

### Agenda Item 3

#### Governing Body

**Minutes of the Meeting held at 2.00pm on  
Thursday 30 November 2017 in the Board Room, Sanger  
House, Gloucester GL3 4FE**

<b>Present:</b>		
Dr Andy Seymour ( <i>Chair</i> )	AS	Clinical Chair
Dr Hein Le Roux	HLR	Deputy Clinical Chair
Mark Walkingshaw	MW	Director of Commissioning Implementation and Deputy Accountable Officer
Alan Elkin	AE	Lay Member – Patient and Public Engagement and Vice Chair
Helen Goodey	HG	Director of Locality Engagement and Primary Care
Dr Caroline Bennett	CBe	GP Liaison Lead – North Cotswolds Locality
Ellen Rule	ER	Director of Transformation and Service Redesign
Kim Forey	KF	Joint Director of Integration
Joanna Davies	JD	Lay Member – Patient and Public Engagement
Peter Marriner	PM	Lay Member - Business
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Dr Alan Gwynn	AG	GP Liaison Lead – South Cotswolds Locality
Colin Greaves	CG	Lay Member - Governance
Dr Will Haynes	WH	GP Liaison Lead – Gloucester Locality
Dr Lawrence Fielder	LF	GP Liaison Lead – Forest Locality
Cath Leech	CL	Chief Finance Officer
Dr Sheena Yerburgh	SY	GP Liaison Lead – Stroud and Berkeley Vale
Dr Jeremy Welch	JW	GP Liaison Lead – Tewkesbury Locality
Sarah Scott	SS	Director of Public Health, GCC
Dr Lesley Jordan	LJ	Secondary Care Doctor
<b>In attendance:</b>		
Zoe Barnes	ZB	Corporate Governance Support Officer
Christina Gradowski	CGi	Associate Director of Corporate Governance
Robert Mauler (Item 10)	RM	Senior Quality and Safety Manager
Michael Richardson (Item 6)	MR	Deputy Director of Nursing, Gloucestershire Care Services NHS Trust
There were no members of the public present.		

## **1 Apologies for Absence**

- 1.1 Apologies were received from Margaret Willcox (MWi), and Mary Hutton (MH).
- 1.2 The meeting was confirmed as quorate.

## **2 Declarations of Interest**

- 2.1 There were no declarations of interest made.

## **3 Minutes of the Meeting held on Thursday 5 October 2017**

- 3.1 The minutes of the meeting held on Thursday 5 October 2017 were approved as an accurate record, subject to the following minor amendments:
- The addition of CBe and LJ within attendance;
  - Recommendation at point 7.12 to read 'Accountable Officer's Report';
  - Point 8.13 to be reworded to reflect that this issue was regarding the 2 Week Wait target for breast cancer.

*HG joined the meeting at this point.*

## **4 Matters Arising**

- 4.1 **27/07/2017 Agenda Item 8.8 Cancer Performance** – ER confirmed that a 2 week wait cancer performance update and further detail on this was included within the performance report at agenda item 9. **Item closed.**
- 4.2 **5/11/2017 Agenda Item 8.21 No Cheaper Stock Option Drugs (NCSO)** - MAE provided an update and advised that the list was difficult to pull together as the no cheaper stock option drugs were regularly changing; however the financial impact was significant and important to note. JW queried if updates could be uploaded onto G Care to notify GPs as these drugs were identified, if a full list could not be provided. AS advised that conversations had been held with clinical pharmacists with the involvement of the Medicines Management lead to discuss how to manage the issue. MAE confirmed that more drugs were frequently coming through and JW

queried what these were. MAE agreed to ask Teresa Middleton to look into this issue further. **Item to remain open.**

## **PQ Public Questions**

There were no questions received from the public.

## **5 Patient's Story**

5.1 MR was welcomed to the meeting from Gloucestershire Care Services NHS Trust (GCS) and gave an introduction to a video which provided an overview of a success story from the work of the Integrated Community Teams (ICTs).

5.2 MR advised that ICTs were made up of a range of professionals including physiotherapists, occupational therapists and reablement workers, who were able to provide more personalised care for patients to support rehabilitation. There were reported to be 5000 individuals on the ICT case load and the film provided testament to the good work delivered by the teams but also to Philip Bevan, a patient who had benefited significantly from the service, with the help of his own motivation. The video can be accessed [here](#).

5.3 AS thanked MR for attending and asked for questions from members.

5.4 JC noted that the story was great to see and wondered what was next for Philip Bevan, and for others who benefit from the service. MR advised that he was optimistic that next year would continue to see more benefits to patients as a result of joined up partnership working within the Sustainability and Transformation Partnership (STP) and also the joining together of GCS and 2Gether NHS Foundation Trust (2G).

## **6 Clinical Chairs Report**

6.1 AS presented the Clinical Chair's report which highlighted key issues arising during October and November 2017.

6.2 AS discussed the key points from his report and noted the event held for Locums, organised by the primary care team which was a great success and attended by over 70 GPs. This event gave opportunity for these GPs to receive some mandatory training as

well as clinical and CCG updates. Positive feedback had been received from the event therefore it had been planned to repeat it.

- 6.3 AS highlighted the premises update and advised that a number of developments were underway including new building work in Stow on the Wold, new surgery developments in Kingsway and also improvements at Hadwen Medical practice and Bishops Cleeve. AS confirmed that he would keep members informed on the progress of the Stow facility and other premises developments as this continued to grow.
- 6.4 AS noted that the West of England Academic Health Science Network (WEAHSN) and the CCG had been named the winner in the Anticoagulation achievement awards, for demonstrating adherence to the NICE quality standards for atrial fibrillation. ER added that the team had put in lots of hard work to achieve this. The award was presented at the House of Commons on 11 October 2017.
- 6.5 AS highlighted the work around winter planning, and the winter briefing produced with the help of JW, who was also featuring in videos that have been publicised as part of the ASAP campaign.
- 6.6 AS requested comments from the Governing Body and none were received.
- 6.7 **RESOLUTION: The Governing Body noted the Clinical Chair's report.**

## **7 Accountable Officer's Report**

- 7.1 MW presented the report in the absence of MH and highlighted the key issues from October and November 2017.
- 7.2 MW updated members on the Sustainability and Transformation Partnership (STP) workforce programme which had been set up to ensure that the right people and resources were in place to ensure delivery of the STP.
- 7.3 MW highlighted section 3 regarding Hot Topics, a conference held in partnership with Gloucestershire County Council covering a range of healthcare issues. MW advised that this was important in supporting better working together.

- 7.4 MW also underlined the following issues from the report:
- 7.4.1 Flu vaccination programme underway which was critical for winter preparation. There was more to do however good progress had been made.
  - 7.4.2 The measles outbreak in Gloucestershire which was mainly concentrated in the Stroud District. It was noted that MAE had presented a more detailed report on this issue at the Primary Care Commissioning Committee (PCCC) that morning.
  - 7.4.3 Quality initiatives to reduce infection in the county, in particular Clostridium Difficile and Urinary Tract Infection caused by E Coli.
  - 7.4.4 Launch of a high profile campaign (ASAP) for winter preparation with JW and other staff featuring in videos. This had been well received by the public.
- 7.5 MW advised that performance in meeting the 4 hour Emergency Department target had been sustained following notable improvements in performance during the end of October and into November.
- 7.6 MW highlighted the consultations underway and highlighted the consultation regarding Community Hospitals in the Forest of Dean. There was also a consultation around the non-emergency patient transport services (NEPT) eligibility review. MW added that the purpose of this consultation was to seek the views of the public in terms of how resource should be used and detail would be brought back to the Governing Body in due course.
- 7.7 MW noted the remaining sections of the report covering procurement, planned care, learning disability, and employment updates and requested comments and questions from members.
- 7.7.1 JC highlighted winter pressures, and noted the additional investment additional nursing home capacity however queried what clinical governance arrangements had been put in place for this. MW confirmed that this was a jointly funded with the Improved Better Care Fund (IBCF), and that MAE had been working with the urgent care team to ensure effective governance arrangements. MAE advised that there were individuals being placed out of

hospitals therefore there was a need for assurance of the continued care of these patients. A meeting had been held that morning to discuss and a more detailed assessment was taking place by the Rapid Response team who were working on the issue.

7.7.2 JC queried who was doing the assessments of care for the two patients placed in Gloucestershire from Berkshire, as discussed at point 14.2 of the report. KF advised that funding had been secured as part of the agreement with Berkshire CCG for a Case Manager and meetings would be held with the families of the patients. It was noted that there was awareness of the learning from Winterbourne View.

7.7.3 PM noted the flu target and queried if there was more that the CCG could do to get better uptakes of the vaccine. MAE confirmed that all three provider Trusts had gone above and beyond to ensure high uptakes and were still vaccinating to date. However MAE requested that the public were further encouraged as it was never too late to get vaccinated. MAE advised that patients would also be given a leaflet when they collect medications from GP surgeries as further methods of communicating.

7.7.4 AS wished to note that the reported flu outbreak levels in Australia may not have been as bad as had been expected, and more cases may have been identified due to a heightened media campaign. SS added that Britain had a better programme in place for children (in schools) which was not the case in Australia.

7.8 **RESOLUTION: The Governing Body noted the Accountable Officer's update.**

## **8 Performance Report**

8.1 MW presented the performance report as at month seven. The report had been aligned to the NHS England assurance process across four domains:

- Better Health,
- Better Care,
- Leadership and
- Sustainability

### **Better Care**

- 8.2 MW noted the improved performance in the ED 4 hours position to 95.9% however advised that there was no room for complacency. MW also highlighted full delivery against the Delayed Transfers of Care (DToC) and diagnostics access targets. MW advised that quarter 3 and 4 improvement plans would be focusing on recovering cancer performance with diagnostics and RTT in particular.
- 8.3 MW discussed ED performance further noting the dramatic improvement over the last 4 weeks, showing full delivery for November. MW advised that there were a number of contributing factors including better working together across the system. Performance had also been maintained across the system into the weekends. Members commended Gloucestershire Hospitals NHS Foundation Trust (GHT) and other system partners for their efforts in improving performance.
- 8.4 It was advised that there had been full delivery of 2.1% against the target in DToC in September. MW confirmed that Diagnostics had also been met in full for October.
- 8.5 MW reported that Improving Access to Psychological Therapies (IAPT) performance for quarter 1 and 2 had been achieved against the recovery rate however further work was required in relation to the access target.
- 8.6 MW requested comments from members on the Better Care section of the report.
- 8.6.1 SY queried what was behind the improvement in diagnostics performance. MW advised that a number of the vacancies in audiology had been filled and waiting lists had improved in endoscopy due to new clinics undertaking urgent 2 week wait appointments.
- 8.6.2 JC noted the IAPT improvements and congratulated KF and Karl Gluck for their work on this. KF advised that the team had been working very closely with 2gether NHS Foundation Trust colleagues and there was a robust plan in place for delivery. It was also advised that the way performance was measured had been adjusted to make the CCG comparable with others, following negotiations with NHSE.

## **Leadership**

- 8.7 ER presented the cancer performance data and noted that this area remained challenging however was starting to show signs of improvement in an audit, outcomes of which were brought to a Governing Body Business Session on 16 November.
- 8.7.1 ER advised that the 2 week wait target in breast cancer had improved and there were a number of actions in place to assist other improvements in cancer such as confirmation of national cancer recovery funds predominantly being used to ?additional capacity, and further capacity was also being looked into to support CT.
- 8.7.2 ER highlighted the IST review of cancer services management processes which had given assurance that the Trust had a firm grip on patient management processes.
- 8.7.3 ER confirmed that the straight to test lung pathway project had been agreed, although this was not yet live implementation actions were well underway.
- 8.7.4 Further actions to improve the service included a new 2WW leaflet and GP checklist to optimise the use of appointment slots, and more individual cancer site actions such as additional GPs trained in urology resulting in additional lists available for October and November.
- 8.7.5 It was advised that there had been a refresh of the approach to the cancer service by GHT including the strengthening of the Cancer Management Board. There was a feeling of more robust arrangements and good engagement received by the CCG. The CCG project manager had been working closely with the Trust to help drive improvements. HLR added that the clinical engagement had really improved.
- 8.7.6 AE highlighted the 102 breaches in skin cancer performance. ER advised that the work within colorectal was intended to have an impact on this.
- 8.7.7 JC applauded the work completed to date however observed that performance had dipped in August. ER advised that this was likely to be due to more long wait patients being seen as part of catch up work.

## **Sustainability**

- 8.8 CL presented the sustainability domain and advised that the CCG remained on plan to achieve the forecast position at year end which would lead to a cumulative surplus of £17,249K.
- 8.9 CL advised that the system risk reserve remained uncommitted.
- 8.10 CL discussed the current pressures starting with prescribing, in particular No Cheaper Stock Option Drugs (NCSO) in which there was an overspend relating to this issue. It was noted that as this was a national issue there were mitigations expected however it was still important to remain cautious. CL advised however that prescribing as a whole was showing good indications of improvement particularly in Gluten free and SIP feeds.
- 8.11 CL described the performance of other out of county contracts. Contracts were broadly on plan but there were some issues including a continued overspend in Great Western Hospitals NHS Trust (GWH) within urgent care. The CCG were meeting with the Trust to discuss the position.
- 8.12 It was reported that the Better Payment Practice Code (BPPC) was still being achieved.
- 8.13 HLR queried if there would be opportunity to access the quality premium in the next financial year. CL advised that the QP was minimal in comparison to previous years due to performance issues, and the CCG only achieving one of the four performance gateways. The CCG was recovering performance however would still not achieve all of the required gateways. CL confirmed that discussions were underway with STP partners on how to manage the issue.
- 8.14 PM queried if there had been assessment on the effect of the Budget on the CCG finances. CL advised that some information had been received, and some funding would be retained by NHSE for national initiatives being given to specific areas for winter planning.
- 8.15 JW queried what the timeframe was for submitting bids against the additional winter funding. MW advised that a call was held with NHSE and NHS Improvement on the 29 November regarding

funding in ED performance and proposals were subsequently being pulled together quickly. This would be non-recurrent resource that would have to come out of the system in the new year.

- 8.16 AS highlighted section 2.4 of the report and noted that it was encouraging to see that 9 out of the 12 domains had been achieved, however noting that Diabetes was showing poor performance. It was suggested that this may be linked to frailty management and the reduction in threshold adherence. JW noted that the data was from 2015/16 and queried if there was any more up to date information. ER confirmed that this was a national data source.
- 8.17 CBe noted point 3.1, and the key actions around 4 hour A&E and advised that the direct referrals from ED general practitioner admissions to the acute care unit were partially live. It was confirmed that this service would be contributing to the improved performance in this area.
- 8.18 JC raised concerns that the Continuing Healthcare (CHC) assessments completed in 28 days performance was still showing poor performance, and queried what actions were in place. KF advised that there was a focus on reducing new people coming through; however legacy cases were still impacting on the figures. KF confirmed that the majority of Previously Unassessed Periods of Care (PUPoC) cases were now closed.
- 8.19 MW advised that it was important to reference GCS performance as at point 3.10. Work was ongoing to monitor vacancies and recruitment within District Nursing services, and a series of actions had also been agreed around community hospital length of stay and discharges. MAE added that a meeting had been held regarding band 6 vacancies as a result of nurses leaving the service in favour of more attractive roles. It was advised that regular meetings would be instigated with the Trust again as these proved supportive when the issue arose previously.
- 8.20 SY requested further information on the Parkinson nursing performance which had significantly fell to 33.3% for September. It was advised that Debbie Clark would have more information and would clarify.
- 8.21 WH queried if there was any information available to gain

assurance of the resilience of local Nursing Homes. KF advised that there was an enhanced brokerage function in place jointly with the Council, and daily contacts were made with Nursing Homes as part of this by the Care Home support team. KF provided that there had been no spikes in closures but noted that there were other homes outside of these to consider.

#### **8.22 RESOLUTION: The Governing Body:**

- **Noted the performance against local and national targets and the actions taken to remedy the current performance position;**
- **Noted the financial position as at month 7;**
- **Noted the risks identified in the Sustainability section;**
- **Noted the progress on the savings schemes.**

### **9 Sustainability and Transformation Partnership Update**

- 9.1 ER presented the STP report which provided an update on progress across the priority programmes, and the one place programme. ER advised that the STP was moving towards the end of its first year, and the report gave an overview of each programme, each completing a breadth of work. There was also more of a feel of shared ownership across the system which was positive.
- 9.2 ER highlighted the Clinical Programme approach and noted that this linked to the information included within the Accountable Officer's report.
- 9.3 ER noted the Enabling Active Communities update as per section 3 and advised that the Community Wellbeing Service was now live, with Community Wellbeing agents active in Gloucestershire. ER added that there had been positive feedback received at the Pain management event around Social Prescribing.
- 9.4 ER advised that there were locality led 'Models of Care' pilots progressing, leading to the formation of 16 locality clusters across the county for example, the community dementia nurse pilot in Stroud.
- 9.5 ER highlighted the housing and health outcomes section of the report and noted the joint housing action plan with partners, and the hard work undertaken by Mary Morgan.

- 9.6 ER discussed urgent care, noting the performance improvement as advised within the performance report. ER also noted that winter planning had commenced and a hot advice line supported by 'hot clinics' to support appropriate admission avoidance.
- 9.7 It was advised that positive work had been completed around medicines optimisation as part of the reducing clinical variation programme. This had resulted in a £250k decrease in spend.
- 9.8 ER also highlighted the following from the enabling programmes:
- Workforce and organisational development
    - Investments received from Health Education England for urgent care
    - New social partnerships forum
    - Primary care strategy including extension of access
    - Quality Academy, a significant number of staff had joined
- 9.9 Members were informed that it was intended that a refresh of the public documents regarding the STP would be produced through December to provide an update on the year to date.
- 9.10 SY queried the reduction in pain prescribing. ER advised that the figures were showing a reduction however this was not including Pregabalin.
- 9.11 HLR highlighted the quality academy events and advised that it was positive to attend and see many other primary care colleagues also in attendance.
- 9.12 ER presented annex A, the update report on Transforming Urgent and Emergency Care and Centres of Excellence, and highlighted the key issues.
- 9.13 ER noted the challenges including a growing population with more complex needs, increasing demand for services and pressure on finances.
- 9.14 ER described what the specialist emergency care services project was intending to achieve in line with national strategy to improve urgent and emergency care. There were ambitions to increase calls through NHS 111 online, and also to improve GP access. HG

confirmed that the CCG was performing well against this target.

9.15 ER discussed the STP engagement activity noting that a good level of response had been received with 1299 face to face contacts and 638 completed surveys. ER outlined what people had said in response to the survey including the most important things to people which were around the expertise they get to see, with 59% of people saying this would be the most important thing for them.

9.16 ER summarised the principles for urgent and emergency care which were:

- We believe that wherever possible, care should be provided in the person's own home, in the GP surgery or in the community.
- Where people have more serious illness or injuries, they should receive treatment in centres with the right facilities to maximise chances of recovery.

9.17 ER discussed 'Centres of Excellence' and noted that there was strong support from the public on the principle of developing these as part of the STP public conversations.

9.18 ER described the next steps including continued engagement with clinicians, patients, staff and partners, discussions with the health and care overview and scrutiny committee and NHS England. ER confirmed that the CCG could not formally move to consultation until the assurance process was complete, and advised that she would keep the Governing Body informed on progress.

