requirements.

It was RESOLVED that:

- i) The Committee noted the names assigned to the list of statutory roles.

13/76 Board Assurance Framework Update

Adam Bassett presented this update outlining the revised Board Assurance Framework (BAF). A workshop comprising of Governing Body members took place on 14 May where 9

strategic threats affecting the 10 principles of NHS Wakefield CCG were identified. Clinical and executive leads for each threat were also agreed. Due to the need to re-arrange meetings with clinical and executive leads there are still some gaps to complete.

A meeting was also held with Rhod Mitchell and Sandra Cheseldine to review the format of the BAF and a number of suggestions were made. An example of the revised format was tabled at the meeting and following discussion it was agreed that this format would be used to present the final version of the BAF to the Governing Body on 9 July.

It was RESOLVED that:

- i) The Committee noted the updated Board Assurance Framework for NHS Wakefield CCG; and
- ii) noted that the final version of the Board Assurance Framework will be presented to the Governing Body on 9 July 2013.

13/77 Anti-Fraud, bribery and corruption policy

Andrew Pepper presented the Anti-Fraud, bribery and corruption policy advising that this policy was previously considered at the Audit Committee meeting on 23 May 2013. The amendments requested during that meeting have been reflected in the updated version and the policy is presented to the Integrated Governance Committee for approval.

It was RESOLVED that:

- i) The Committee approved the Anti-Fraud, Bribery and Corruption Policy.

13/78 Information Governance and Freedom of Information Update

Andrew Pepper explained that he has been disappointed with the Information Governance support from the CSU and that this issue has now been escalated.

Katherine Bryant advised that the Information Governance Toolkit version 11 has now been published but as yet no action plan has been received from the CSU. Katherine tabled a register of current and open Caldicott Guardian/Senior Information Risk Owner requests including the issue raised, the outcome and whether the status is open or closed.

It was agreed that Jo Webster and Andrew Pepper would discuss the issue regarding Information Governance support following the meeting.

13/79 Intranet Procurement

Andrew Pepper presented this paper advising that the procurement for the CCG Internet, Intranet and Document Management system is progressing according to the previously discussed timetable. It was noted that 22 providers have taken the expression of interest forward to application at Pre-Qualification Questionnaire (PQQ) and these applications are currently being evaluated. Short listed providers will then be invited to submit a full tender through the Invitation to Tender (ITT) stage.

Notice has been served to the Provider PinBell on the Intradoc247 system and the notice expires on 30 September 2013. The provider is working with the practices to manage the close of the system and ensure that no data is lost.

A discussion followed and it was noted that the criteria of the tender needs to be as detailed as possible as part of the Invitation to Tender stage.

It was RESOLVED that:

- i) The Committee noted the progress of the procurement.

13/80 Contract Governance and Assurance

Andrew Pepper presented this paper providing an update on contracts awarded, varied and notices served. It was noted that a significant number of CCG contracts are due to expire on 31 March 2014 and will need to go through formal competition.

A full contracts list was tabled for information.

It was RESOLVED that:

- i) The Committee noted the update regarding contract governance and assurance.

13/81 Primary Care Local Improvement Framework (formerly Primary Care Transformation Scheme)

Andrew Pepper presented this paper providing an update in respect of the Primary Care Local Improvement Framework (PCLIF) formally known as Primary Care Transformation Scheme (PCTS). The paper outlines the progress in practices developing their individual plans and sets out the assurance process for the approval of the practice plans.

It was noted that a panel has been arranged involving Rhod Mitchell, Matt England, Andrew Pepper and Dr Ivan Hanney to consider the bids received.

Post meeting note: Sandra Cheseldine was also involved in the panel discussions.

It was RESOLVED that:

- i) The Committee noted the update in respect of the Primary Care Local Improvement Framework.

13/82 Programme Management Services – Mid Yorkshire Health and Social Care Transformation Programme

Andrew Pepper gave a verbal update advising that no agreement has yet been received and a service level specification is still to be developed.

13/83 A&E Recovery and Improvement Plan

Simon Rowe attended the meeting to present this paper noting that this plan has been developed jointly by the NHS Wakefield and North Kirklees CCGs, the Mid Yorkshire Hospitals NHS Trust, Kirklees and Wakefield councils. The plan has also been reviewed by both the local area team of NHS England and the Urgent Care Board and continues to be refined and developed.

There are two key programmes that bring together a range of projects aimed at improving outcomes and patient experience as well as reducing the number of A&E attendances and the number of non elective admissions by keeping people healthier at home for longer; improving the management of long term conditions and developing clinical pathways that avoid the need for hospital interventions via the emergency department.

Following discussion it was suggested that where the activity information is showing red it would be helpful to include an explanation as to why it is red.

It was RESOLVED that:

- i) The Committee noted the development of the improvement plan.

13/84 Minutes of meetings

The minutes of the Mid Yorkshire Hospitals NHS Trust Quality Board and Contract Board, Cluster and South West Yorkshire Partnership Foundation Trust Contract Management Group and NHS111 Wakefield and North Kirklees Clinical Quality Group were shared for information.

Following discussion it was requested that a deep dive on Ophthalmology should be included as part of the Quality and Performance Report for the July meeting.