9.19 JC noted that the update was useful.

**9.20 RESOLUTION: The Governing Body noted the contents of the report.**

## **10 Patient Safety Update – Signing up to Safety Briefing**

10.1 RM attended the meeting to provide an update by way of presentation on the Sign up to Safety initiative around patient safety.

10.2 RM advised that it had been 1 year since the CCG 'signed up to safety' and was the first CCG to do so. In addition, Minchinhampton

Surgery was the first GP Practice in the UK to sign up to safety.

- 10.3 RM highlighted the pledges as described within the report with the key pledge being 'collaborate'.
- 10.4 RM described the West of England Academic Health Science Network (WEAHSN) roll out of the National Early Warning Score (NEWS) to all care settings including primary care. JC noted that this was easy to use when seen on the ward.
- 10.5 RM advised that the Quality team had set up a Gloucestershire 'Leaders of Safety' group with leads identified from all partners encouraging collaborative work. An example of good work included a meeting between the GCS and 2Gether leaders of safety to discuss risk management.
- 10.6 RM reported that localities had been visited as part of promoting quality alerts and provides an opportunity to myth bust and help understanding of the difference between quality alerts and the National Reporting and Learning System (NRLS).
- 10.7 RM advised that 11 NRLS reports had been received since April from a baseline of 0 therefore there was a positive improvement. GPs also receive a report back when they submit a report which was helpful.
- 10.8 JC commended the work and AS echoed this noting that HLR was actively promoting patient safety in the system. MAE added that the CCG had received a Nursing Times award for patient safety.
- 10.9 **RESOLUTION: The Governing Body noted the progress of the Sign Up to Safety programme.**

## **11 Assurance Framework**

- 11.1 CL presented the assurance framework paper which provided details of the assurances regarding the significant risks to the achievement of the CCG's objectives.
- 11.2 CL advised that CGi had produced the report and had updated the format, which would be presented to the IGQC on 14 December 2017 and brought back to Governing Body on 25 January 2018. The report now detailed what had changed from the previous

month.

11.3 CL highlighted the remaining red risks as per section 2.5 and requested comments from members.

11.4 AS noted that the report was easier to read.

11.5 JC recognised that there was detail missing in the gaps in control on the attached Assurance Framework. CGi advised that there was some work to do with teams on finalising arrangements for ownership of departmental risk registers. CGi had offered training to all teams following some confusion around what was required.

11.6 **RESOLUTION: The Governing Body noted the paper and the attached Assurance Framework.**

## **12 Integrated Governance and Quality Committee Minutes**

12.1 JC advised members that a new quality framework was in development, and at the last IGQC meeting the group had received an in depth report on C Difficile, and the Care Home Support Team annual report.

12.2 The Governing Body noted the minutes from the meeting held 17 August 2017 which were provided for information.

12.3 **RESOLUTION: The Governing Body noted the minutes.**

## **13 Primary Care Commissioning Committee minutes**

13.1 The minutes from the meeting held on 27 July 2017 were provided for information.

13.2 It was noted that the team were looking into rearranging PCCC meetings to allow sufficient reading time and so that the committee can report into Governing Body more efficiently.

13.3 **RESOLUTION: The Governing Body noted the minutes.**

## **14 Any Other Business**

14.1 There were no items of any other business.

The meeting closed at 3:42pm.

**Date and Time of next meeting: Thursday 25 January 2018 at 2pm in the Board Room at Sanger House.**

Minutes Approved by Gloucestershire Clinical Commissioning  
Group Governing Body:

Signed (Chair): \_\_\_\_\_ Date: \_\_\_\_\_

FOR APPROVAL

Agenda Item 4

Governing Body  
Matters Arising – January 2018

Item	Description	Response	Action with	Due Date	Status
5/11/2017 Agenda item 8.21	No Cheaper Stock Option Drugs (NCSO)	There was discussion around the financial impact of NCSO drugs and GP awareness at the point of prescribing. It was advised that a list of drugs not available could be provided to GPs and it was agreed that this would be useful. <b>30/11/2017</b> – MAE advised that the list was difficult to pull together as the NCSO drugs were regularly changing. JW queried if updates could be uploaded onto G Care and AS advised that conversations had been held with the Medicines Management team on how to address the issue. MAE agreed to ask Teresa Middleton, Medicines Management Lead, to look into this further.	MAE	25 Jan 2018	MAE to provide update
30/11/2017 Agenda Item 8.20	Parkinson Nursing performance	SY requested further information on the Parkinson Nursing performance which had significantly fell to 33.3% for September. It was advised that Debbie Clark would have more information and would clarify.	KF/DC	25 Jan 2018	For clarification

## Agenda Item 6

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Report Title</b>	<b>Clinical Chairs Update Report</b>
<b>Executive Summary</b>	This report provides a summary of key updates and issues arising during December 2017 and January 2018.
<b>Key Issues</b>	The key issues arising include: <ul style="list-style-type: none"> <li>• <b>Improved Access Cluster Pilots</b></li> <li>• <b>Primary Care Premises update</b></li> <li>• <b>Conclusion of APMS tender process</b></li> <li>• <b>CQC inspections – primary care</b></li> <li>• <b>Key meetings attended during December 2017 and January 2018</b></li> </ul>
<b>Risk Issues: Original Risk (CxL) Residual Risk (CxL)</b>	None
<b>Management of Conflicts of Interest</b>	None
<b>Financial Impact</b>	None
<b>Legal Issues (including NHS Constitution)</b>	None
<b>Impact on Health Inequalities</b>	None
<b>Impact on Equality and Diversity</b>	None
<b>Impact on Sustainable Development</b>	None
<b>Patient and Public Involvement</b>	Not applicable
<b>Recommendation</b>	The Governing Body is requested to note this report which is provided for information.
<b>Author</b>	Dr Andy Seymour
<b>Designation</b>	CCG Clinical Chair
<b>Sponsoring Director (if not author)</b>	

## Agenda Item 6

### Governing Body

### Clinical Chairs Report

Thursday 25 January 2018

#### 1 Introduction

- 1.1 This report provides a summary of key updates and issues arising during December 2017.

#### 2 Primary Care update

##### 2.1 Improved Access cluster pilots

Our initial four Improved Access cluster pilots continue to develop. The cluster pilots deliver access to primary care appointments until 8pm at night during weekdays, with further provision on Saturdays and Sundays; encompassing innovative models of delivery. In November, the latest month for which we have verified figures, an additional 396 appointments were provided across the pilots. As well as delivering their core provision the pilots are recruiting other members of staff to expand the Primary Care workforce including paramedics, physiotherapists, mental health nurses and advanced nurse practitioners.

- 2.2 We continue to work with STP partners in developing a joined up, integrated approach to implementing these new roles to avoid de-stabilising any one area of our system. The remaining 12 clusters are all finalising their delivery plans to go live between February and the end of March. GDoc, the local federation company, will continue to offer Choice+ appointments for those clusters that are not pilot sites.

- 2.3 Gloucestershire's Primary Care Workforce Strategy is under development and will be presented to the Primary Care Commissioning Committee (PCCC), at its meeting on 25 January, and Governing Body on 29 March 2018. Delivery of the interventions within the strategy will be crucial to

ensuring the significant workforce growth required to meet the Office of National Statistics (ONS) population projections and associated consultation growth.

- 2.4 In my last two Chair reports, I updated on the 35 practices participating in the Productive General Practice programme. In mid December practices came together to share their learning with each other. I was hugely impressed by the energy and enthusiasm of participants and by the changes they are making in their practices as a result. For example, Matson and Gloucester Health Access Centre have taken the opportunity to look at a new sustainable delivery model including telephone consultations (based on the London model), a focus on reducing isolation for those working at Matson, expanding the variety of professional team members and patient care navigation via an internal service directory.

### **3 Primary Care premises update – Cleavelands medical centre**

- 3.1 The CCG has made significant financial investment to improve, modernise and expand primary care facilities in the county and in this reporting period building work has started on a new medical centre to the north of Cheltenham, on the new housing estate at Cleavelands in Bishop's Cleeve. Cleavelands Medical Centre will see Seven Posts Surgery in Prestbury and Greyholme Surgery in Cleeve's village centre come together on the new site, with the two original surgeries closing shortly afterwards. The two surgeries currently provide care to over 10,300 patients, and with further housing planned for the area, the new larger surgery's total number of patients is set to rise over the next few years.

The new building, which will take around 12 months to complete, will be built to modern, spacious, comfortable specifications which offer around 1,100 square metres of space. It will have 14 clinical rooms, including consulting and nurse treatment rooms, as well as a suite for minor operations and an onsite pharmacy.

### **4 Conclusion of APMS tender process**

- 4.1 The tender process for our ten year contract to deliver an APMS Primary

Care Medical List and an Urgent Primary Care Centre has concluded and the CCG will proceed to contract award with Gloucester GP Consortium Ltd. The Primary Care team will now work with Gloucester GP Consortium Ltd to mobilise the service in readiness for 5<sup>th</sup> May 2018. The Urgent Primary Care Centre will provide 17,520, 15 minute appointments between 8am to 8pm, 365 days a year for all patients whilst the Primary Care Medical List will serve 6,285 patients living in Gloucester City.

## 5 Care Quality Commission (CQC) inspections

- 5.1 During this reporting period, CQC inspections reports have been published for Walnut Tree practice in Dursley and Royal Crescent Surgery in Cheltenham. The Practices were awarded Outstanding and Good respectively.

## 6 Key meetings

- 6.1
- 11<sup>th</sup> December – Allied Rapid Reaction Corps at Gloucester Cathedral
  - 13<sup>th</sup> December – Workshop – One Place Locality Urgent Treatment Offer, Brockworth
  - Thursday 14<sup>th</sup> December – Leadership Gloucestershire, Shire Hall
  - Tuesday 19<sup>th</sup> December – One Place Programme Mental Health Workshop, Star College
  - Thursday 28<sup>th</sup> December – Meeting with Sean Elyan at Cheltenham General Hospital
  - Monday 8<sup>th</sup> January – STP Clinical Leads Conference WebEx teleconference
  - Tuesday 9<sup>th</sup> January – Health and Care Scrutiny Committee, Shire Hall
  - Thursday 11<sup>th</sup> January – LMC Main Meeting, Gloucester Farmers Club
  - Monday 15<sup>th</sup> January – One Gloucestershire Service Reconfiguration progress meeting / planning stage 2
  - Monday 15<sup>th</sup> January – STP Progress and Development Meeting
  - Monday 15<sup>th</sup> January - Gloucestershire IAF Quality of Leadership, Sanger House
  - Tuesday 16<sup>th</sup> January – STP partners visit to Dorset CCG

- Tuesday 23<sup>rd</sup> January – Health and Well Being Board – Shire Hall
- Tuesday 23<sup>rd</sup> January – LMC Negotiators – Gloucester
- Tuesday 23<sup>rd</sup> January – STP Clinical Leads webinar – Working with Local Government.

## **7 Recommendation**

- 7.1 This report is provided for information and the Governing Body is requested to note the contents.

## Agenda Item 7

### Governing Body

<b>Meeting date</b>	<b>Thursday 25 January 2018</b>
<b>Title</b>	<b>Accountable Officer's Update Report</b>
<b>Executive Summary</b>	This report provides a summary of key updates and issues arising during December 2017 and January 2018.
<b>Key Issues</b>	<p>The key issues arising include:</p> <ul style="list-style-type: none"> <li>• <b>Enabling Active Communities</b> <ul style="list-style-type: none"> <li>○ Workplace health and wellbeing</li> <li>○ Person led approaches to behaviour change</li> <li>○ National diabetes prevention programme</li> </ul> </li> <li>• <b>Care Programme Approach</b> <ul style="list-style-type: none"> <li>○ Optimum lung cancer pathway</li> </ul> </li> <li>• <b>Community Hospitals in the Forest of Dean Outcome of Consultation Report</b></li> <li>• <b>Urgent Care update</b> <ul style="list-style-type: none"> <li>○ Emergency Department performance</li> <li>○ Additional winter funding</li> <li>○ 4 hour A&amp;E recovery plan</li> <li>○ Health &amp; social care</li> </ul> </li> <li>• <b>Planned care update</b></li> <li>• <b>Contracts update</b></li> <li>• <b>Procurement update</b></li> <li>• <b>Clinical pharmacists</b></li> <li>• <b>Staff Survey 2017</b></li> <li>• <b>Integrating health and care update</b> <ul style="list-style-type: none"> <li>○ Complex Care at Home Project</li> <li>○ South Cots Frailty Service</li> <li>○ Housing with Care Strategy</li> <li>○ Market Position Statement – domiciliary care</li> <li>○ My life, my plan</li> <li>○ Proud to care Gloucestershire</li> </ul> </li> <li>• <b>Key meetings December 2017-Jan 2018</b></li> </ul>

<b>Management of Conflicts of Interest</b>	None.
<b>Risk Issues: Original Risk Residual Risk</b>	None.
<b>Financial Impact</b>	None.
<b>Legal Issues (including NHS Constitution)</b>	None.
<b>Impact on Health Inequalities</b>	None.
<b>Impact on Equality and Diversity</b>	None.
<b>Impact on Sustainable Development</b>	None.
<b>Patient and Public Involvement</b>	None.
<b>Recommendation</b>	The Governing Body is requested to note this report which is provided for information.
<b>Author</b>	Mary Hutton
<b>Designation</b>	Gloucestershire CCG Accountable Officer
<b>Sponsoring Director (if not author)</b>	

## Agenda Item 7

### Governing Body

Thursday 25 January 2018

### Accountable Officer's Update Report

#### 1. Introduction

1.1 This report provides a summary of key issues that have arisen over the past two months since the last report was made to the Governing Body, 30 November 2017.

#### 1.2 Workplace Health and Wellbeing – Enabling Active Communities

1.3 A celebration event has been planned for the 29<sup>th</sup> January at the University of Gloucestershire that will bring together over 35 local organisations who were successful in achieving accreditation of the National Workplace Wellbeing Charter in 2017. The event will give an opportunity for each organisation to showcase how they are improving the health and wellbeing of their workforce. Work continues in developing a local healthy workplace offer and we are collaborating with South West Public Health England to support the development of new national workplace wellbeing standards that will be published in Spring 2018, and will likely be adopted across Gloucestershire.

#### 1.4 Person Led approaches to behaviour change

£130k has been secured from Health Education England to progress our programme of work that is looking to develop the skills and confidence of staff to have coaching conversations with patients and service users. Health Coaching has already been successfully delivered across the South Cotswolds, North East Gloucester and South East Gloucester. The training aims to support staff through adopting a strength based approach that empowers and activates individuals to self-care. A cross organisational group has been established to continue the roll-out training across the county in partnership with GCC and ICE Creates, the Healthy Lifestyle Provider.

## 1.5 National Diabetes Prevention Programme

Gloucester city and Cheltenham practices are actively making referrals onto the National Diabetes Prevention Programme (NDPP). The NDPP is a NHS England nationally funded initiative that aims to identify individuals at risk of developing diabetes, and referring them onto an evidence based behavioural change programme. To date there have been a total of 736 referrals across the county, representing an 18% uptake overall. Some practices are managing uptake rates of 50% and mobilisation is currently expanding to the Forest of Dean. A second press release has been issued to promote the programme to eligible patients, and celebrate the 700+ referrals made so far in Gloucestershire.

## 2. **Care Programme Approach**

### 2.1 Optimal Lung Cancer Pathway

Gloucestershire STP has secured £112k from South West Avon Gloucestershire (SWAG) Cancer Alliance to support the implementation of the National Optimal Lung Cancer Pathway. The funds will be used within the next two years for implementing a much more streamlined (suspected) lung cancer pathway. The pathway will consist of a number of elements: introduction of the South West Chest X-Ray reporting tool to ensure clear and consistent reporting in a speedy manner; 'hot' reporting of chest x-rays; and offering a CT scan following an abnormal chest x-ray within 7 days, with a gradual move towards nationally recommended 72 hours turnaround. At the collaborative meeting held on 19 December 2017, with Gloucestershire Hospitals Foundation Trust Respiratory and Radiology Clinical Leads, SWAG Clinical Director and Gloucestershire STP programme/primary care leads, it was confirmed and agreed to adopt the proposed approach as soon as possible. This will be through the implementation of a local detailed pathway design, with clear clinical protocols, workforce training and communications plan. The plan on a page to be formally submitted to the Alliance the week commencing 8 January 2018.

## 3. **Community Hospitals in the Forest of Dean – Outcome of Consultation Report**

3.1 The 12 week Community Hospitals in the Forest of Dean public and staff consultation ended on 10 December 2017. We would like to thank everyone who took part and shared their views or submitted questions whether in person, at one of the events, on-line or by completing the

survey.

The Outcome of Consultation Report has now been published and is available at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

We will review and carefully consider all of the feedback received from members of the public and staffs, before any decisions relating to the preferred option are made.

- 3.2 A full report will be considered by the Board of Gloucestershire Care Services NHS Trust and the Governing Body of NHS Gloucestershire Clinical Commissioning Group in public session on 25 January 2018 (see *GCCG GB agenda item 19*).

#### **4. Urgent Care update**

##### **4.1 Emergency Department (ED) performance**

Performance against the 4-hour target continues to be strong with December performance of 90.8%. In his role as Chair of the A&E Delivery Board the Clinical Chair has written to all system partners to thank their teams for all the hard work and commitment which made this possible. The CCG continues to work with system partners to co-ordinate delivery of the winter plan.

##### **4.2 Hospital to Home Service**

The Hospital to Home service provides a supported discharge service delivered by a selection of home care providers. Patients are discharged home, allowing for 4 visits by 2 carers for a period of 48/72 hours. The carers carry out an initial assessment at home to ascertain whether someone needs:

- Any service / support
- Straightforward home-care
- Short term intervention / reablement for up to 4 weeks.

Any ongoing care is then sourced via the integrated brokerage team. This service is available to acute and community hospitals. Radis is a countywide service while Crossroads cover the Forest of Dean.

This service is supporting around 90 people at any one time, capacity had been increasing on a gradual basis since the service commenced in May 2017. The outcomes for this service show some mixed results with around 50% of people not requiring any service and 25% requiring some

ongoing support, with the remaining either requiring a short term service or requiring further clinical intervention. Further work is being undertaken to evaluate this service.

## **5. Planned care update**

- 5.1 Gloucestershire Hospital Foundation Trust's outpatient polling range on the e-referral system has been extended to the maximum waiting time, which will help eliminate Appointment Slot Issues (ASIs). Thereby providing full visibility to GPs and patients of the waiting times for appointments across the county.
- 5.2 Gynaecology has gone live with advice and guidance on the e-referral system as of 1<sup>st</sup> December.
- 5.3 The CCG has achieved the diagnostic waiting time target for the first time since August 2016.
- 5.4 There are now new and revised IFR policies which have been approved the Integrated Governance and Quality Committee (IGQC). Providers have been notified of changes to take effect from 29 January 2018, with regard to a range of policies. The policies cover: foot surgery, female sterilisation, surgical correction of strabismus (adults), functional electrical stimulation (FES) for dropped foot, hip arthroscopy, diagnostic dilation and curettage, and acupuncture.
- 5.5 New GCare pathways published this month include:
  - Psychosis and schizophrenia - [Psychosis and Schizophrenia](https://g-care.glos.nhs.uk/pathway/404/resource/11) <https://g-care.glos.nhs.uk/pathway/404/resource/11>
  - Autism in adults - [Autism in adults](https://g-care.glos.nhs.uk/pathway/424/resource/11) <https://g-care.glos.nhs.uk/pathway/424/resource/11>
  - Eating disorders - [Eating disorders](https://g-care.glos.nhs.uk/pathway/411/resource/11) <https://g-care.glos.nhs.uk/pathway/411/resource/11>

## **6. Procurement update**

- 6.1 On 18 December, national and European Union advertisements were placed for provision of an online counselling service for children and young people. The current service, provided by Teens in Crisis terminates on 30 June 2018 and will be replaced with a 3 to 5-year contract from 1 July.
- 6.2 In addition, other procurement schemes are now in progress for provision

of Community Urology services and Stroke Befriending services. These contracts are expected to commence on 1 October and 1 May 2018 respectively.

## **7. Clinical pharmacists update**

- 7.1 Gloucestershire now has approximately 33 Clinical Pharmacists (CPs) 15 WTE who hold their Independent Prescriber qualification (IP) currently. There are a further six pharmacists working with GP practices without an independent prescribing qualification, one of whom is currently training to become a Clinical Pharmacist (with IP). The employer for clinical pharmacists is a mixture of CCG directly employed staff, practice employed staff (typically via the NHS England sponsored pilot), and GDoC employed staff, varying across practices and localities.
- 7.2 Recruitment continues in order to fill service gaps which occur due to maternity cover requirements as well as continued growth in clinical pharmacists requirements. Between them, the team of pharmacists cover approximately 26 full time equivalent posts each week.
- 7.3 Provision is across a large number of practices within all of the localities, with the differences in cover being dependent on available funding sources for each locality e.g. transformation funding, practice/NHSE shared funding, individual practice funding.

## **8. Staff Survey 2017**

- 8.1 The CCG commissioned a second staff satisfaction survey which was launched in July 2017, the survey was open from 10/07/17 to 29/08/17. The purpose of the survey was to provide staff with an opportunity to give their views and feedback on their experiences at work. The survey provides an insight into the CCG's values, culture, processes and structures. It also provides a barometer to judge how satisfied staff feels about their work, communication within the organisation, how they are valued and the opportunities available to them, amongst many other things.

### **8.2 Response rate**

191 staff responded to the survey from a staff list of 293, giving a response rate of 65%. This was broadly in line with figures for the 2016 survey, where 64% of staff responded to the survey. The response rate is higher than the overall response rate for NHS organisations. The 2016 National NHS Staff Survey results were published in March this year with a response rate of 44%.

### 8.3 Key findings

Responses to the survey were largely positive with the majority of questions scoring 60% or more, and compared very favourably with other CCGs across the south central and west (according to the Commissioning Support Unit ConsultHR service). Overall respondents indicated that they were enthusiastic about their job, were trusted to do their job, felt their work was valued by their line manager and were given support by their colleagues. Over 79% of respondents would recommend the CCG as a place to work.

8.4 A brief summary of the questions with the highest positive responses is given below.

#### **Some of the top responses scoring >80% (largely a combination of agree to strongly agree)**

1. 93% of respondents agreed or strongly agreed they knew who the senior managers were in the CCG
2. 92.4% of respondents reported that they had an appraisal in the last 12 months
3. 90% of respondents felt safe and secure in the working environment
4. 88% of respondents reported that it was important to be a positive role model to others in their organisation
5. 86% of respondents reported they agreed or strongly agreed that they were able to do their job to a standard they were personally pleased with.
6. 86% of respondents reported that the appraisal / personal development plan had helped agree clear objectives for their work
7. 85% of respondents reported they agreed or strongly agreed that they are trusted to do their job. .
8. Over 80% of respondents felt that the work they do is valued by their

line manager.

9. 79% of respondents reported they are enthusiastic about their job.
10. 79% feel supported in a personal crisis with 78% of respondents reporting that they can rely on their line manager to help with a difficult task at work.

## 8.5 Areas for improvement

There were however, areas for further improvement including involving and including staff in the future vision of the organisation and improving career and leadership opportunities as well as ensuring that there is equity and fairness in the way policies are implemented across the CCG.

## 8.6 Staff survey action plan

The full staff survey report, executive summary and action plan was considered and discussed at the Integrated Governance and Quality Committee on 19 December 2017. An action plan has been developed with input from staff, the Joint Staff Side Consultative Committee (JSCC) and the HR / OD group. The staff survey action plan is being monitored by the HR / OD group and the JSCC.

## **9. Integrating health and care update**

- 9.1 This report provides a brief summary of some of the key issues within Older People's Integrated Commissioning.

### **9.2 Complex Care at Home Project**

The multi-agency project group is well established, with a final model and pathway almost complete. A senior Community Matron Manager started in post on 8 January 2018. Four Community Matrons have been recruited and are due to start in post shortly (these are 4 band 7 posts). Recruitment is also underway for an additional 2 Matrons and 6 Wellbeing Co-ordinators who will join the project. Work is also taking place to review the remainder of the team and ensure that there is an appropriate skill-mix.

Project documentation including the full business case and implementation plan is almost complete, and Verto the CCG's business intelligence and reporting tool is being updated. A joint communication and engagement strategy is currently being developed to support the project and will be launched during 2018.

### **9.3 South Cotswolds Frailty Service**

The South Cotswolds Frailty Service is well-established and building positive working relationships with Great Western Trust and Gloucestershire Hospitals NHS Foundation Trust.

Workshops have taken place to define the pathway for people with dementia to ensure dementia nurses are integrated within this service offer. We are also working with Care UK/Out of Hours to promote the use of the orange folders/escalation plans/. An independent review of the service is currently underway by Gloucestershire University.

## **10. Housing with Care Strategy**

10.1 The improving Better Care Fund includes a work stream to develop a project team to design and implement a county wide 'housing with care' programme. The aim of the programme will be to develop 'housing with care' alternatives to residential and nursing placements and deliver significant savings across the system post 2020. This housing programme is in addition to the work already underway within the Better Care Fund as part of the Joint Housing Action Plan.

10.2 The Housing with Care Strategy will be developed over the course of 2018 with the aim of publishing in January 2019. It will scope the need and demand and provision in the six districts and create an action plan for each area. This long term, large scale piece of work aims to:

- reduce demand
- increase housing provision
- improve quality of life.

10.3 The project is focused on the housing needs of older people but will include provision for others, for example those with learning disabilities,

where a solution might meet the needs across different service user groups.

- 10.4 A “Strategic Housing Programme Board” has been set up with the objective to offer governance to housing related projects determined under the Better Care Fund and supported housing work. This board will be led by the Director of Integrated Commissioning and the initial meeting will take place on 29<sup>th</sup> January 2018. Membership will include representatives of county, district and borough councils, the clinical commissioning group, housing providers and user-led organisations.
- 10.5 A “Housing with Care Engagement Group” will be established to ensure that potential residents are involved in the analysis and focus groups will be held in each district to ensure that local views are considered. A large scale engagement exercise is planned and will start from February 2018.
- 10.6 A “Housing with Care Project Working Group” has been established to develop and deliver the strategy and this reports to a “Housing with Care Project Board” which is made up of the project sponsor, members of the team, representatives from the districts, and will include provider and service user representatives.

## **11. Market Position Statement – domiciliary care (bed and community based)**

- 11.1 The Institute of Public Care (IPC) has been commissioned to develop a market position statement for Gloucestershire CCG and Gloucester County Council. IPC will provide a market overview document and commissioning intentions for both bed- based and community-based (domiciliary) care. The objectives are:
  - to determine a clear overview of the care and support market in Gloucestershire
  - to signal clear commissioning intentions to the market
  - to improve market management.

Stage one ran from September to December 2017 and focused on bed-based provision. Data was collected around the use of provision locally and a robust engagement exercise was undertaken with both providers and commissioners.

- 11.2 Initial findings from stage one have been shared with commissioners and a workshop has been arranged for 23 January 2018, to share and sense-check these findings with the market. Some challenges have been experience with this work such as the limitations in the data that is available. Additionally part of the learning from the process is that consideration should be given to data collection for market management purposes going forward.
- 11.3 Stage two of the project will take a similar form to stage one but will focus on community-based provision. It will start after the provider workshop and will run until March 2018.
- 11.4 It is hoped that a market position statement (incorporating both market analysis and commissioning intentions) will be completed for publishing in Spring 2018.

## **12. My life, My Plan**

- 12.1 Gloucestershire's ambition for *My life, My plan* is to deliver change in how we provide support and care for people with long term conditions. The aim of this work is to embed person-centred approaches to create a new relationship that puts people, families and communities at the heart of health, care and wellbeing. The key elements are summarised below:

What people can expect and the difference it will make:

- What is important to me is at the centre of my plan
- I will be treated with respect and be heard
- The people who help develop my plan will know what is available to support me, particularly what is available in my local community
- If I am eligible for a personal health budget, I will have more choice about how I use the money available to me.

Further updates on how this work is developing will be given in future editions of the AO report.

## **13. Proud to Care Gloucestershire**

- 13.1 Since the launch of the regional Proud to Care South West campaign in

July 2017, a Proud to Care (PTC) Gloucestershire initiative has been in place.

13.2 A strategy group with a broad range of representatives has helped guide the following:

- Recruitment of a full time, dedicated PTC Recruitment and Retention Coordinator.
- Setting up of the PTC Gloucestershire website.
- Introduction of social media accounts on Facebook & Twitter, which are regularly updated.
- Creation (within the website) of a bespoke, online recruitment portal used by employers to advertise health and social care job vacancies within the county. This portal went live in September, is free to access and adverts are monitored and approved by Gloucestershire County Council. To date, over 60 social care providers have advertised their vacancies - there are currently over 35 live vacancies on the portal.
- Creation of a dedicated Providers' Hub area on the website, where employers can access relevant resources and information.
- An official launch of the Proud to Care Gloucestershire campaign in November 2017, with 90+ delegates from over 40 provider organisations; speakers represented health and social care, the Care Quality Commission, Skills for Care, and a specially composed PTC anthem was performed by students from a Gloucestershire school.
- Engagement with employers to support the campaign. This includes:
  1. Visiting providers to tell them about PTC Gloucestershire and getting them directly to engage through advertising and the Providers Hub etc. Domiciliary care providers have been the priority focus for this work, as they were identified as a key

group to support in Year One of the campaign.

2. Providers nominating passionate staff to tell their own stories and to promote a career in care through case studies, photos and 'my career in care' videos that can be used on all the PTC Gloucestershire media sites (see: [www.proudtocareglos.org.uk/real-life-stories/](http://www.proudtocareglos.org.uk/real-life-stories/) ).

- 13.3 Setting up a Proud to Care Ambassadors scheme – employers sign up to the Ambassadors Scheme (being run in collaboration with the national I Care Ambassadors scheme hosted by Skills for Care) and then nominate employees who are willing to attend careers events to talk about working in the Health and Social Care sector and promote care as a rewarding career.

#### **14. Key meetings during December 2017 and January 2018**

29 Nov	Gloucester Health & Wellbeing Board
29 Nov	Gloucestershire Strategic Forum (GSF)
30 Nov	West of England Academic Health Science Network (WEAHSN) - Annual Conference
5 Dec	SCW Best Practice Event, Swindon
6 Dec	West of England Academic Health Science Network (WEAHSN) - Board Meeting
7 Dec	STP Delivery Board
7 Dec	Governing Body Business Session
11 Dec	One Place Programme Board
13 Dec	Commissioning Info Centre
13 Dec	Productive General Practice Event
13 Dec	Cheltenham Borough Council
14 Dec	Leadership Gloucestershire

19 Dec	Gloucestershire Strategic Forum (GSF)
21 Dec	Priorities Committee
3 Jan	Joint Commissioning Partnership Executive (JCPE) Meeting
4 Jan	STP Delivery Board
4 Jan	New Models of Care Board (NMOCB)
9 Jan	Health & Care Scrutiny Committee (HOCSC)
15 Jan	One Gloucestershire Service Reconfiguration Progress Meeting
15 Jan	Gloucestershire STP Progress Development Meeting
15 Jan	Gloucestershire IAF Quality of Leadership Meeting
16 Jan	Visit to Dorset CCG
18 Jan	STP CEO Meeting
18 Jan	Joint Commissioning Partnership Board (JCPB) Meeting
22 Jan	Royal Well Surgery - Practice Visit
23 Jan	Health & Wellbeing Board
24 Jan	South West STP Board

## **15. Recommendation**

This report is provided for information and the Governing Body is requested to note the contents.

## Governing Body

## Agenda Item 8

<b>Governing Body</b>	<b>Thursday 25 January 2018</b>
<b>Title</b>	<b>Performance Report</b>
<b>Executive Summary</b>	This performance framework report provides an overview of Gloucestershire CCG performance, including finance against organisational objectives and national performance measures for the period to the end of month 9, and some information on January where data available.
<b>Key Issues</b>	These are set out in the executive summary within the report and cover the domains: <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Better Care</li> <li>• Sustainability</li> <li>• Better Health</li> </ul>
<b>Risk Issues: Original Risk Residual Risk</b>	All risks are identified within the relevant sections of this report.
<b>Management of Conflicts of Interest</b>	None declared.
<b>Financial Impact</b>	This report gives detail on the financial position to the end of . The forecast is an in year breakeven position with a cumulative surplus of £17.249m
<b>Legal Issues (including NHS Constitution)</b>	These are set out in the main body of the report.
<b>Impact on Health Inequalities</b>	Not applicable.
<b>Impact on Equality and Diversity</b>	There are no direct health and equality implications contained within this report.
<b>Impact on Sustainable Development</b>	There are no direct sustainability implications contained within this report.

<b>Patient and Public Involvement</b>	These are set out in the main body of the report.
<b>Recommendation</b>	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Note the performance against local and national targets and the actions taken to remedy the current performance position.</li> <li>• Note the financial position as at month 9.</li> <li>• Note the risks identified in the Sustainability section.</li> <li>• Note progress on the savings schemes.</li> </ul>
<b>Author &amp; Designation</b>	Sarah Hammond, Head of Information and Performance; Andrew Beard, Deputy CFO.
<b>Sponsoring Director (if not author)</b>	Cath Leech Chief Finance Officer



**Gloucestershire**  
Clinical Commissioning Group

**CCG Monthly Performance**  
**Report**  
January 2018

# Contents

This document is a highlight report which is presented to give the CCG Governing Body an overview of current CCG and provider performance across a range of national priorities and local standards.

Whilst inevitably this report focuses on areas of concern it should be noted that Gloucestershire is currently achieving the majority of the local and national performance standards.

## 1.0 Scorecard

## 2.0 Executive Summary

- 2.1 Leadership
- 2.2 Better Care
- 2.3 Sustainability
- 2.4 Better Health

## 3.0 Better Care

- 3.1 Constitution updates reported by exception.

## 4.0 Leadership

- 4.1 Measurement

## 5.0 Sustainability

- 5.1 Resource Limit
- 5.2 Acute Contracts
- 5.3 Prescribing
- 5.4 Primary Care

## 5.5 CHC

## 5.6 Savings Plan

## 5.7 Rightcare

## 5.8 Savings forecast delivery

## 5.9 Risks & Mitigations

## 5.10 Cash drawdown

## 5.11 BPPC performance

## 6.0 Better Health (Qrtly reporting)

### 6.1 Cancer

### 6.2 Dementia

### 6.3 Diabetes

### 6.4 Learning Disabilities

### 6.5 Maternity

### 6.6 Mental Health

# 1.0 Scorecard: CCG Performance Overview



## 2.1 Executive Summary – Leadership



This domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

**2.1.1 Staff engagement :** Robust culture and Leadership Sustainability (OD Plan)

**2.1.2 Probity and Corporate Governance:** Full governance compliance

**2.1.3 Effectiveness of working relationships in the local system:** Effectiveness of working relationships in the local system

**2.1.4 Quality of CCG leadership:** Review of the effectiveness of culture, leadership sustainability and an oversight of quality assurance. NHSE have rated the CCG as amber for this category in Q1, and we are awaiting Q2 results which are due imminently.

## 2.2 Executive Summary – Better Care



This domain focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas.		Overall Rating
2.2.1	Planned Care	●
2.2.2	Unscheduled Care	●
2.2.23	Cancer	●
2.2.4	Mental Health	●
2.2.4	Learning disability	●
2.2.5	Maternity	●

## 2.3 Executive Summary - Sustainability



This domain looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends		Rating
2.3.1	Year to date surplus variance to plan (%)	
2.3.2	Forecast surplus to plan (%variance)	
2.3.3	Forecast running costs in comparison to running cost allocation (%)	
2.3.4	Forecast savings delivery in comparison to plan (%)	
2.3.5	Year to date BPPC performance in comparison to 95% target (%)	
2.3.6	Cash drawdown in line with planned profile (%)	
2.3.7	Forecast capital spend in comparison to plan (%)	

## 2.4 Executive Summary – Better Health (1 of 2)



These indicators show the latest position and are updated quarterly

This section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve.