It was agreed that future Quality and Performance Reports would include signposting to the relevant sections of the Quality Board minutes.

13/85 Any other business

None

13/86 Date and time of next meeting

Thursday, 18 July 2013, 9.30 to 12 noon, Seminar Room, White Rose House.

NHS Wakefield Clinical Commissioning Group

CLINICAL CABINET

Minutes of the Meeting held on

Thursday 23 May 2013

09.00 – 12.00

Boardroom, White Rose House

Present:

| | |
|----------------------------|-------------------------------------------------------------|
| Adam Sheppard (Chair) (AS) | Asst. Clinical Chair, NHS WCCG |
| Jo Pollard (JP) | Director of Commissioning and Quality Improvement, NHS WCCG |
| Phil Earnshaw (PE) | Chair, NHS WCCG |
| Jo Webster (JW) | Chief Officer, NHS WCCG |
| Andrew Pepper (AP) | Chief Financial Officer, NHS WCCG |
| Avijit Biswas (AB) | GP, NHS WCCG |
| Steven Hardy (SH) | Lay Member |
| Lee Beresford (LB) | Associate Director, Strategy, NHS WCCG |
| Clive Harries (CH) | GP, NHS WCCG |
| Paul Dewhurst (PD) | GP, NHS WCCG |
| Andrew Furber (AF) | Director of Public Health, Wakefield Council |
| Karen Parkin (KP) | Head of Finance & Governance, NHS WCCG |
| Jo Fitzpatrick (JF) | Head of Medicines Management, NHS WCCG |
| Sandra Greenwood (SG) | Practice Nurse Executive, NHS WCCG |
| Laura Elliott (LE) | Head of Quality, Safety and Engagement, NHS WCCG |

In Attendance:

| | |
|-------------------------|----------------------------------------------------------------|
| Debra Taylor Tate (DTT) | Interim Head Service Development and Transformation, NHSWCCG |
| Simon Rowe (SR) | Service Development and Transformation Manager, NHS WCCG |
| Katherine Bryant (KB) | Governance and Board Secretary, NHS WCCG |
| Toni Williams (TW) | SpR in Public Health, Wakefield Council |
| Michelle Ezro (ME) | Programme Lead, NHS WCCG |
| Deana Kirkby (DK) | Operations Manager Turning Point/Right Steps |
| Phil Smedley (PS) | Head of Partnership Commissioning, SDT-Mental Health, NHS WCCG |
| Tara Trayler (TET) | Senior Management Support, NHS WCCG |

1. APOLOGIES FOR ABSENCE

Apologies were received from Ann Carroll and Helen Childs.

2. DECLARATIONS OF INTEREST

None declared.

3. MINUTES OF THE MEETING HELD ON 25 APRIL 2013

Minutes were agreed as a true record.

4. ACTION LOG

JP ran through the items on the action log.

Action: TET to update action log.

CLINICAL BUSINESS

5. COMMUNITY ENDOSCOPY BUSINESS CASE

DTT presented the paper, stating the paper outlines a proposal for the redesign of Gastroenterology services as a result of endoscopy services review.

DTT informed members following review of endoscopy services in the context of quality, demand, activity and finance highlighted the following key points:

- Nationally and locally the demand for upper and lower Gastrointestinal services and related diagnostics tests has increased.
- The prevalence of conditions requiring endoscopy diagnostic testing is increasing, NICE predict up to a 15% increase year on year which could equate to a 75% over the next 5 years. Local activity analysis demonstrates a 16% increase in Wakefield 10/11, 11/12 and 12/13.
- Specific diagnostic endoscopy procedures can be completed within community clinics that are accredited to deliver high quality integrated services in line with the Joint Advisory Group (JAG) and the Royal College of Physicians.
- The costs associated with the predicted growth in demand pose a significant financial challenge to NHS Wakefield Clinical Commissioning Group (CCG) over the next five years, estimated £1m year on year.
- Current providers of direct access endoscopy have sufficient capacity at present to deal with growth during 13/14.
- Gastroenterology services at Mid Yorkshire Hospital Trust (MYHT) are experiencing long waiting times and high Availability Slot Issues on Choose and Book, delaying diagnosis and treatment for patients across the District.
- A review of Gastroenterology services is required to identify opportunities to realise efficiencies and improve quality and patient experience.
- The implementation of integrated services across primary, community and secondary care and advances in diagnosing and management of patients suffering from gastrointestinal conditions has the potential to reduce the predicted growth in endoscopy and the associated costs.

The key findings demonstrate that endoscopy services cannot be looked at in isolation and that a full review of gastroenterology services is required to improve quality and address the pressures associated with the growth in demand as demonstrated in the business case.

DTT referred to the business case, that assumes no service transformation of gastroenterology services, which demonstrates an increase in activity and costs over the

next 5 years in line with National predictions (NICE) of 15% year on year and are based on an average endoscopy cost of £468.49 per patient.

DTT went onto discuss the options and recommendations as highlighted in the business case with members, following debate from PE around timescales to include primary care provision and high level support with Mid Yorkshire and AF suggested an evaluation framework was completed to know what is being measured. AF suggested DTT work with a PH colleague to help with this. DTT agreed to do this. DTT informed members that there was a steering group in place that she will take forward any suggestions from today's meeting around direct access and the pathology LES.