### Current CCG Performance

		Period	National	Glos CCG	What is Good?
2.4.1	<b>Smoking:</b> Maternal smoking at delivery: The percentage of women who were smokers at the time of delivery, out of the number of maternities	Q3 16/17	12%	5.4%	Low is Good
2.4.2	<b>Child Obesity:</b> Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.	12/13 to 14/15	33.5%	32%	Low is Good
2.4.3	<b>Diabetes:</b> Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children: The percentage of diabetes patients that have achieved all 3 of the NICE-recommended treatment targets	2015/16	36%	34.4%	High is Good
2.4.4	<b>Falls:</b> Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population	Q3 16/17	1,985	1,744	Low is Good
2.4.5	<b>Personalisation and choice:</b> Indicators relating to utilisation of NHS e-referral service to enable choice at first routine elective referral.	03/ 2017	50%	76.3%	High is Good

## 2.4 Executive Summary – Better Health (2 of 2)



This section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve.		Current CCG Performance			
		Period	National	Glos CCG	What is Good?
2.4.6	<b>Personal health budgets</b> Per 100k population	Q4 16/17	27.4	31	High is Good
2.4.7	<b>Percentage of deaths which take place in hospital</b>	Q2 16/17	47.1%	41.4%	Low is Good
2.4.8	<b>People with a long-term condition feeling supported to manage their condition(s).</b>	Q3 16/17	64.3%	67.8%	High is Good
2.4.9	<b>Health inequalities:</b> Inequality in avoidable emergency admissions for chronic ambulatory care sensitive conditions	Q3 16/17	910	901	Low is Good
2.4.10	<b>Health inequalities:</b> Inequality in avoidable emergency admissions for urgent care sensitive conditions	Q3 16/17	1,860	1,815	Low is Good
2.4.11	<b>Appropriate prescribing:</b> Antibiotics and prescribing of broad spectrum antibiotics in primary care	02/ 2017	9.7%	9.7%	N/A
2.4.12	<b>Carers:</b> Quality of life of carers	03/ 2016	0.82	0.82	N/A

# 3.0 Better Care:



## Unscheduled Care (CCG / SWASFT)

4 Hour A&E  
Dec 17

4 Hour A&E  
YEAR TO DATE

90.8%

86.2%

Category 1 Ambulance  
Nov 17

Category 1 Ambulance  
YEAR TO DATE

7.6 mins

6.8 mins

## Planned Care (CCG)

RTT Incomplete  
<18 weeks  
Dec 17

RTT Incomplete  
<18 weeks  
YEAR TO DATE

National Reporting Suspended

Diagnostics >6 weeks  
Nov 17

Diagnostics >6 weeks  
YEAR TO DATE

0.7%

3.5%

## Cancer Dashboard (YEAR TO DATE) (CCG)

2 Week Waits  
2 Week Waits Breast

80.3% 86.5%

31 Day Waits

31 Day Waits Surgery

31 Day Waits Drugs

31 Day Waits Radiotherapy

95.8%

93.9%

99.6%

99.0%

62 Day GP Referral

62 Day Screening

62 Day Upgrade

74.1%

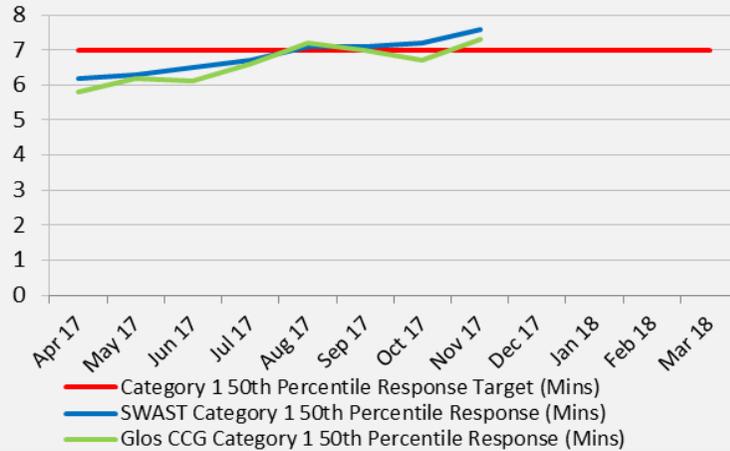
90.5%

84.5%

# 3.1 System Overview Unscheduled Care: Pre Hospital

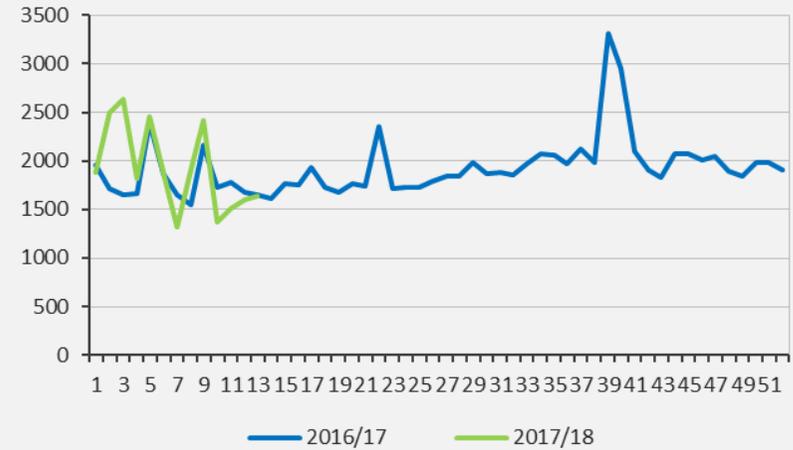
## Ambulance – Cat 1

SWASFT Ambulance Cat. 1 Reponse 2017/18 (YTD Nov 2017)



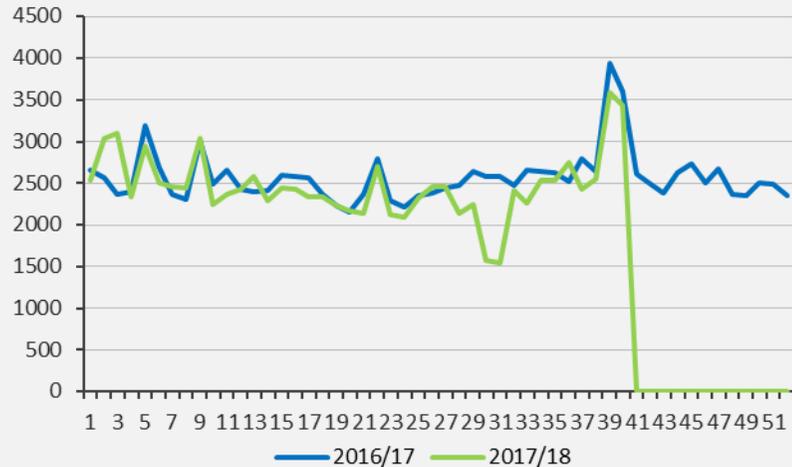
## Out of Hours Attendances

OOH - Number of contacts - 2016/17 to 2017/18 (YTD week 13)



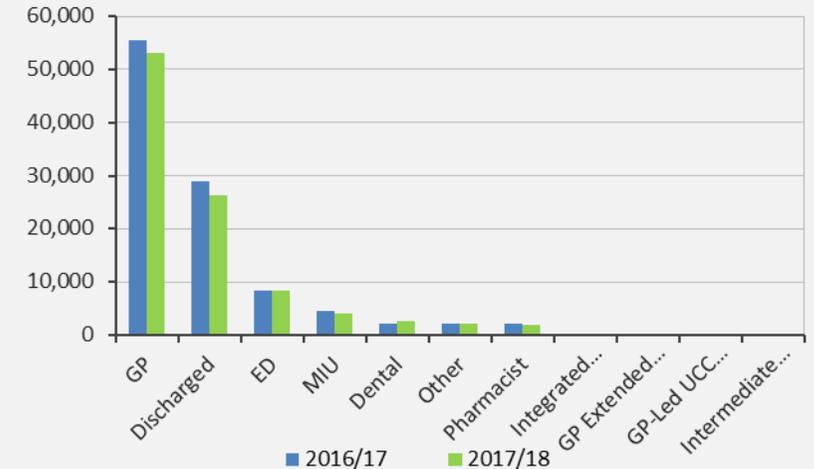
## 111 Call Volume

111 - Number of calls - 2016/17 to 2017/18 (YTD week 40)



## 111 Disposition

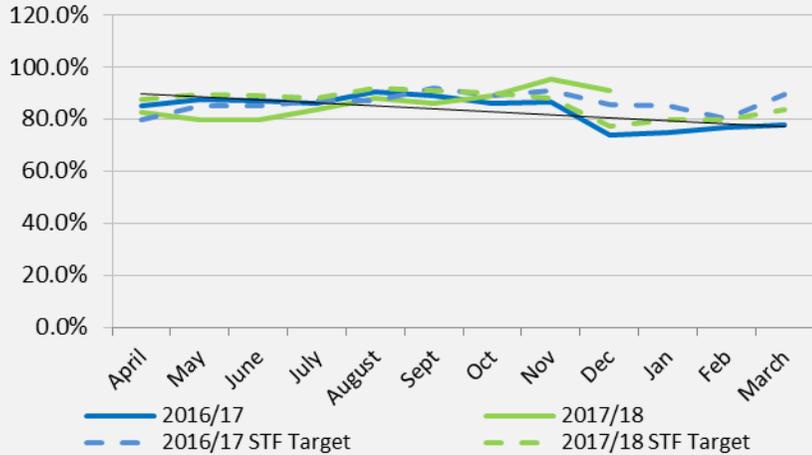
111 Outcome of contact 2016/17 to 2017/18 (Week 40)



# 3.1 System Overview Unscheduled Care: In Hospital

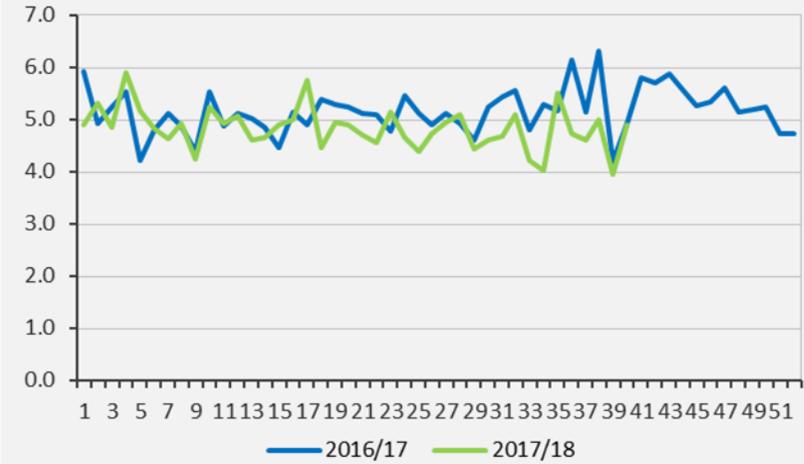
## A&E 4 hr Performance

A&E 4 Hour - 2016/17 to 2017/18 (YTD Dec 2017)



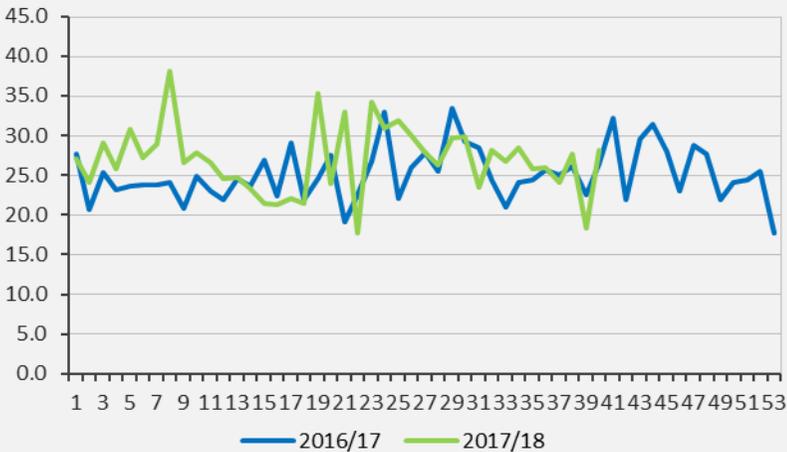
## GHFT AVG LOS

GHFT Average LOS - 2016/17 to 2017/18 (YTD week 40)



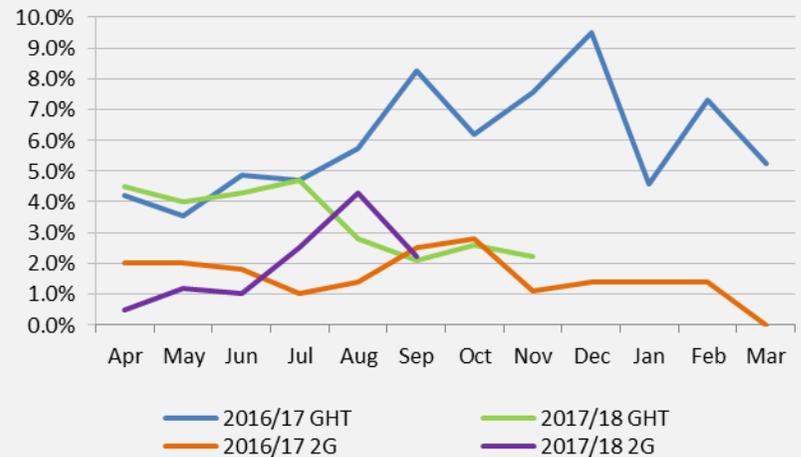
## GCS AVG LOS

GCS Average LOS - 2016/17 to 2017/18 (YTD week 40)

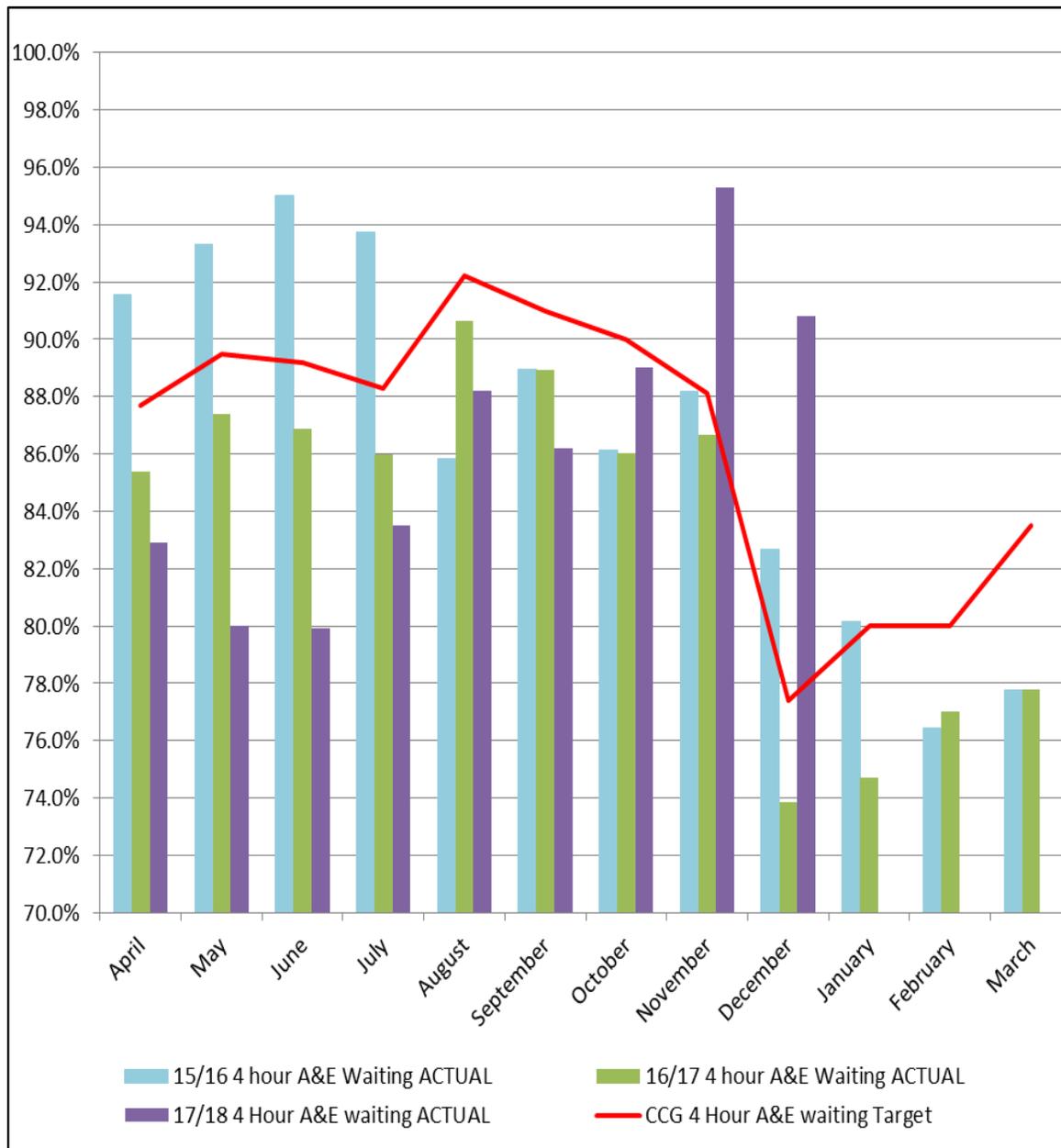


## Delayed Transfers of Care

DTOC - GHT and 2G - 2016/17 to 2017/18 (YTD Nov 2017)



# 3.1 Unscheduled Care – 4 hour A&E



## Top Line Messages:

ED Performance for December was 90.8%, which while below the national target, still exceeded the local target set for December of 77.4%. This follows on from our performance in November, where we met the national standard at 95.3%. This was the first time the trust achieved the target since June 2015. Year to date performance is 86.2%

Improved ED performance delivered through;

- **Strong leadership within the ED department**
- **Maintained flow through GRH and CGH**
- **Effective partnership working ensuring system flow**
- **Significantly improved collaborative working between operational colleagues from across the system**
- **Increased use of ambulatory and assessment pathway**

Given the improved performance A&E Delivery Board has decided to review both the 4-hour improvement plan and the 10% plan. Focus will be given to areas offering the most substantive and incremental benefit for 2018/19, supporting continuous improvement and achievement of the 4-hour standard. New ways of working and service structure will be pursued which ensure a range of alternatives, both pre-hospital and at the front door, are in place to safely divert activity and enable ED to focus on supporting the most in need.

## 3.1 Unscheduled Care – 4 hour A&E Key Actions (1 of 2)

### Key Actions:

- As part of the Winter plan, trauma has been moved to GRH and all elective orthopaedic activity will take place at CGH with enhancements to Medical provision – **Live**
- Development of a Surgical Assessment Unit at GRH to include direct admits from GP's and direct referrals from ED General Practitioner admissions direct to Acute Care Unit – **Partially Live**
- Creation of a winter pressures ward for patients that are medically fit - **Live**
- Introduction of Virtual Ward Model for Gloucester and Cheltenham localities – **Deployment begins Jan 18**
- Additional Discharge to Assess Nursing Home beds - **Live**
- Primary Care Streaming within ED - **Live**
- Increase in Domiciliary Care capacity – **Jan 18**
- Integrated Frailty model with enhanced Older persons assessment liaison (OPAL) service - **Live**
- Enhanced Community team to “pull” patients and affect shorter stays in hospital.
- Introduction of Troponin T 1 hour testing - **Live**
- Increase in Trusted Assessor, Care Navigator and social worker capacity - **Live**
- Full implementation of Mental Health Acute Response Service - **Live**

## 3.1 Unscheduled Care – 4 hour A&E Key Actions (2 of 2)

- Implementation of recommendations from Emergency Department rota review – **Jan 18**
- Extension of opening hours for Ambulatory Emergency Care -**Live**
- Implementation of an additional Winter Discharge Team– **Live**
- Winter pressures initiatives within Primary Care including additional capacity and earlier home visiting -**Live**
- Weekly cross provider Multidisciplinary Team meetings to support patient flow - **Live**
- Introduction of new Escalation Framework within Gloucestershire aligned to National OPEL guidance -**Live**
- Extended Criteria led Discharge - **Live**
- Extended therapies/pharmacy opening hours - **Live**
- Roll out of revised approach to red/green and SAFER\* patient flow initiatives –**Live**

\*The five elements of the SAFER patient flow bundle are:

**S – Senior review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

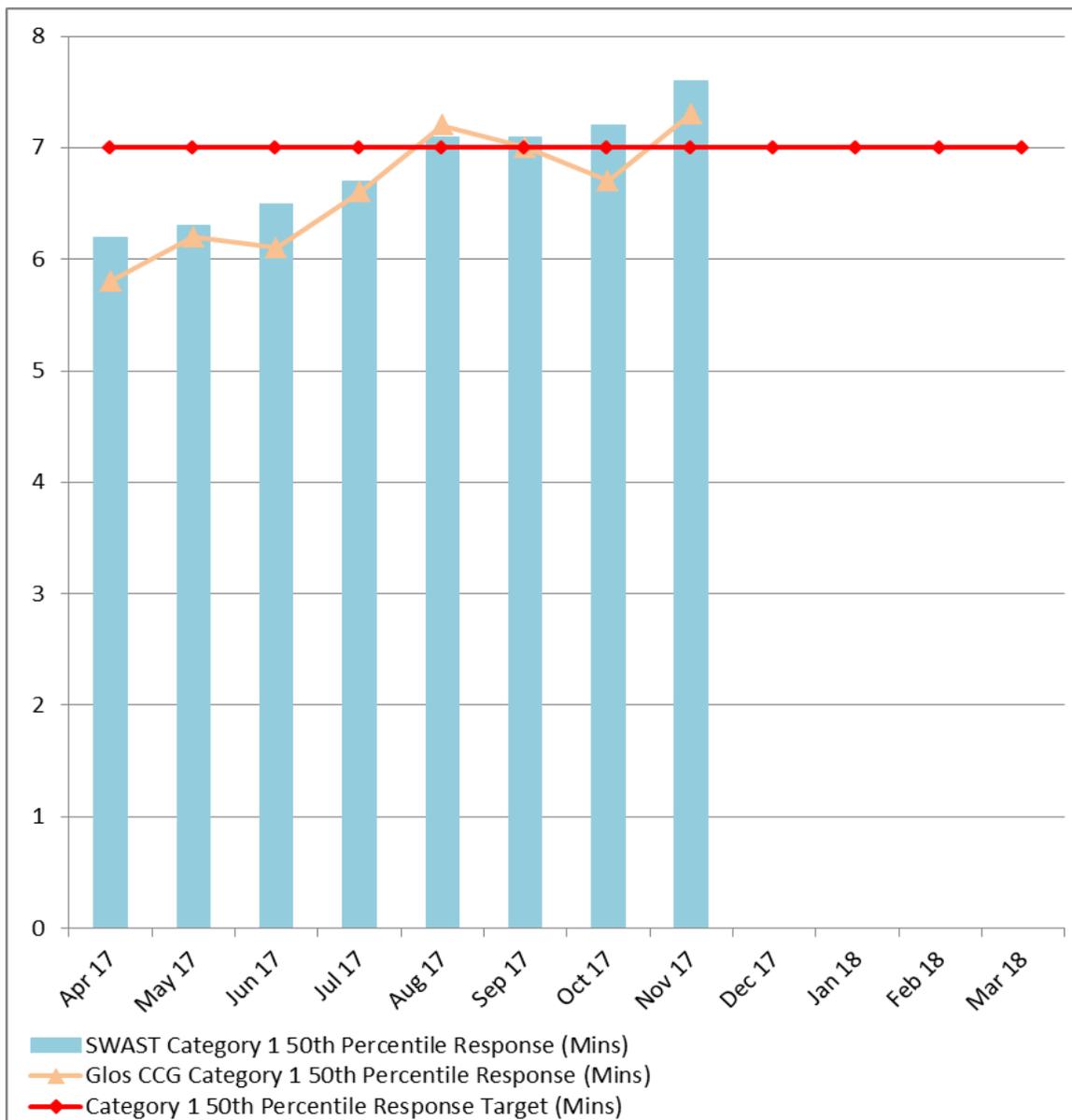
**A – All patients** will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

**F – Flow** of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

**E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday.

**R – Review.** A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – ‘stranded patients’) with a clear ‘home first’ mindset.

## 3.2 Unscheduled Care – Category 1 Ambulance



### Top Line Messages:

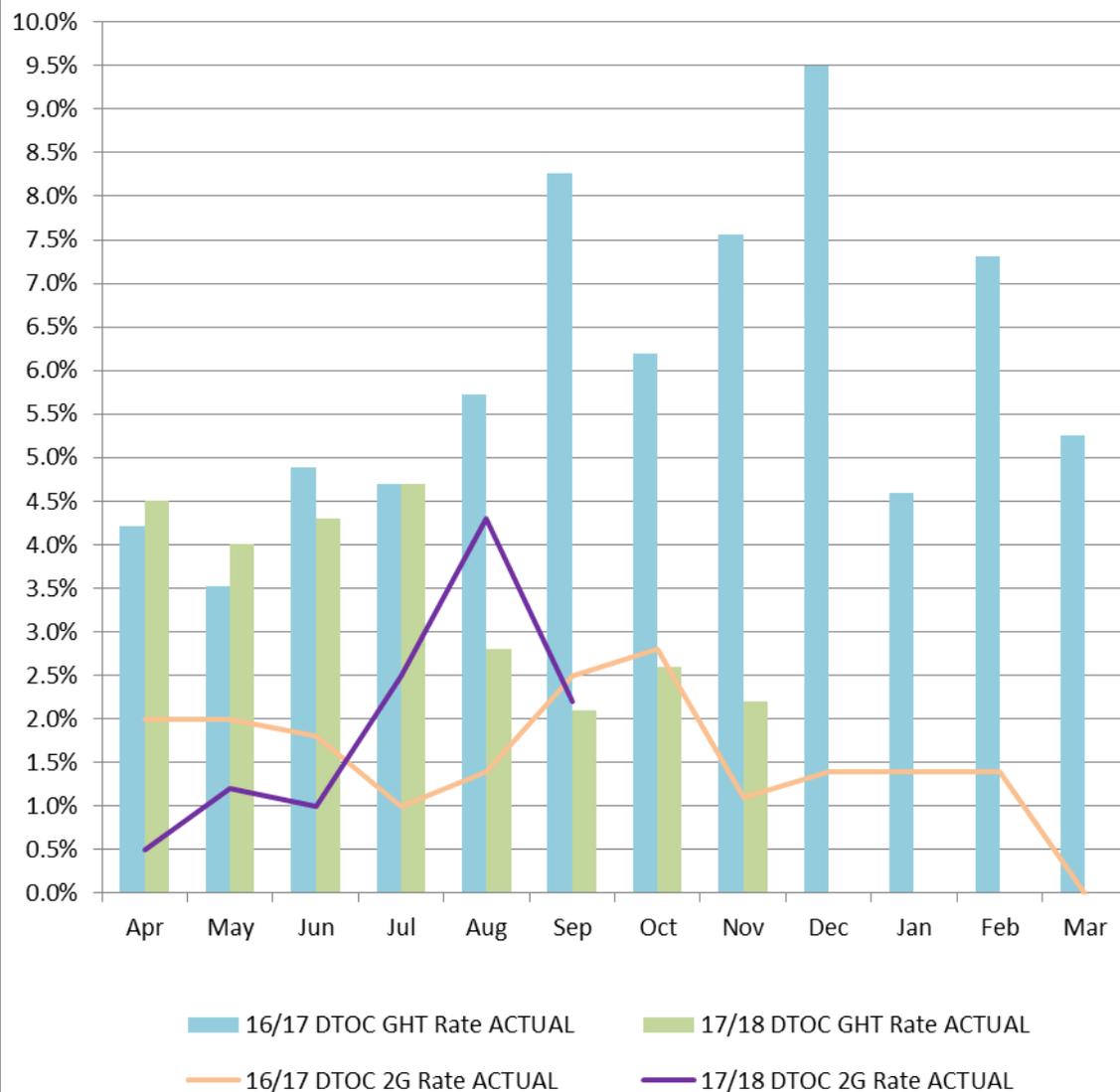
Ambulance performance has recently changed after a national trial which was rolled out in November 2017. This is now measured by the mean time it takes to respond to a Category 1 (most serious) incident. The new national target is the average time of all category 1 responses to be less than 7 minutes.

November 2017 Category 1 50<sup>th</sup> Percentile response performance for SWAST is 7.6 minutes with year to date at 6.8 minutes. Performance for Gloucestershire was 7.3 minutes in November and year to date is 6.5 minutes.

### Key Actions-

- A SWAST staffing rota review is underway to match resources with the peaks in demand.
- Increase in the number of Dual Crewed Ambulances to reduce delays in transporting patients.
- Increase in the number of clinicians working within the Clinical hub. The aim is to increase the “hear and treat” rate through the application of additional clinical expertise.
- Work is underway between commissioners and SWAST to improve sharing of information and therefore improve the response to care homes.
- Additional winter non-paramedic crewed vehicles funded to support category 3 and 4 calls, enabling paramedic crews to focus on category 1 and 2 calls. This will also support a regular flow of HCP requested conveyances.

# 3.2 Unscheduled Care – Delayed Transfers of Care



## Top Line Messages:

The performance in November was 2.2%, which continues to meet the target. The CCG is working closely with the Trust to offer support to work towards maintaining the nationally agreed target of 3.5% for the remainder of 2017/18.

### Key Actions-

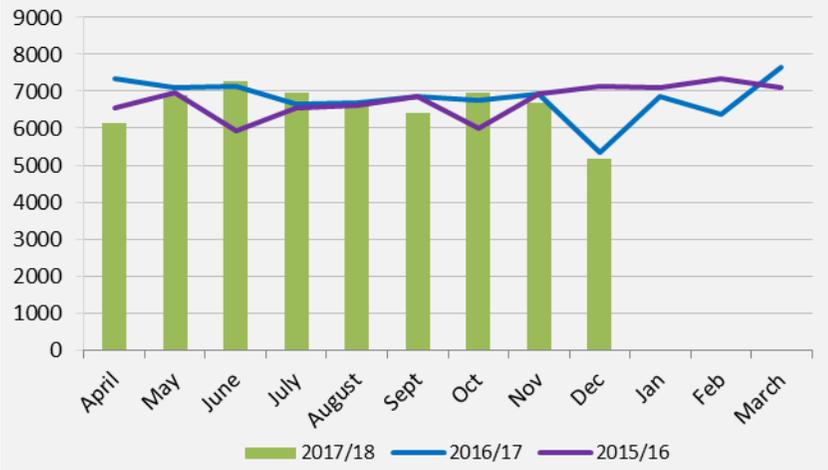
- Emergency Care Improvement Plan (ECIP) and SAFER navigation meetings being held to discuss medically fit list and the introduction of weekly senior partnership meetings.
- Senior partnership sign off of Delayed Transfers of care (DTOC ), to enable understanding of actions for acute and community
- Navigation meetings will feed into senior partnership meetings to escalation any recurrent issues identified which are disrupting the pathway.
- A Top 12 list of operational standards across the pathway is being developed for all partners – the standards will encompass how long should each step of the pathway should take. These standards have been developed and are currently under discussion.
- winter task force has been implemented to support improved patient flow. A key focus is reducing DToc and addressing the needs of stranded patients. Monitoring will be via a CANDO framework
- A winter pressures ward at a nursing home is now live

# 3.3 System Overview Planned Care:



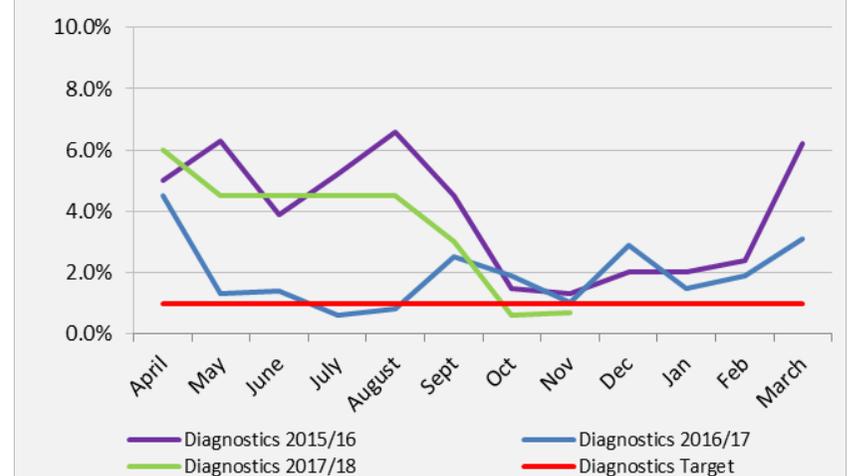
## Referral Trends

E-referrals - GP Referred - 2015/16 to 2017/18 (YTD Dec 2017)



## Diagnostics

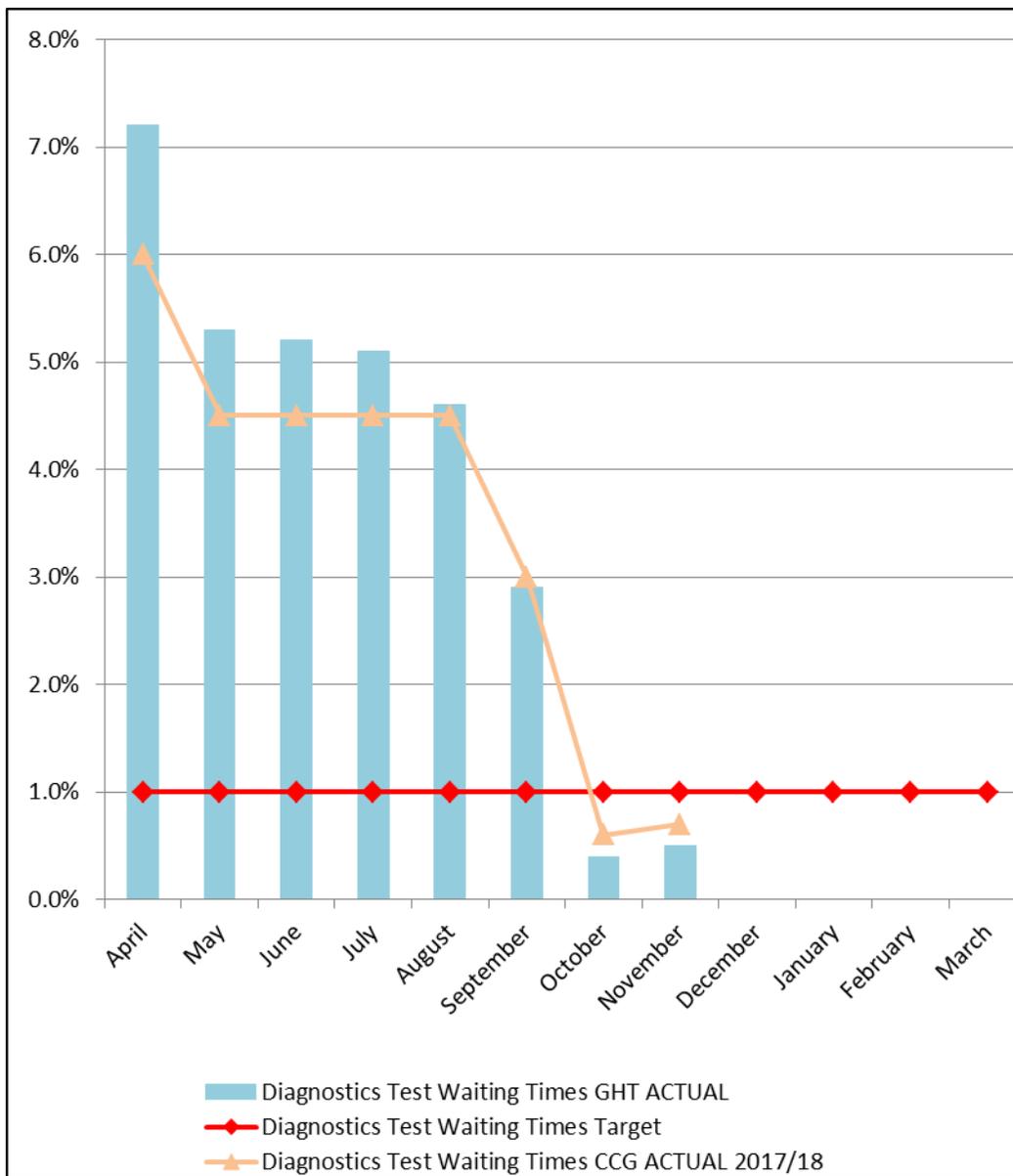
CCG Diagnostic Tests - 2015/16 to 2017/18 (YTD Nov 2017)



Due to the implementation of the patient administration system, TrakCare, in early December 2016, GHFT routine reporting of RTT performance, outpatient/inpatient waiting lists and accurate activity data is not available.

A recovery plan is being developed with GHFT to recover routine reporting, as and when available this data will be reflected within this report.

# 3.4 Planned Care – Diagnostics >6 weeks



## Top Line Messages:

GCCG Diagnostic performance met the national target for the 2<sup>nd</sup> month running with 0.7% reported in November with 56 breaches. GHT Performance also met national target with 0.5% reported, representing 34 greater than 6 week waits. CCG Year to date performance is still off target at 3.5%

The specialities in which the CCG are not meeting the target in November are:

- Audiology 13 breaches
- Peripheral Neurophys 11 breaches
- Urodynamics 1 breach
- Cystoscopy 6 breaches

### Audiology:

- Recovery plans have been received by the CCG and a formal response has been provided. Recruitment of additional audiologists has been undertaken and staff have started employment (6 FTE have joined the service as at the end of September).

### Endoscopy:

- Waiting list clinics have been initiated, & these have undertaken urgent 2ww appointments and surveillance patients. GHFT have begun subcontracting to alternative providers to support recovery.

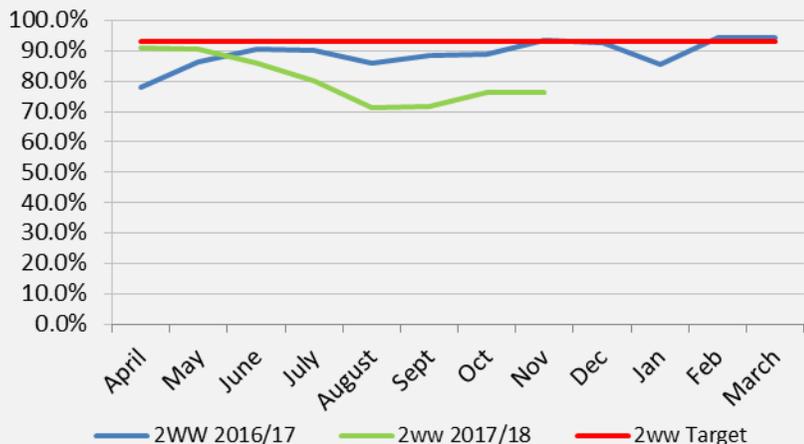
There is modelling being undertaken to better understand the implications on diagnostic performance.