Action: AF to confirm with DTT who from Public Health to liaise with regarding completing an evaluation framework.

Following discussion members agreed to option 3 (see below) which was to implement the new pathways as a result of the gastroenterology transformation was agreed by members as the way forward and full support was given by members to the service development and transformation team to take this work forward.

The aims of the wider Gastroenterology Transformation programme will seek further efficiencies within gastroenterology services and identify areas for the improved diagnosis, management and treatment of patients and where appropriate shift care closer to home into the community and primary care and have the potential reduce the demand for endoscopy and therefore the projected costs for the next 5 years

Members agreed to:

- i. Note the business case and the recommendations in option 3
- ii. Agree the next steps.

Option 3 – Implement the new Pathways

Service redesign within Gastroenterology to identify opportunities for efficiency gains across all gastroenterology services including endoscopy to improve quality and improve the patient experience and has the potential to reduce the rising demand and the associated costs. At this stage we are unable to quantify the impact of the redesigning services but work to date on three pathways has identified those there efficiencies to be gained.

6. MEDICINES OPTIMISATION SUPPORT TO PRACTICES

JF presented this paper, stating that a minority of practices in Wakefield CCG (WCCG) struggle to improve their prescribing performance in key therapeutic areas identified as good practice for safe, quality and/or cost-effective prescribing. There is usually a direct correlation between such low performance and overspend against prescribing budget and/or prescribing cost growth.

It is proposed that a period of intensive support is required for practices as highlighted in the paper; this will involve the recruitment of five full time pharmacists who will work in each practice for a period of 12 weeks providing a whole system review of prescribing systems and processes and promoting medicines optimisation alongside intensive support from the Head of Medicines Management and CCG Clinical Lead GP for Prescribing.

Funding for the pharmacist posts will be sourced from non-recurrent money. Benefits of such intensive support will lead to lower medicines-related admissions to hospital; improved medicines optimisation for patients through safer and increased cost-effective prescribing; decreased cost-growth and underspend against prescribing budget, releasing QIPP savings for the CCG.

PD raised the issue that some practices might not be willing to commit, PE stated that this is not part of management allowance but part of non recurrent funds and is consistent with other CCG's. JF stated that the team will speak to all practices in advance to ensure they are aware and asked that board leaders help promote in their practices to work with medicine management to go forward.

IH stated his concern around the same practices getting all the support, JF stated that it was in line with admission figures to ensure right practices get the right support. AF stated the information needed to be triangulated and JF ensured this would happen via QOF.

Members agreed to:

- i approve the proposal to fund 5 x pharmacists to provide intensive support to those practices identified as most in need; and
- ii agree to discuss measures to be taken against those practices who still fail to improve despite intensive support, or those that refuse such support.

7. MEDICINES OPTIMISATION SUB GROUP PROPOSAL

JF presented this paper, stating that the Medicines Management Committee has been in place for over 10 years in Wakefield (most recently known as the Prescribing Clinical Commissioning Unit (PCCU) and has a key role in monitoring prescribing and medicines management performance locally, and developing strategy to address outlying practice.

Jf proposed to members that the PCCU is replaced by a Medicines Optimisation Group, which will be a sub-group of the Clinical Cabinet. The terms of reference have been redeveloped to reflect the change in priorities for the WCCG, details of TOR included in the paper.

JF informed members the only change to membership is to decrease the number of GP representatives from 2 to 1 (excluding the Chair who is a CCG Board member). The GP representative will not only be expected to attend the meeting, but play an integral part in promoting Medicines Optimisation and Prescribing QIPP through clinical peer-to-peer communication. The role will also include the monthly attendance at the Mid Yorkshire Hospitals NHS Trust Drug and Therapeutics Committee.

AP confirmed with JF that the sessional rate was confirmed at the remuneration committee and he would confirm the rate with JF. JF stated to members that the cost will be paid out of her budget.

Members agreed to the approval of to the Medicines Management Optimisation Sub Group and payment of GP representative from the Medicines Management pay budget.

8. QIPP (STANDING ITEM)

a) UPDATE ON PROGRESS AGAINST TARGET

KP presented this paper; stated the purpose of this paper is to update on the status of QiPP schemes. Following the PWC risk assessed schemes at £2.9m the paper now presents a revised internal assessment.

KP informed members that 2013/14 achievement is now estimated at £6.8m against a target of £10m which assumes full achievement of any green schemes and 70% achievement against any amber schemes. A process is currently being developed to ensure rigour in QiPP development and reporting.

Members discussed around pulling clinicians away to attend QIPP being counterproductive. JW stated clinicians need to be involved in the first instance to ensure robust processes and mechanisms are in place, informing that once QiPP schemes are green, clinicians can step back.

Members noted the QIPP positions as highlighted in the paper.

Action: AS asked KP to ensure clinical leads are put against each programme.

PROCESS AND DOCUMENTATION

KP presented this paper; to present a draft process for the robust identification, monitoring and reporting of QiPP.