# 3.5 System Overview Cancer: YTD Nov 2017



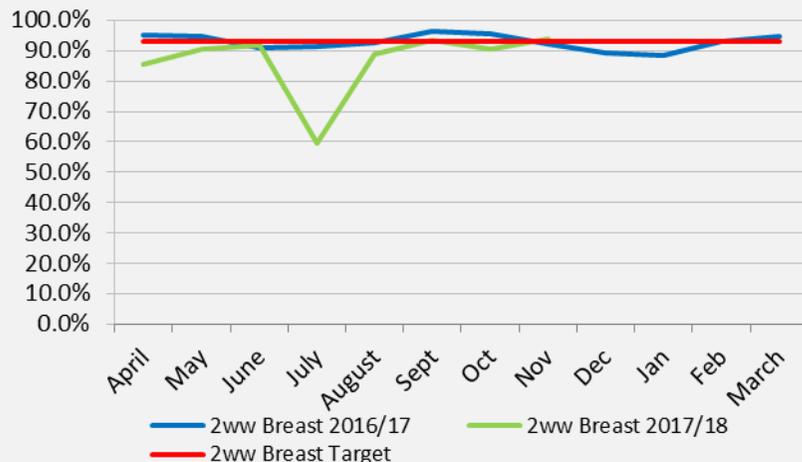
## 2WW (GP Ref'd)

CCG 2ww - 2016/17 to 2017/18 (YTD Nov 2017)



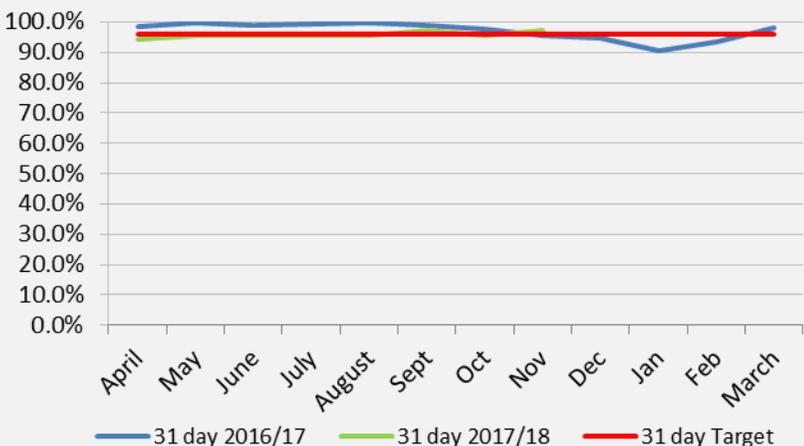
## 2WW (Breast)

CCG 2ww Breast - 2016/17 to 2017/18 (YTD Nov 2017)



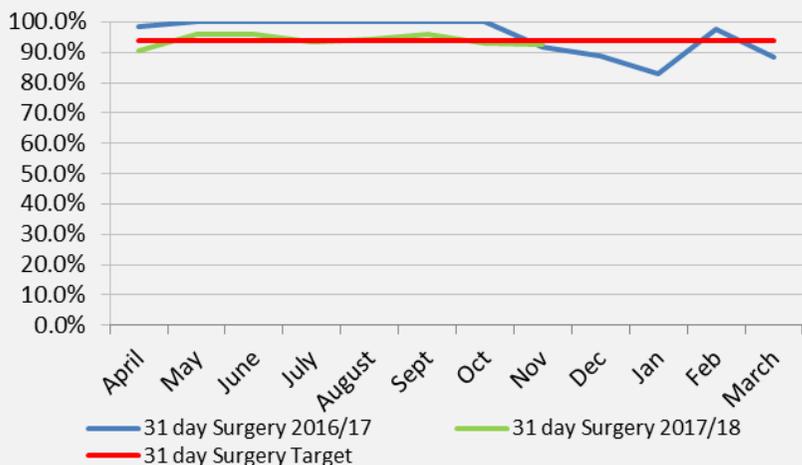
## 31 day

CCG 31 day - 2016/17 to 2017/18 (YTD Nov 2017)



## 31 day subsequent treatm't: Surgery

CCG 31 day Surgery - 2016/17 to 2017/18 (YTD Nov 2017)

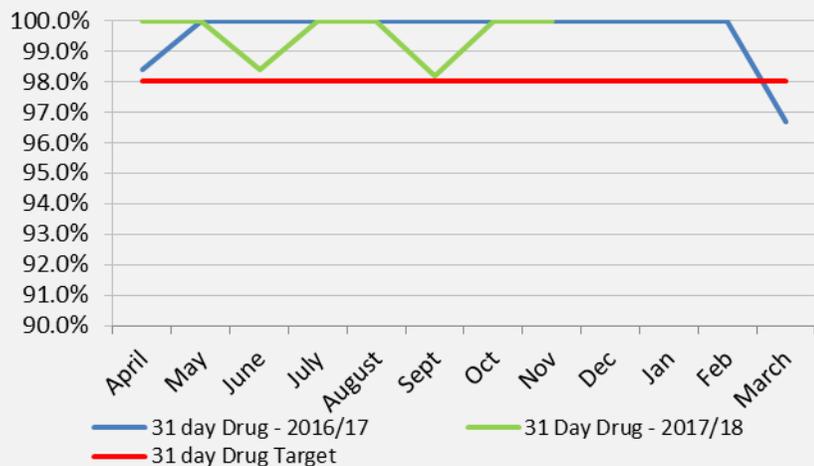


# 3.5 System Overview Cancer: YTD Nov 2017



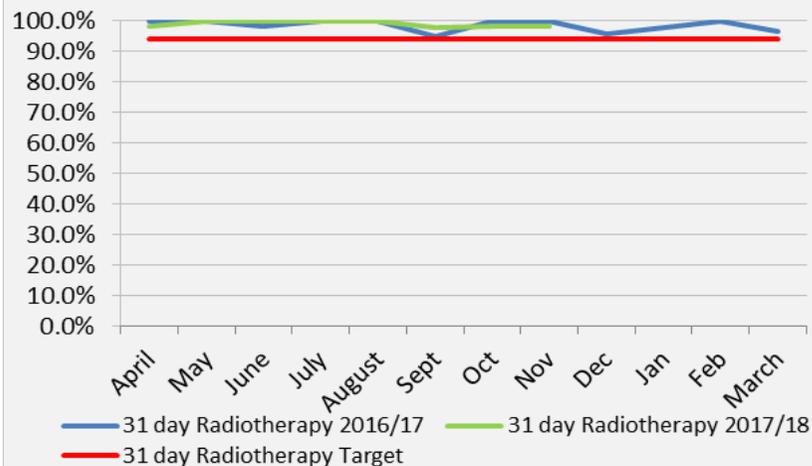
## 31 day subsequent treatm't: Drugs

CCG 31 day Drugs- 2016/17 to 2017/18 (YTD Nov 2017)



## 31 day subsequent treatm't: Radiotherapy

CCG 31 day Radiotherapy - 2016/17 to 2017/18 (YTD Nov 2017)

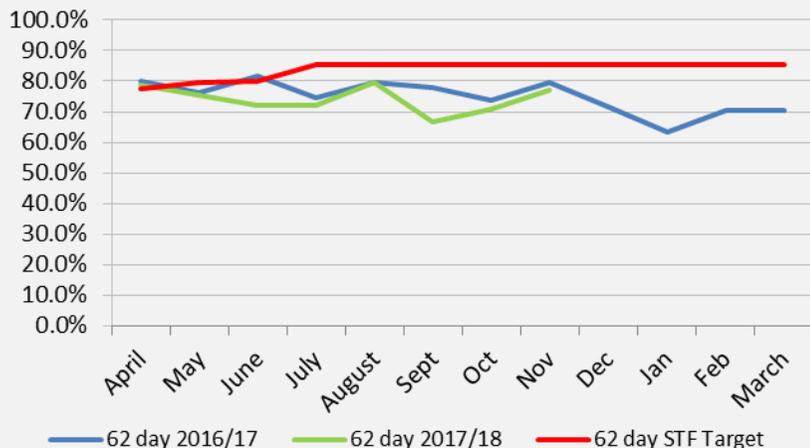


# 3.5 System Overview Cancer: YTD Nov 2017



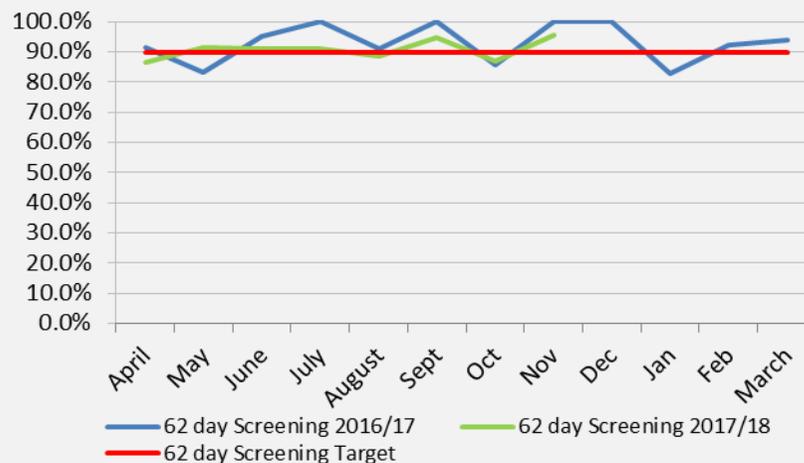
## 62 day: GP referral

CCG 62 day - 2016/17 to 2017/18 (YTD Nov 2017)



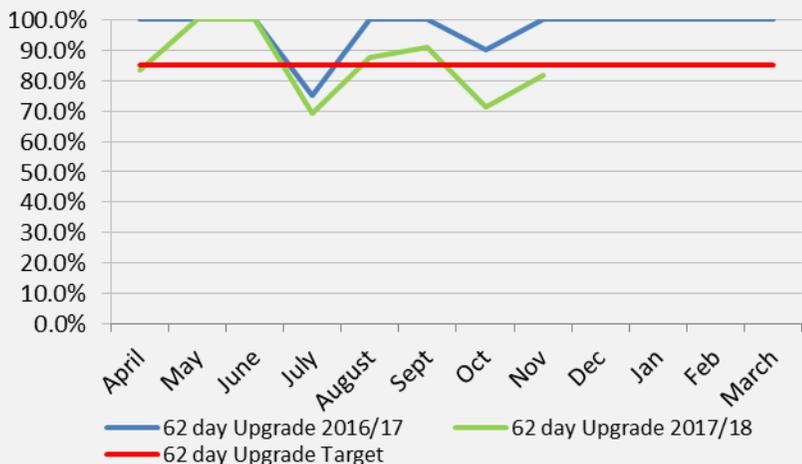
## 62 day: Screening

CCG 62 day Screening - 2016/17 to 2017/18 (YTD Nov 2017)

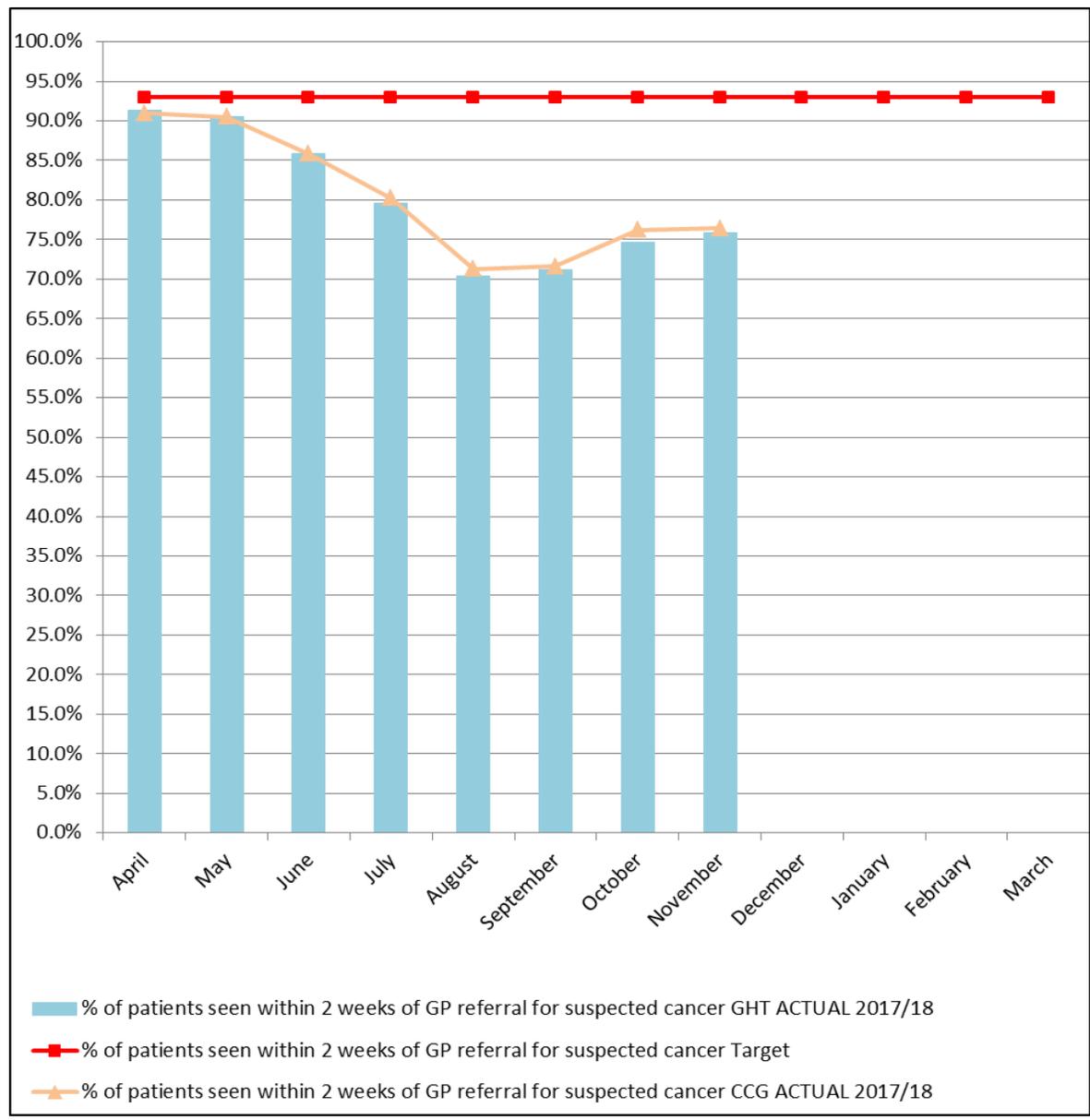


## 62 day: Consultant Upgrade

CCG 62 day Cons. Upgrade - 2016/17 to 2017/18 (YTD Nov 2017)



# 3.6 Cancer – 2 week waits



## Top Line Messages:

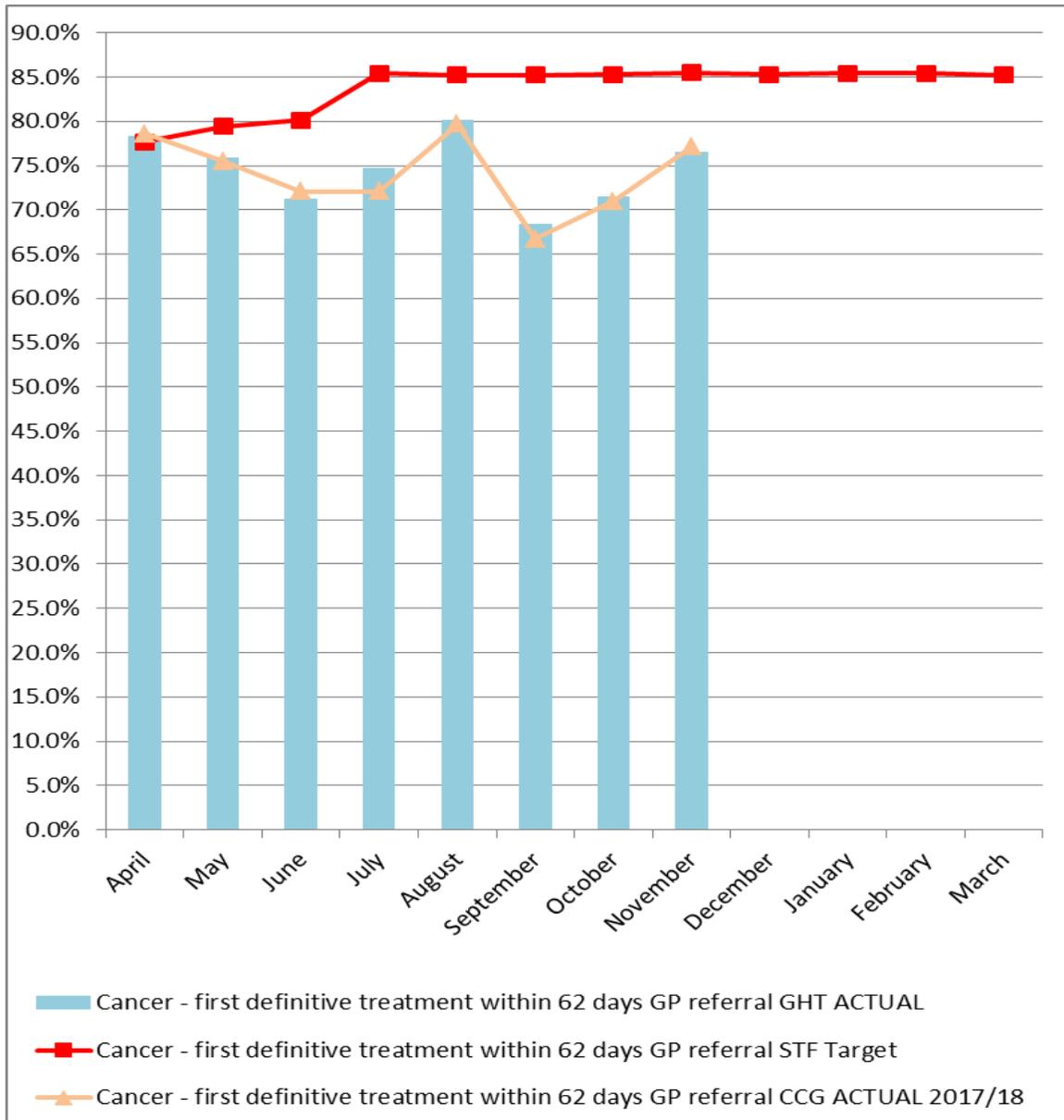
CCG Performance against the 2-week wait target improved from 76.2% in October to 76.4% in November. There were 416 breaches of which the main areas of concern are:

- Gynaecology (54 breaches)
- Head & Neck (25 breaches)
- Lower Gastro intestinal (173 breaches)
- Skin (115 breaches)
- Upper Gastro intestinal (21 breaches)
- Urology (15 breaches)

An action plan has been received by the CCG to outline performance recovery and is currently being reviewed. Backlogs in skin and lower GI have been addressed throughout November and December such that performance is expected to improve in line with the trajectory and be back above target by February 18.

Patient choice breaches continue to be an issue but should improve with the roll out of the new 2ww referral form in January.

# 3.7 Cancer – 62 days



## Top Line Messages:

CCG Performance against the 62-day wait target has improved from 71.0% in October to 77% in November 2017 with 32 breaches of which:

- 1 in Gynaecology
- 1 in Haematology
- 4 in Head & Neck
- 8 in Lower GI
- 1 in Lung
- 4 in Upper GI
- 13 in Urology.

## 104 Day Breaches

There were 13 over 104 day breaches reported at the end of November. The number of patients in this category is tracked weekly by the Trust, the CCG have requested weekly updates to be shared.

Urology remains the speciality of most concern with ongoing discussions between GHNHSFT and GCCG regarding recovery actions. The key actions have focused upon creating capacity at GHNHSFT & have plans to expand the current multidisciplinary and diagnostic clinics which will shorten patient pathways.

Updated GHFT cancer action plan in place with revised trajectories with 62 day performance to be back to target by April 18

## 3.7 Cancer – Key Actions – 2 Week Cancer & 62 day



- Confirmation of National Cancer Recovery funds received w/c 2nd October. Support previously confirmed for additional MRI capacity for urology. Further funding will now support CT capacity for a number of pathways and additional administrative capacity for colorectal.
- An in-depth “Critical Friend” visit held with representatives from NHS Improvement and IST to undertake a thorough review of cancer services management processes. Findings assured the Trust had a good grip on patient management processes, whilst acknowledging the current significant performance challenges.
- 2WW Booking: New 2WW leaflet and GP checklist agreed with patient group and LMC to optimise use of appointment slots.