The draft papers presented include:

- A process for sign off of QiPP schemes
- Project on a page template
- A summary template for reporting the progress of QiPP schemes
- A detailed scheme sheet
- A project chart for identifying timescales

A 6th document is currently being drafted which is the Quality Impact Assessment.

The proposal is that all scheme leads will be required to follow this process for every scheme and that a complete set of documentation will be required for each scheme to be signed off.

KP informed members that once the QiPP scheme becomes green, it needs the designated director lead and GP to sign off the scheme. KP requested a clinical name for each QiPP scheme. AS asked members to help KP produce this. Members discussed having a QiPP summit to identify this.

Action: TET agreed to QiPP Summit meeting.

KP stated that a monthly QiPP scheme report will be produced on a monthly basis and that Quality sign off will be done internally between JP and DB, who will action outside the meeting.

Members noted the process.

b) MAP OF MEDICINE

LB presented the paper; informing members that NHS WCCG are strategically committed to local service transformation through innovative redesign. To support this, NHS Wakefield CCG wish to secure a mechanism to assist in building an on-going pathway design/redesign programme that will support our QIPP programme and also enable us to both effectively communicate best practice and locally standardise care.

This paper proposes the securing of local access (a Wakefield 'view') into the *Map of Medicine* system as the only supplier with the reach of NHS engagement that we require to be effective. A small team of staff will require training.

Members agreed to note the proposal in the paper and agreed to fund the £9,500.

c) ROAD MAP OF INNOVATION

DTT and SR presented the paper; which outlines the purpose and design of the "Roadmap to Innovation" Programme. This programme, which consists of three projects - maximising the use of technology; understanding and acting on variations in demand/activity, and re-invigorating policy-based commissioning - forms part of the Clinical Commissioning Group's (CCG) QIPP plan for the 2013/14 financial year.

SR discussed with members how the variation / demand / activity worked, stating that it is a different measure on size of practices and works on a co-efficient variation looking at different practice size and will split the 23 practices into the current practice networks 1, 2, 3 and 5.

DTT discussed with members around the re-invigorating PBC and stated it is a corporate duty of the WCCG with regards to reviewing the General Commissioning policies. DTT stated the team will start via the Croydon list, concentrating on the current PBC policies. PE asked that it's a clinical lead not a financial lead involved in the process when working with PSU practices. JW stated both clinicians and finance colleagues need to work together. SR confirmed the variation will help look at which practices do this well.

SR stated that this has been presented to members for two reasons. One is for them to approve, or not the purpose and design of the Programme. The other is to stress that the support of clinical leaders and the Practice networks will be needed to successfully deliver the programme.

Members agreed to:

- i Approve the design and purpose of the programme;
- ii Approve the design and intentions of each of the three projects;
- iii Specifically approve the consultant to consultant referrals protocol;
- iiii Support the processes of identifying clinical leaders and engaging with member Practices;
- V Mandate the Service Development and Transformation Team and the Practice Support Unit to lead the programme of work.

Action: JP asked SR to ensure there is a systematic approach and for the metrics to be brought back to a future meeting.

d) PRESCRIBING QiPP

JF presented to members around prescribing QiPP; stating her target is a £2 million savings against prescribing budget.

JF highlighted to members the key facts, being:

- Prescribing budget for 13/14 is £57,896,000
- Uplift on outturn of 2.1%
- Current cost growth of -2% (2012/13 vs 2011/12)

However JF explained that costs of some commonly prescribed category M drugs are escalated causing cost pressure, which will cause a risk to hitting QiPP e.g JF explained prescribing Pregabalin instead of gabapentin will make considerable cost savings.

JF explained that the QiPP operational plan has been developed to identify areas of maximum productivity and each work area within the plan has a project lead from with medicines management and that practice support staff will undertake discreet areas of work in practices to achieve QiPP.

JP thanked JF and PD on their excellent work around prescribing QiPP. Members thought the information was very informative and helpful.

9. 2013/14 QUALITY PREMIUM

LE presented the paper; the purpose of this paper is to update members on final guidance published for the 2013/14 Quality Premium, and progress with the three local measures identified, following consultation with member practices, the public and patients and the Health and Wellbeing Board.

The purpose of the quality premium is to reward CCGs for improvement in the quality of services that they commission, and the associated improvements in health outcomes and reducing health inequalities. It will be paid to CCGs in 2014/15 and is based on four national and three local measures as highlighted in the paper. LE explained in detail the fourth national outcome around improvement of the Friends and Family Test scores. The total amount payable for achievement of the quality premium will be £5 per patient, and is in addition to the CCG's financial allocation and running costs for 2014/15.

Both the national and local measures will be regularly monitored on a monthly basis through the performance reporting to the Integrated Governance Committee and Governing Body, as well as through regular contract monitoring with the relevant providers.

SH discussed around tolerance levels, JW informed that the 62 Target for Cancer is on track with the national standard. PE asked how do we innovated to ensure NHS Wakefield CCG make these happen, LE stated through spend, through the quality premium as highlighted in the guidance attached to the paper. Members discussed around the MRSA target, LE informed members that there is an action plan in place and her and Jane O'Donnell are meeting around tackling MRSA pre hospital admissions to focus on measures to approve figures as a health economy.

Action: Progress update at the July meeting to include clinicians.

Members are asked to:-

- i. Note the contents of the paper for information;
- ii. Discuss any additional actions in relation to support achievement of local measures; and
- iii. Approve the paper for presentation to the Governing Body and the Health and Wellbeing Board.

10. CCG PROSPECTUS

LB presented the paper; stating that all NHS providers are required by the NHS Operating Framework 2013/14 to produce a "prospectus" by 31 May 2013. LB has brought the prospectus for approval, it is planned that the final version of the prospectus will be delivered to all households in the Wakefield District during July 2013.

PE stated there was no need for two pictures of JW and himself, LB agreed to remove this. SH mentioned issues around the distribution cost of £13,500, LB stated that Dame Barbara Hakin has stated that as many of the population need to be engaged hence why there is a approximate costing for distribution.

Members agreed to the draft prospectus.

11. MYHT 2012/13 QUALITY ACCOUNT

LE presented the paper, stating that all NHS providers are to publish Quality Accounts by 30 June 2013 and stated the draft accounts have been brought to members today for comment.

DB raised an issue around an executive summary being included in the accounts with links to specific areas i.e. NHS Website, Complaints etc. LE informed members that these were being discussed in depth at the next Executive Quality Board with MYHT and if members could pass any comments to her by Wednesday 28 May.

Members agreed to:

- i. Note the contents of the paper for information; and
- ii. Feedback on the document for commissioner commentary.

12. S256 AGREEMENTS

AP presented this paper; stating that the purpose was to allow members to visualise money under s256 (in agreement with WMDC). AP informed members that these are currently presented to the JSCB.

AP informed members that currently the balance b/f from 2012/13 is £3,058,747 that is available for WCCG to use with the Local Authority. AF mentioned schemes to members around academy for innovation and network grants. JW informed members that Helen Childs is currently working on plans with the Local Authority to use this funding and will bring an update at the July meeting.

Action: HC to Update on innovation plans at July meeting.

13. USE OF NON RECURRENT RESOURCES

AP gave a verbal update; stating that:

- 2% of non recurrent 9m contracts to be signed of by the Area Team;
- Taken forward through the transformation agenda
- Prioritisation is needed in future months
- focussing on commitment to SWYPFT and PCTS
- significant amount of resource via the networks

JP stated metrics and accountability needed to be captured and to ensure this is highlighted upon within the annual delivery plan.

CH raised issues around tactical issues regarding change of behaviour, providers demonstrating a journey of change before funding is made available. CH stated engagement with providers is critical.

Action: JP stated that Helen Childs would bring a piece of work around resource within networks to the next meeting.

14. PCTS UPDATE

AP gave a verbal update, informing that the PCTS local improvement framework letter has been circulated; stating that NHS WCCG will continue 3 months on the old PCTS and 9 months on the Heathcliffe arrangements. AP confirmed his team are getting packs together to be circulated to practices.

CLINICAL DISCUSSION / DEBATE

15. TRANSFORAMTION AGENDA

15.1 EXECUTIVE SUMMARY OF PROGRESS

ME presented a paper; stating it provides an overview of the work that has taken place during this reporting period in relation to the overall transformation programme, including progress on the consultation process and the following transformation programmes:

- Clinical Services Strategy
- Urgent Care
- Care Closer to Home
- Maternity, Children and Young People
- Mental Health and Learning Disability Services
- End of Life Care
- Supporting Transformation

The papers consist of:

1. A programme overview dashboard report
2. An update provided to the WCCG on the Mid Yorks public consultation
3. The latest highlight report from The Campaign Company, who are helping to run the Mid Yorks public consultation

A mid-term review sign-off letter from the Consultation Institute for the Mid Yorks public consultation.

Action: AS stated all clinical leads needed added on the Mid Yorkshire Consultation Summary. ME to action.

JP informed members it is around linking together the transformation programme and QiPP. PE stated there needs to be a response to each key theme out of the consultation, i.e. clear narrative as to why 200 beds are being removed and what is replacing these to ensure there is a response to all national issues.

Action: ME agreed to take these comments back to Martin Carter to include in the write up.

Action: JW asked that Bed Capacity around Quality Safety / Demand Planning is on next month's agenda, TET agreed to add.

Members noted the outcome update.

JW informed members of the next Public Board – Meeting the Challenge Mid Yorkshire Consultation event is on Thursday 25 July and stated it was critical for all board members to be present.

Action: Issues around the date, clashes with the July Clinical Cabinet meeting, query shorter Clinical Cabinet. JP to confirm.

15.2 MENTAL HEALTH - IAPT

Deanna Kirkby, Operations Manager for Turning Point/ Right Step CH and Philip Smedley presented to members on the Model IAPT. Presentation included in papers.

Members discussed around referral routes, waiting list issues and delivery to patients.

IV gave feedback from Locality 2 around inappropriate referrals, DK stated these inappropriate referrals are dealt with via the IAPT criteria / guidelines and if this is not meet they are sign posted to the appropriate place or back to the initial referrer. DK stated the system is robust around referrals and phone calls are kept with clients to ensure they get the right intervention. IV stated he would take this back to his locality.