### Individual Cancer site actions

#### **Lung**

- Straight to test Lung pathway project
  - 2ww consultant triage
  - Lung cancer clinics
  - Chest X-ray to CT
- Business case for additional Endobronchial Ultrasound (EBUS)

#### **Head & Neck**

- One stop clinic with same day scanning
- Oral & Maxillofacial Surgery clinic takes place alongside dermatology clinic. Biopsies can be undertaken same day, where indicated and resource available, or booked to next available clinic

#### **Colorectal**

- Joint GHFT/CCG project

#### **Upper GI**

- Additional E Provision of Glanso lists to increase Oesophago- gastro-duodenoscopy (OGD) capacity
- US scope to reduce referrals to Birmingham.
- Appointment of new consultant who will attend Hereford MDT - will reduce shared breaches

## 3.7 Cancer – Key Actions – 2 Week Cancer & 62 day



### Urology

- Additional ad hoc Trans Rectal Ultrasound (TRUS) Biopsy capacity to clear back logs
  - Backlog cleared. Waiting time reduced from in excess of 9 months to 2 weeks subject to completion of the patient's MRI scan.
  - Ongoing provision of ad hoc TRUS capacity in accordance with need.
  - Additional theatre capacity and equipment at/for Cirencester to increase template biopsy capacity
- Additional theatre capacity and equipment secured and in-situ at Cirencester.
  - The number of Consultants trained to undertake this specialist procedure has also increased from 2 to 4.
  - Backlog cleared.
- Redesign of Consultant Job Plans to facilitate cross-cover of theatre sessions
- Transfer of procedures to a non-theatre setting (Uro-lift pilot & Flexible Cystoscopy with Botox).
- Revised Prostate Cancer Pathway (MRI Capacity)

### Gynae

- Additional scan slots for Post menopausal bleed patients
- O&G consultant dedicated to 2ww clinic
- Creation of one-stop clinics for PMB patients
- Removal of direct access hysteroscopy clinics from choose and book and prioritise slots for Ca pathway patients

### Skin

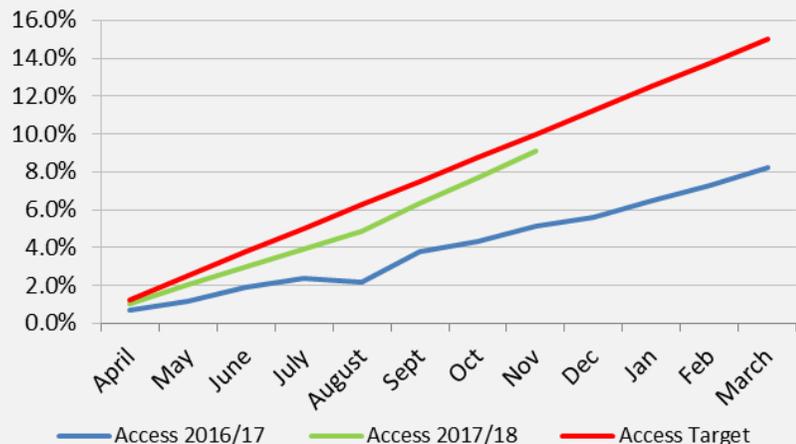
- One stop dermatology “super clinic” pilot started in November with increased capacity and shorter diagnostics and treatment pathway. 2ww backlog now fully cleared as a result.

# 3.8 System Overview: Mental Health - IAPT



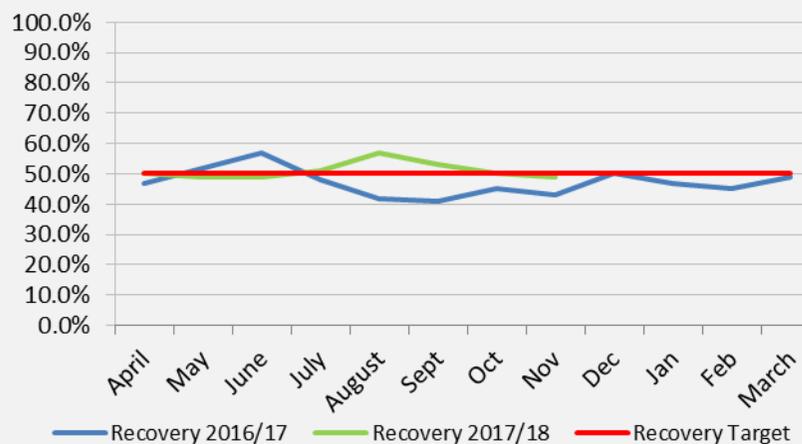
## Access

IAPT Access - 2016/17 to 2017/18 (YTD Nov 2017)



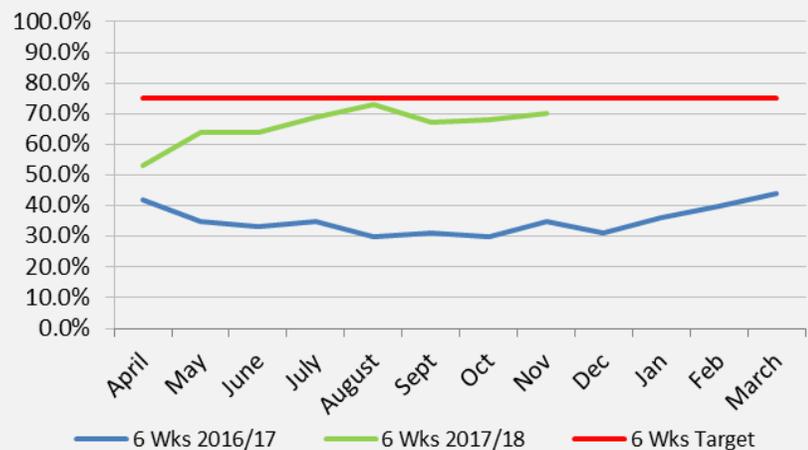
## Recovery

IAPT Recovery - 2016/17 to 2017/18 (YTD Nov 2017)



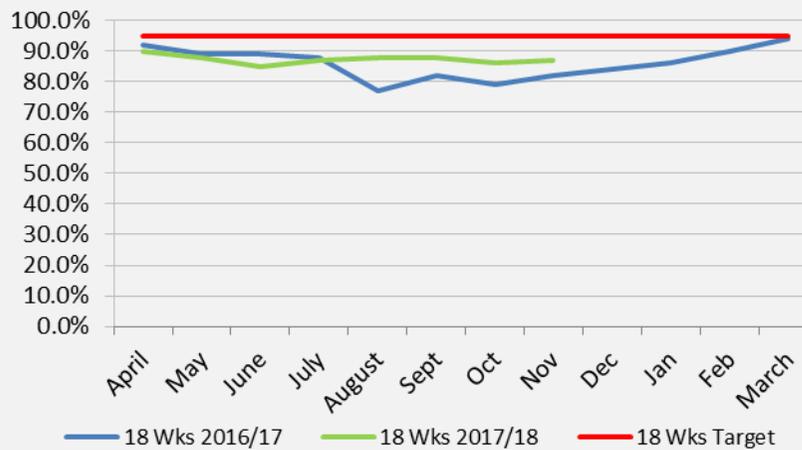
## Referral to Treatment - 6 wks

IAPT 6 Weeks Ref. to Treat. - 2016/17 to 2017/18 (YTD Nov 2017)



## Referral to Treatment - 18 wks

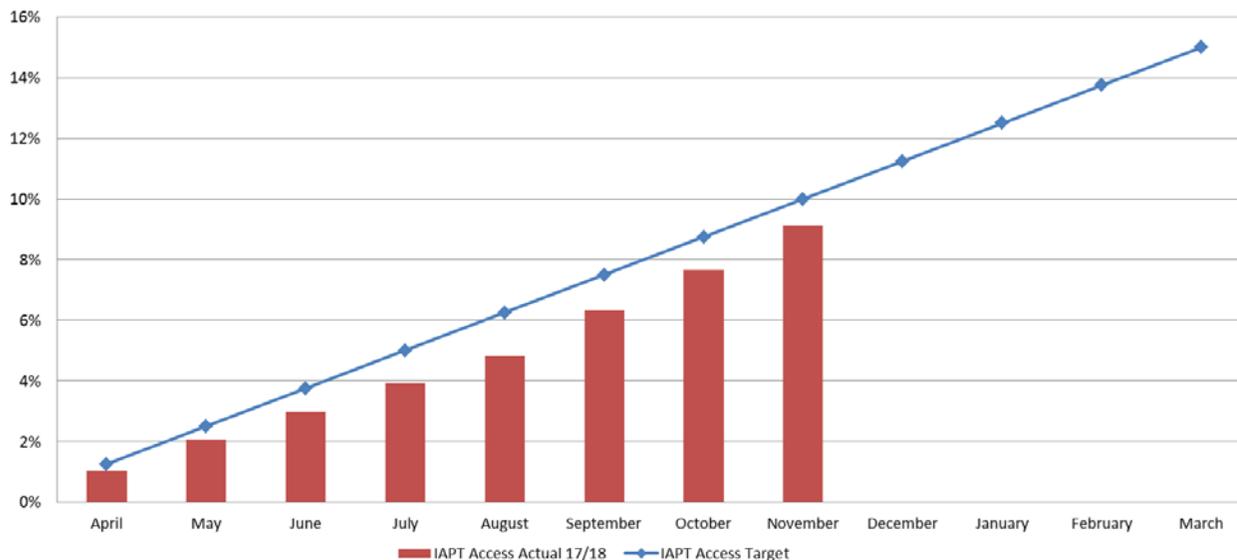
IAPT 18 Weeks Ref. to Treat. - 2016/17 to 2017/18 (YTD Nov 2017)



# 3.8 Mental Health - IAPT



**Improving Access to Psychological Therapies (IAPT) Access Rate**



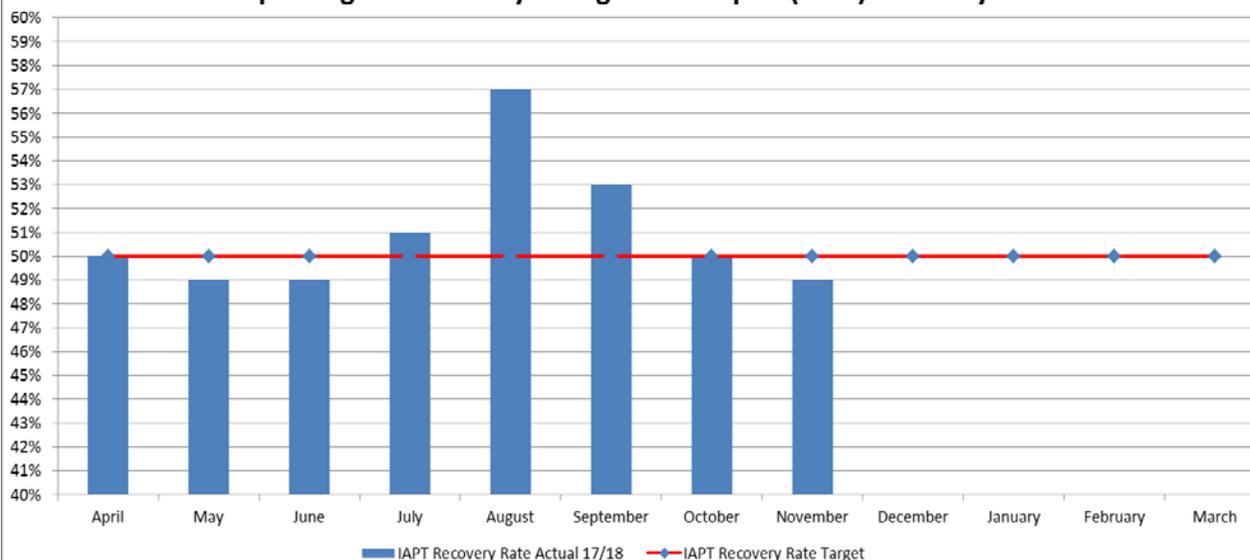
## Top Line Messages:

IAPT Access targets were met this month, with IAPT Access performance in November 1.3% against a national monthly target of 1.25%. Cumulative year to date performance is 9.12% against a target of 10% IAPT Recovery was slightly below target at 49% for November, but above target at 51% for year to date.

2G have created an improvement plan for access and recovery, this includes an internal productivity review and the providing of an E-provision via an external company to improve access rates.

There are known discrepancies between nationally reported recovery figures and local reported figures from 2G. 2G have an on-going programme of work that will help ensure better understand the variances in reporting of data. 2G staff are being briefed and trained on the issues to ensure that true clinical performance of the service can be reflected within the national dataset and a new care pathway has been introduced.

**Improving Access to Psychological Therapies (IAPT) Recovery Rate**

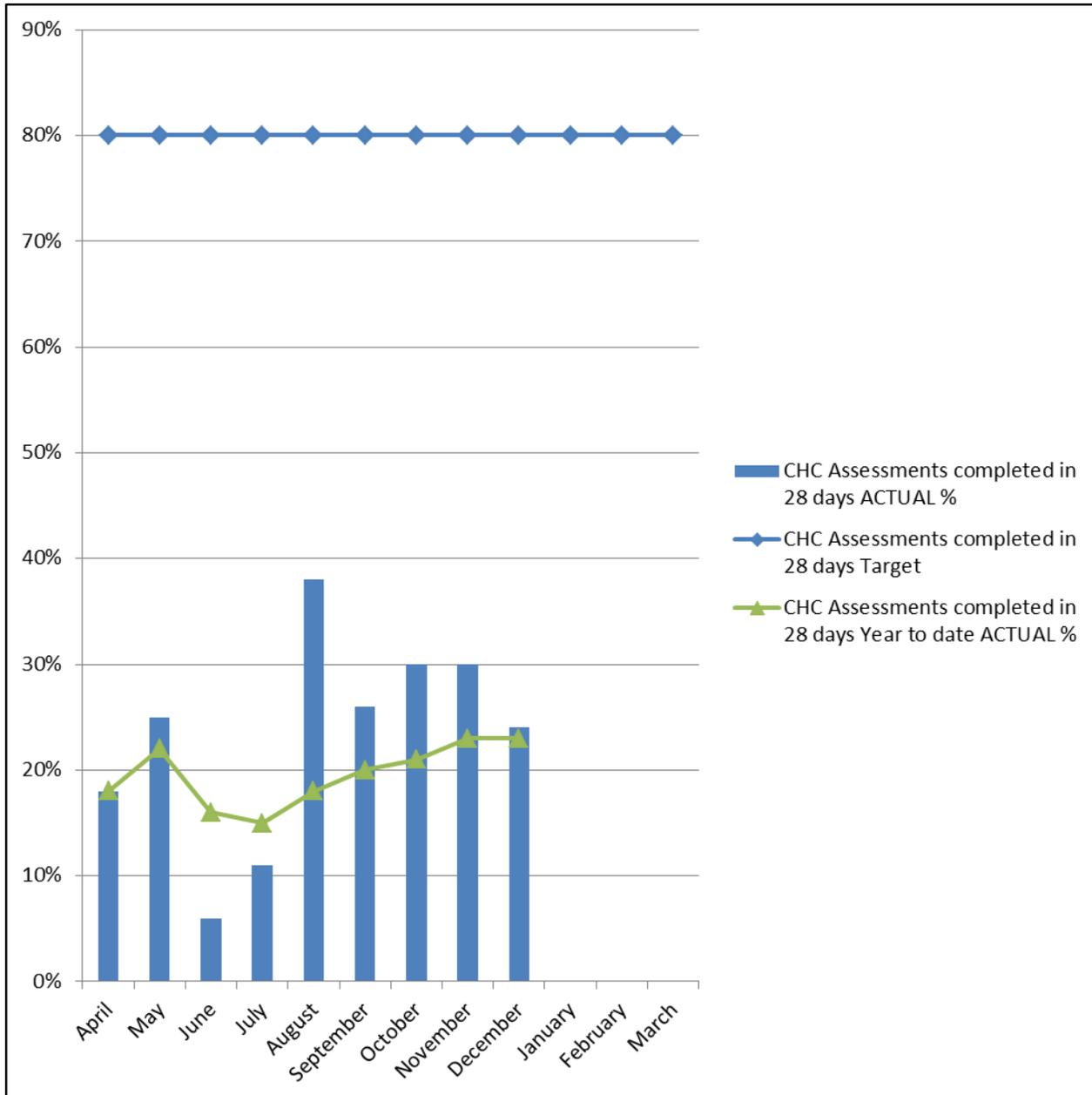




# 3.8 System Overview: Mental Health – Children & Young People

Children and Young People's Mental Health (CYPS)												
2017/18	April	May	June/Q1	July	August	September /Q2	October	November	December /Q3	January	February	March/Q4
Children and young people who enter a treatment programme to have a care coordinator - (Level 3 Services) Target : 98%	99%	99%	100%	100%	99%	99%	99%	99%				
95% accepted referrals receiving initial appointment within 4 weeks (excludes YOS, substance misuse, inpatient and crisis/home treatment and complex engagement) (CYPS) - Target 95%			99%			98%						
Level 2 and 3 – Referral to treatment within 8 weeks , excludes LD, YOS, inpatient and crisis/home treatment) (CYPS) - Target 80%			94%			93%						
Level 2 and 3 – Referral to treatment within 10 weeks (excludes LD, YOS, inpatient and crisis/home treatment) (CYPS) - Target 95%			98%			98%						

# 3.9 Continuing Health Care - CHC Assessments completed in 28 days



## Top Line Messages:

NHS Continuing Healthcare (CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. The time that elapses between the Checklist (or, where no Checklist is used, other notification of potential eligibility) being received by the CCG and the funding decision being made should, in most cases, not exceed 28 days. The 28 day referral time starts from the date the CCG receives any type of recorded decision that full consideration for NHS CHC is required i.e. a positive checklist or other notification of potential eligibility and ends at the point the CCG makes the decision.

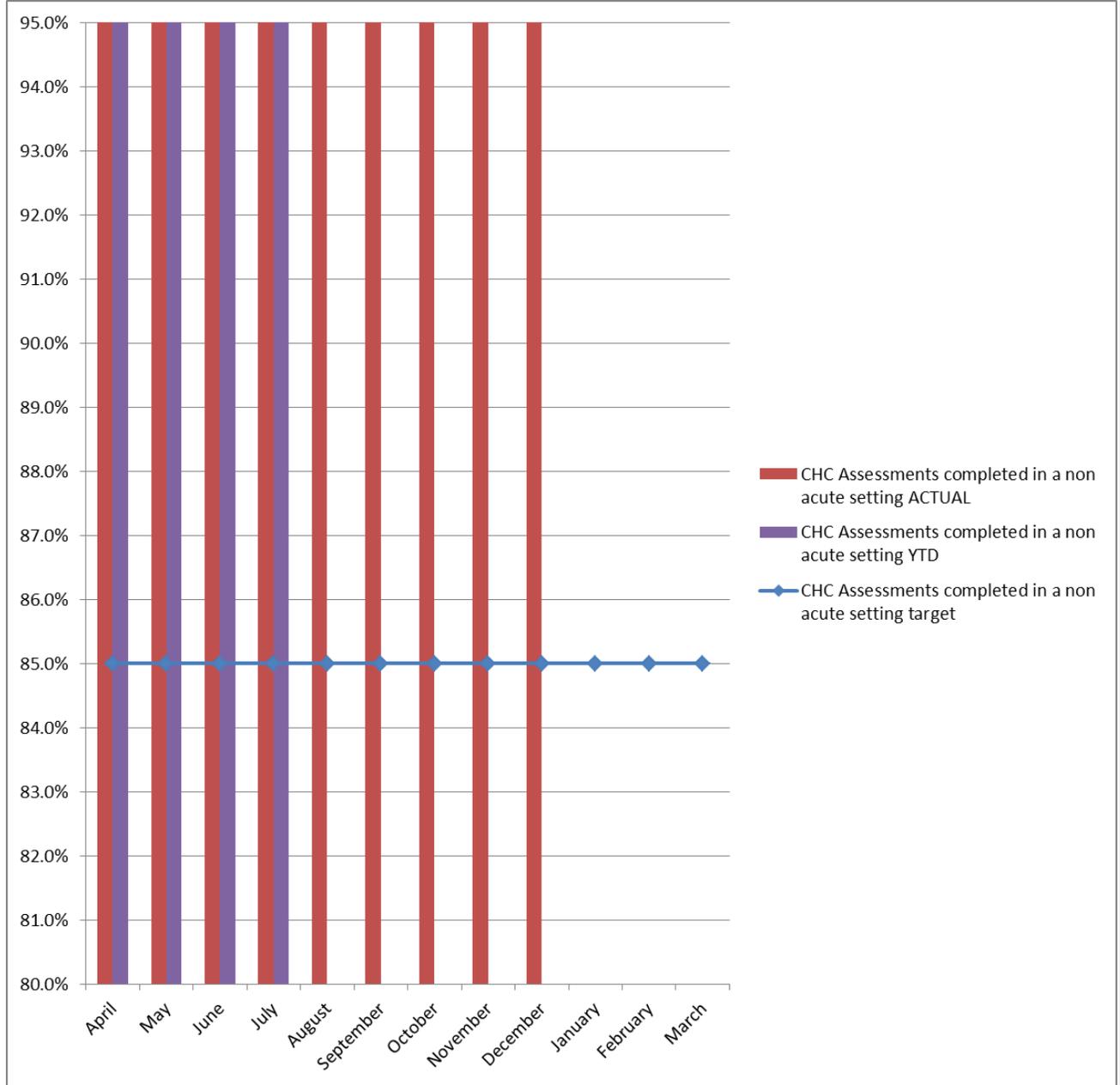
Some of the ongoing reasons identified as causing delays are:

- Accessing Social workers to constitute a Multidisciplinary team.
- Engaging community nursing teams to complete nursing assessments.
- Backlogs, in particular areas, learning disability.