Members thanked Deanna for attending the meeting and found the presentation very informative, insightful and helpful. DK left new leaflets for clinicians to take back to their practices.

15.3 SYSTEM ONE – EDSM

Item deferred to next meeting. CH advised members of the “go live” date of 24 July and new engagement will be taking place with practices. Members noted go live date.

16. PAPERS FOR INFORMATION

None.

17. ANY OTHER BUSINESS

Reablement Service Proposal –

JP informed members that herself and Helen Childs are working with the Local Authority on a proposal for the reablement service within the district. This service will provide up to 40 beds for patients with low clinical needs; i.e. home care and treatment input. This is being discussed at the JSCB on the 7 June (rearranged from 31 May) and HC will bring and update to the July meeting focusing on Care Closer to Home following JSCB.

JP informed members she has raised this to alert members and that the current relationship with the Local Authority and there needs to be a formal agreement through s75 and there is another piece of work currently being done around transformation i.e. reduction of length of stay, what are MYHT assuming in terms of the types of patients being sent home without care needs or with some form of care need as in treatment input.

JP asked for delegated authority from members to sign off the reablement proposal and for members to give Dr Ann Carroll (AC) and Dr Avijit Biswas (AB) the approval to sign this document off. JW stated that unfortunately we are in this position and NHS Wakefield CCG do not want to buy more beds but there are no other services currently that will counter act 40 beds worth of activity. JW stated principles will be in place and what is expected tactically to happen in the future which includes not signing up to long term funding. JW emphasised the need to be working towards long term alternative to ensure less beds and help patients become more independent.

JP / JW asked members to agree this process and to sign off this proposal. Members agreed to give delegated authority to clinical leads AC and AB to take this forward.

18. DATE AND TIME OF NEXT MEETING

Thursday 27 June 2013

09.00 – 12.00

Sandal Rugby Club, Milnthorpe Green, Standbridge Lane Sandal, WF2 7DY

HEALTH AND WELLBEING BOARD

Agenda item: 13c

Thursday, 14 March 2013

Present: **Wakefield MDC**
The Chair, Councillor Mrs Garbutt - Cabinet Member, Adults and Health
Councillor Mrs Rowley – Cabinet Member, Children and Young People
Mr J Crook – Interim Director, Family Services
Ms K Curry – Interim Service Director, Strategy and Commissioning

Dr A Furber – Director of Public Health

GP Commissioner Representatives

Dr L Kamal, GP Commissioner
Ms J Webster – Accountable Officer Clinical Commissioning Group

Also in Attendance

Ms H Laird – Joint Public Health Unit
Mr M Tolson – Governance Manager
Mr L Beresford, Head of Commissioning, Wakefield NHS
Mrs R Winstanley – Legal and Governance

91. MINUTES - 10 JANUARY 2013

Resolved – That the Minutes of the meeting of the Shadow Health and Wellbeing Board held on 23 January 2013 be approved as a correct record.

92. APOLOGIES FOR ABSENCE

Apologies for absence submitted prior to the meeting were accepted on behalf of Councillor P Box, Ms J Roney, Dr P Earnshaw, Dr A Sheppard, Dr A Carroll and A Haskins.

93. MEMBERS DECLARATIONS OF INTEREST.

The following Member of the Shadow Health and Wellbeing Board declared an Interest Other than Pecuniary:

| Name | Agenda Item No | Interest Declared |
|-------------|-----------------------|--------------------------|
| Dr J Kamal | 9 | Owens a pharmacy. |

94. ESTABLISHMENT OF THE WAKEFIELD DISTRICT HEALTH AND WELLBEING BOARD

Mr M Tolson, Governance Manager, Wakefield MDC informed the Shadow Board that the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which were laid before Parliament on 8th February 2013 provided the clarity and governance framework by which the newly constituted Board would operate.

A report to formally establish the Wakefield District Health and Wellbeing Board as a

HEALTH AND WELLBEING BOARD - THURSDAY, 14 MARCH 2013

statutory committee of the local authority with effect from 1 April 2013 would therefore be considered by full Council on 20 March 2013.

The newly constituted Board would provide the strategic partnership which would drive forward the reforms arising from the Health and Social Care Act 2012 which placed a duty on Health and Wellbeing Boards to encourage integrated working between health and social care commissioners. The Act would allow Councils and their partners to set up and run boards that suited local circumstances.

The new regulations made provisions for the disapplication and modifications of certain enactments relating to other local authority committees which aimed to provide local areas with the flexibility and freedom to shape their local Health and Wellbeing Board to best fit local circumstance. The major modifications being:-

- voting restrictions had been lifted so that non-elected members of a Health and Wellbeing Board (i.e. Clinical Commissioning Group representatives, local Healthwatch, Directors of Public Health, Officers of the Council and any wider members) could vote alongside nominated elected representatives on the Board;
- political proportionality requirements had also been lifted so that the question of political proportionality of Health and Wellbeing Board membership was left to local determination;
- the regulations under section 194 of the Act did not modify or disapply any legislation relating to codes of conduct and conflicts of interest. All voting members of the Board were therefore required to comply with the Council's Code of Conduct which required the registering of all Disclosable Pecuniary Interests (DPI) for themselves and their spouse/partner.

Mr Tolson reported that it was proposed to broaden the membership of the Board to include representatives from Mid Yorkshire NHS Trust Representative, Police and Crime Commissioner Representative, Wakefield District Housing Representative, SWYFT Representative and the Voluntary Sector. It was also proposed that the Deputy Chair of the Board be nominated by the CCG. Whilst acknowledging the benefit of the wider membership, the need to avoid duplication with other boards such as the Local Services Board was noted together with the proposed relationship with Overview and Scrutiny.

Given the strategic importance of the Board, the Chair stressed the need for Board Members to commit to attending at Board meetings and events.

Resolved - That the report be noted.

95. HEALTH AND WELLBEING BOARD - AWAYDAY

The Health and Wellbeing Board Away Day would be held on Tuesday 9 April, 2-5pm in the Old Court Room, Town Hall, Wakefield to assist the Board in understanding its priorities. The event would be facilitated by Liz Lloyd-Kendall on behalf of the NHS Leadership Academy.

Ms Curry, Interim Service Director, Strategy and Commissioning confirmed that a joint meeting would be held on 18 March with the external facilitator to discuss how the away day would be structured and delivered and how outputs would be measured. The

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session would be designed to ensure that members would come away with clear understanding of the vision and principles of the Board together with clarity around roles and responsibilities and arising from the issues raised on the day identifying what actions would need to be put in place.

96. DEMENTIA CHALLENGE

Consideration was given to a report of the Interim Service Director, Strategy and Commissioning, on the 'Dementia Challenge' which saw the National Dementia Strategy Programme Board asking Chairs of Health and Wellbeing Boards for assistance and commitment in taking forward their agenda around dementia. As requested, the Dementia Strategy Board had provided a response to the areas that the Board had been asked to consider.

The letter received from the Programme Board included a set of seven questions around dementia the responses to which were set out in the appendix to the report. .

Resolved - That comments on the proposed response be forwarded to H Laird to ensure a composite response was provided.

2) That the composite response to the Dementia Challenge be considered at a future Meeting of the Board.

97. SUPPORT FOR CARERS

Consideration was given to a report of the Interim Service Director, Strategy and Commissioning on a briefing paper developed by the Yorkshire and Humber Health and Wellbeing Collaborative in relation to support for carers.

The increase in the number of people providing unpaid care in the District was higher than the increase nationally, and the number of carers was increasing at a faster rate than population growth. An aging population also had further implications on the numbers of people who would ultimately require care be it paid or unpaid.

A 2011 study by the University of Leeds had calculated that the economic value to the country of the support that unpaid carers provided was in excess of £119 billion a year which was more than the annual cost of running the NHS. More than a quarter of the unpaid carers in Yorkshire and the Humber were providing in excess of 50 hours care per week. Investing in support to carers had the potential to reduce or hold down costs to the health and care system. Conversely, failure to support carers was likely to result in increased demand for statutory services

The Government had renewed the National Carers Strategy in 2010 and prioritised several areas including supporting carers to remain physically and mentally well, enabling those with caring responsibilities to fulfil their educational/employment potential and enabling carers to have a family and community life. The Wakefield District Carers Strategy would be reviewed in 2014 and would provide the opportunity for the Health and Wellbeing Board to feed into the process ensuring that carers remained a Board priority and identify how it could do more and take forward with its wider partners.

Resolved – That the report be noted and that feedback on the checklist be submitted to a future meeting of the Health and Wellbeing Board.

98. END OF LIFE CARE - BRIEFING.

Consideration was given to a report of the Interim Service Director, Strategy and Commissioning on a briefing paper developed by the Yorkshire and Humber Health and Wellbeing Collaborative in relation to End of Life Care.

Whilst nationally 60-70% of people would prefer to die at home, only one fifth of deaths were actually at home. The 'Transforming Palliative and End of Life Care Strategy 2011-2016' would offer patients a choice of where to die and hoped to allow 60% of the population to die at home if they so wished. Wakefield Council had volunteered for a pilot in End of Life Care to involve social workers in the planning of this at an early stage. This was a difficult subject for a lot of people, however, very important to discuss. The paper was a working toolkit in which it was hoped to get many more groups involved in, therefore increasing the knowledge and experience.

A strategic approach to identifying and planning changes to service delivery is required to enable improvements in EoLC in all settings and services across health and social care. This required health and social care to work effectively together alongside third sector and voluntary organisations to provide a coordinated responsive service that will meet individual needs.

Health and Wellbeing Boards are ideally placed to ensure that EoLC remained high on the agenda in the assessment, planning and commissioning of services; the JSNA included a vision and outcomes for people approaching the end of life and their carers; effective plans were in place within the Local Authority and Clinical Commissioning Groups to commission the services needed to improve EoLC; current service provision was challenged and partnership working and the coordination of services across local authority, health, third sector and voluntary organisations is strongly promoted by leaders; and the views of the local Health Watch are taken into account in the planning for EoLC

Ms Webster advised that in 2012, the end of life pathway had become a strategic priority resulting in the opening up of local hospices 24 hours a day so patients could go there rather than hospital which was now felt clinically inappropriate in some cases. The PCT now asked patients where they wanted to be and the Yorkshire Ambulance Service had implemented a pathway that enabled emergency crews to avoid transporting EoL patients to A & E.

These were two of several initiatives created in the region which also included EoLC education and training being delivered to 800 care home managers and EoLC champions, an EoLC report for benchmarking across the area, funding for clinically based education and training for clinical teams and a single form implemented across the SHA entitled DNACPR (Do Not Attempt Cardiopulmonary Resuscitation). Ms Webster felt that the paper was a great start and looked forward to joined up working in the future with partnership organisations in order to bring all ideas together.

Resolved - That the report be noted.

99. PHARMACEUTICAL NEEDS ASSESSMENT

Consideration was given to a report of the Director of Public Health which advised that from 1 April 2013, the Health and Wellbeing Board would have a statutory responsibility

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to publish a Pharmaceutical Needs Assessment (PNA) and supplementary statements explaining changes in provision. It was a legal duty of the Health and Wellbeing Board to ensure the suitability of the PNA and publish any supplementary statements outlining changes.

The aim of the PNA was to provide a coherent account of the commissioning environment for pharmaceutical services within the District now and in the future. NHS Wakefield District had published its first PNA document in 2009 and a new draft had been prepared for comment before it was published for wider consultation.

The PNA would primarily assist decisions regarding future pharmacy applications aiding the decision making process for the Pharmacy Application Panel. Supplementary sections could be added to the PNA to reflect any change in position or future identified need. The document would however be reviewed every three years.

Resolved – 1) That the report be noted.

2) That the contents of the Pharmaceutical Needs Assessment be agreed and published for consultation.

3) That the NHS Commissioning Board Local Area Team ensure that the Board were informed of any changes to the PNA.

4) That the Board would ensure the PNA was up to date, including the publishing of supplementary statements of any changes.

100. UPDATE ON CLINICAL COMMISSIONING GROUP STRATEGIC PLAN

Consideration was given to a report of the Chief Officer, NHS Wakefield CCG.

The Chair welcomed Lee Beresford, Head of Commissioning, Wakefield NHS to update the Board on the progress of the Clinical Commissioning Group Strategic Plan.

NHS Wakefield Clinical Commissioning Group (CCG) was required to produce a strategic plan for 2013/14 as a condition of its establishment and authorisation as a statutory NHS body. The deadline for submission of the final version to the NHS Commissioning Board was 5 April 2013.

In line with the duties introduced by the Health and Social Care Act 2012, NHS Wakefield CCG was involving the Health and Wellbeing Board in the preparation and revision of the strategic plan. The Board was specifically asked whether the plan had taken account of the local Health and Wellbeing Strategy.

The plan had previously been presented in early draft form at the January 2013 Shadow Board meeting and had been subject to recent consultation with patients, the public and local practices and some of the feedback from this process had been incorporated with some further tweaking required prior to submission.

The Shadow Board welcomed the document which supported the priorities of the JNSA. The Health and Wellbeing Board would hold the CCG to account in delivering the outcomes and it was intended to bring forward a delivery framework during the first quarter. Members of the Board were clear that a holistic approach to health and social care assessment together with a clear joined up pathway would positively improve

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outcomes and patient experience.

Resolved – That the NHS Wakefield Clinical Commissioning Group Strategic Plan 2013/14 be noted.

101. MID YORKSHIRE HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME - MEETING THE CHALLENGE

Consideration was given to a report of the Chief Officer, NHS Wakefield CCG who updated the Board on the progress of the Mid Yorkshire Health and Social Care Transformation Programme – Meeting the Challenge.

Ms Webster advised that the challenge for the NHS was to improve the whole outcome for patients ensuring the delivery of safe and sustainable services for the people living in the Wakefield District. The Health and Social care system across Wakefield and North Kirklees would be enhanced with early identification as to what patients caring needs were and give better access to good healthcare. The 'Meeting the Challenge' programme was now out to public consultation until 31st May 2013. It was acknowledged that there had been a significant amount of anxiety at public meetings held in Wakefield and Dewsbury with legitimate questions asked. .

Around 70% of hospital attendees did not need to be treated in hospital and as such there was an identified need to improve access to more flexible primary care and community health services together with educating patients to access treatments through these community services. Community Health and it's delivery were central to the Transformation Programme freeing up acute hospitals to treat patients with more serious problems. Work would also be carried out on preventing illness and tackling risk factors such as obesity and smoking.

The communications and engagement strategy to support the programme has been strongly endorsed by the Strategic Health Authority, which had also signed off the consultation documents. The consultation leaflet would be distributed to all households in the area.

Resolved – That the report be noted and the Transformation Programme be included as a standing item at future meetings.

102. FUTURE MEETINGS OF THE HEALTH AND WELLBEING BOARD

The Committee noted that the dates for the future Meetings of the Board were as follows for the 2013/14 Municipal year:

Thursday 20 May
Thursday 18 July
Thursday 12 September
Thursday 14 November
Thursday 16 January 2014
Thursday 13 March

Resolved – That the dates set out above for future meetings of the Wakefield District Health and Wellbeing Board be approved.