## Key Actions:

- The CCG invested into the CHC service restructured the team
- Improved data collection and monitoring to ensure that delays are kept to a minimum and the reasons for delays are identified
- Improved working arrangements with our Local Authority and our community partners to reduce any CHC process delays

# 3.9 Continuing Health Care - CHC Assessments completed in a non acute setting



### Top Line Messages:

It is preferable for eligibility for NHS Continuing Healthcare to be considered after discharge from hospital when the person's long-term needs are clearer, and for NHS-funded services to be provided in the interim. This pathway was developed between CHC along with Adult Social Care to support both organisations with flow into D2A beds and align the CHC National Framework around patients not being assessed whilst in an acute setting.

The new Discharge to Assess pathway commenced on the 9th May 2016 and now only in exceptional circumstances does a CHC checklist and full assessment take place in an acute hospital setting within Gloucestershire. This pathway for CHC and Adult Social Care is working well, with those individuals identified as requiring a full assessment for NHS Continuing Healthcare now taking place in a more appropriate setting and within the 28 day timeframe.

# 3.10 Gloucestershire Care Services Performance Issues

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## RTT:-

- 5 of the 8 monitored services are failing the KPI (% treated within 8 Weeks – target 95%).
- Adult Speech and Language Therapy has dropped to 75% in December, performance was 95.9% in October.
- Occupational Health performance has risen to 83.2% for December from the November position of 76.6% but is still 11.8% below target.
- Adult Physiotherapy performance has continued to improve and performance has risen from 86.3% to 90.7% but is still 4.1% below target.
- Parkinson Nursing performance has significantly increased to 88.9% for December. November performance was 40.7%. Please note: patient volumes are low for this service so performance measures can be volatile and the quality of the data is under review.
- MSKCAT performance continues to be low with Decembers recorded as 38.5%, a slight increase on Novembers 37.3%.
- Podiatry, Diabetes Nursing and Bone Health services are meeting the monthly target. Only Diabetes Nursing and Bone Health are meeting the YTD target.

## Community Hospitals

- Both weekend and weekday discharges have improved in December but were still below target; 3.4 against a target of 4 for weekends and 8.8 against a target of 11 for weekdays.
- Monthly DToC rate (% of DToC days) has increased slightly in December to 2.9% from the November position of 2.6% but is maintained below the NHS England target of 3.5%.
- Occupancy increased in December to 95.9% and is now just below the target of 96%. The November position was 94.4%.

## Length of stay

- Community Hospitals LOS – is 27.1 days YTD and but the December position shows a decrease to 24.6. The decrease appears to be largely due to a decreased LOS for directly admitted patients.

## District Nursing:-

- District nursing is now on the GCS risk register. The main risk perceived by the CCG is with end of life care.
- The Band 6 district nurse staff group has a high vacancy rate and nurses continue to leave the service in favour of more attractive roles in areas such as the virtual ward, pull model and frailty nursing. The nurses who are leaving tend to be more experienced staff members and backfill is being provided by newly qualified band 5 nurses. Overall the skill and experience of this staff group is declining.
- Rising demand is also being put on the service and this, combined with the shift in staff type, is putting the service under increasing pressure.

Commissioners are working closely with GCS regarding the above via Clinical Programme Groups and usual contract levers such as Performance, Finance and Information meetings and Clinical Quality Review Groups.

# 3.11 Performance – Patient Experience



## FFT Top Line Messages

		Jul-17		Aug-17		Sep-17		Oct-17	
		Provider	Nat Ave						
GHT Inpatients	Response Rate	26.40%	26.20%	27.20%	26.40%	27.30%	25.30%	26.80%	25.10%
	% Recommend	91%	96%	91%	96%	90%	96%	91%	96%
	% Not	4%	2%	4%	2%	4%	2%	4%	2%
GHT A&E	Response Rate	18.30%	12.80%	18.60%	13.60%	18.20%	12.50%	19.00%	12.70%
	% Recommend	78%	86%	85%	87%	81%	87%	81%	87%
	% Not	14%	8%	9%	7%	13%	7%	10%	7%
GCS	Response Rate								
	% Recommend	93%	96%	96%	96%	95%	95%	95%	95%
	% Not	3%	1%	2%	2%	3%	2%	2%	2%
2g	Response Rate								
	% Recommend	91%	89%	88%	88%	91%	89%	86%	86%
	% Not	5%	4%	6%	5%	3%	4%	7%	5%

In October 2017 GHNHSFT reports an above average response rate for both the Inpatient and A&E FFT. Unfortunately, results show that GHNHSFT continue to perform below national average.

GHNHSFT has a strategic objective to improve their FFT score to 93% within 12 months. The trust are also exploring how they can bring the FFT together with their wider surveys and secure a new provider for all.

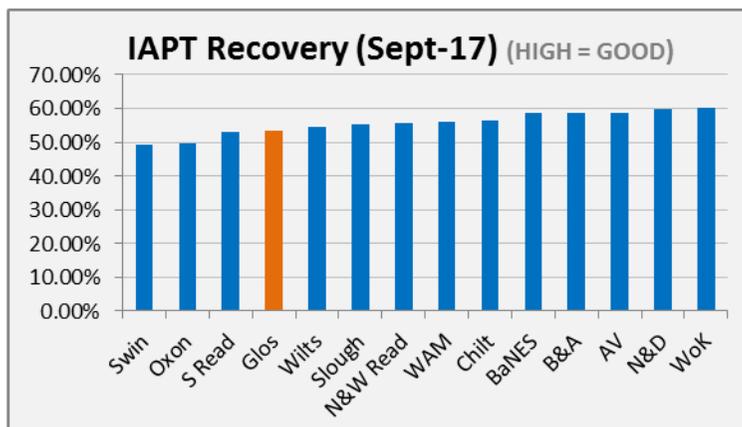
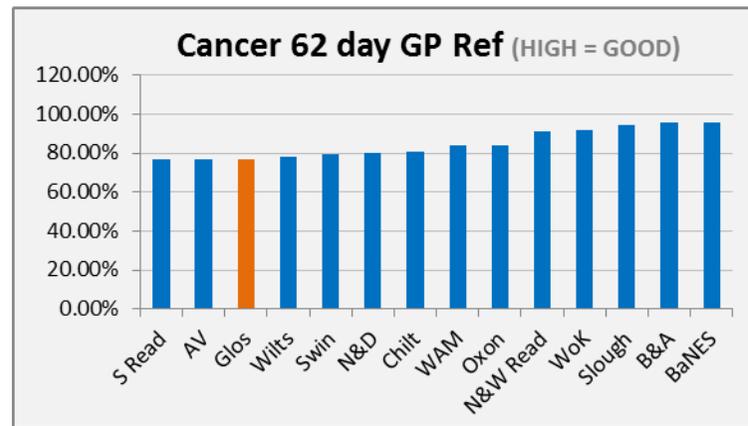
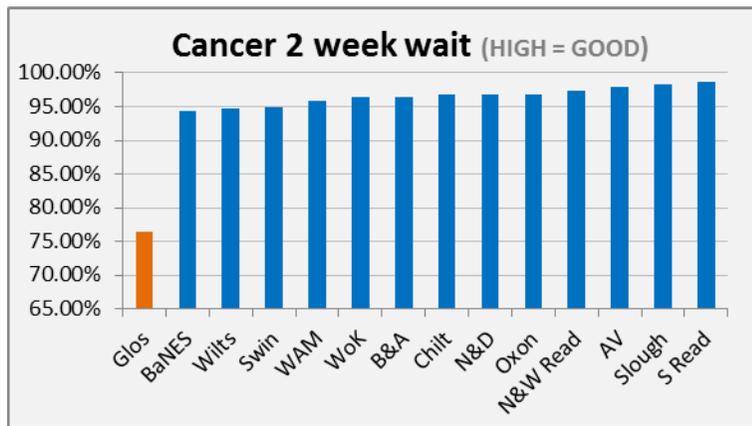
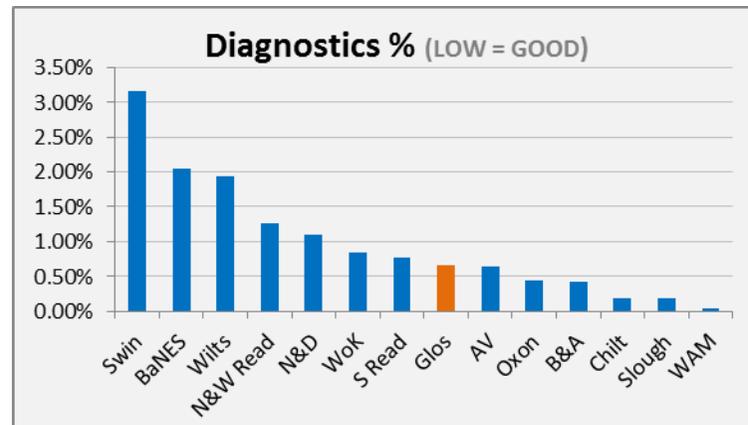
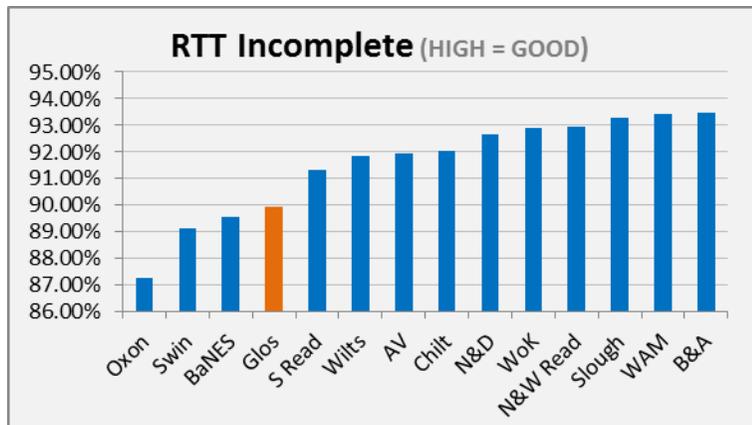
## PROMS

NHS England has taken the decision to discontinue the mandatory varicose vein and groin hernia procedure national PROM collections. NHS England will continue with hip and knee surgery PROM collections and are working with NHS Digital to make the national data on them easier to use and to provide a range of automated outputs that are tailored to the needs of trusts, CCGs and other users.

February 2018: Final 2016/17 data for Varicose Vein and Groin Hernia surgery published by NHS Digital

May 2018: Final 2017/18 data for Varicose Vein and Groin Hernia surgery published by NHS Digital

# 3.12 Performance – South Central Comparison Nov. 17



# 4.0 Leadership



Indicator	Component Measure	Narrative
<b>Staff and member practice engagement</b>	OD Plan Staff Survey Turnover Vacancies Sickness PDP/Training	<ul style="list-style-type: none"> <li>• <b>Turnover Rate:</b> The October HR report shows stability in turnover rates over the last 12 months, fluctuating but remaining under 11%. This latest report shows turnover slightly reduces in October to 10.85%, a fairly consistent picture since May 2017</li> <li>• <b>Compliance rates</b> for core mandatory / statutory training have increased since the beginning of the year to <b>75%. (5% increase since 1<sup>st</sup> November 2017).</b> The Corporate Governance team has managed to resolve most of the issues relating to the validation of data from the Skills for Health system.</li> <li>• <b>Staff in Post, Starters and Leavers:</b>. Since the last report staffing levels have remained the same at 262 for both September and October which remains the highest 2 months over the last 12 months. The October report confirmed 1 starter and 2 leavers for October. Over the last 12 months reporting in headcount of 33 leavers and 74 starters.</li> <li>• <b>Sickness Absence Rate:</b> The October data indicates that long term absence has decreased from 1.62% to 0.89%. In September the data showed 4 members of staff on Long Term Sickness. Short term sickness absence has slightly increased in October from 1.02% to 1.31%.</li> <li>• <b>Practice engagement:</b> All clusters are engaged in developing Improved Access pilots, with 4 pilot sites now live. These will deliver additional routine and urgent appointments during evenings and weekends. As part of the GPFV, 35 Practices are engaged in the Productive General Practice Programme and 25 individuals in the General Practice Improvement Leaders programme. Regular individual practice visits continue.</li> </ul>

# 4.0 Leadership



Indicator	Summary and headline evidence/ examples
<b>1. Probity and Governance</b>	<p>The CCG has put in place strong clinical and non clinical leadership across all areas of the STP, recent developments include investment in GP Provider leads to support local delivery and GP cluster working. STP governance structures include CCG staff in senior leadership roles in all areas of the programme alongside provider leadership roles. STP work Programmes progressing with outcomes being seen in a number of areas, including cancer, MSK and eye health. Governance structure for the STP has been in place for some time with new chair coming into post recently.</p> <p>The HR and OD plan aligns to that of the STP and is overseen by the HR/OD group who meet quarterly. There is positive work being undertaken for OD across the system, this includes the development of joint apprenticeship scheme for information analysts.</p>
<b>2. Staff Engagement</b>	<p>The CCG effectively engages with staff members with a Joint Staff Consultative Committee and an annual staff survey. The 2017 survey demonstrated that staff feel engaged in the work of the organisation with 79% recommending it as a place to work. A robust action plan has been developed in response to the detailed survey results. In addition, staff engagement is aligned to the STP through the Partnership Forum and the Associate Director of Corporate Governance leads on HR and OD internally, and attends associated STP working groups to represent the CCG. Plans linked to overall STP workforce development.</p>
<b>3. Workforce Race Equality</b>	<p>WRES data forms part of the CCG's annual Equality and Engagement report, reported to the IGQC. Feedback has been used to inform changes to recruitment processes and the staff survey. Provider organisations are also required to submit copies of their annual WRES reports to the CCG and subsequent action plans to enable specific issues to be addressed. The CCG Governing Body has recently signed up to the Insight Programme: our next participant (April 2018) is from a BME community.</p>
<b>4. Effective Working Relationships</b>	<p>An action plan to address findings from the 2017 360 degree survey is in place and is owned by the Clinical Chair and Accountable Officer. 74 of the CCG's stakeholders completed the 2017 survey, and the 2018 stakeholder list was reviewed in line with the actions plan to ensure an appropriate range of responses. CCG is also undertaking consultations at present regarding Community Hospitals in the Forest of Dean and Funded Patient Transport with good engagement taking place.</p>
<b>5. Compliance with statutory guidance on patient and public participation</b>	<p>The CCG is committed to embedding involvement in all areas of its commissioning activity and is able to provide clear evidence of progress against the 10 key actions including through the annual report, feedback website pages, communication engagement strategies and plans, consultation report, AGM and equality impact assessments. STP engagement, first stage complete, Forest of Dean initial consultation completed and preparation underway for One Place Business case consultation and next stage for the FoD.</p>

# 4.0 Leadership



Indicator:	Summary and headline evidence/ examples
<b>6.1 Leadership</b>	<p>STP five year plan, developed from the FYFV signed off by all partners. CCG operational &amp; financial plans developed from the STP plan, start point April 2017. STP work programme developing using the agreed governance structure. The CCG has 81 practices grouped into 7 localities with a strong relationship between the locality and the CCG through Locality Executive Groups and the Primary Care team. Specific examples of good practice include several primary care events and an annual rolling programme of GP Practice visits and varied communication methods such as What's New This Week and G Care. CCG OD plan focus on staff development and includes strong emphasis on formal appraisal including PDPs. Staff training co-ordinated across includes financial training at all levels including Governing Body and all budget holders.</p>
<b>6.2 Quality of Leadership</b>	<p>There is a clear governance structure in place which enables a focus on quality, performance delivery including contracts and finance within the IGQC, Audit Committee, Governing Body business meetings and the formal bi monthly Governing Body. Information is reported to each Committee with a focus on key areas of risk as well as the overall performance position. The Governing Body is well sighted on financial and performance issues with regular informal and formal reporting. Meetings are well documented to evidence the level of discussion and challenge. Governing Body members expertise range from governance, clinical, financial and patient experience enabling a strong challenge.</p>
<b>6.3 Leadership Governance</b>	<p>The Governing Body has a clear constitution, policies, set roles and responsibilities which enable them to effectively challenge. A recent review has been undertaken of the risk management process. Each committee carries out a self assessment annually to inform future development. Corporate governance team recently strengthened. This can be further evidenced by policies, committee structure and monthly reporting to the GB on financial risk including those within providers and contracts. External advice taken where required. Clean external audit reports since inception. Internal audit annually cover transactional areas as well as developmental areas and are reported to Audit Committee.</p>
<b>6.4 Transformational Leadership</b>	<p>The STP has a clear governance structure supported by a MOU which has been agreed by all partners. The Governing Body receives bi-monthly STP reports which provide updates on key achievements, performance and areas of focus. Providers also report on STP achievements to their respective boards. For example, partners are involved in progressing the One Place programme to develop the urgent care system to improve the patient experience. A dedicated team has been put in place to drive this project.</p>

# 4.13 Performance – Quality Premium Overview

2017/18 Quality Premium Calculator			
<b>£3,126,700</b> (Based on projected population 625,340)			
			
National Measure 1: Early Cancer Diagnosis	National Measure 2: GP Access & Experience	National Measure 3: Continuing Healthcare	
Cases of cancer diagnosed at stage 1 or 2 as a % of all new cases of cancer	Overall experience of making a GP appointment assessed through Question 18 of the GP Patient Survey	1. CCGs must ensure that more than 80% of all full NHS CHC assessments are completed within 28 days. 2. CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting.	
<b>17% - £531,539</b>	<b>17% - £531,539</b>	<b>17% - £531,539</b>	
National Measure 4: Mental Health	National Measure 5: Bloodstream Infections	Local Measure: The percentage of applicable patients who go direct to a stroke unit within 4 hours	
<b>Option a)</b> A reduction in Out of Area Placements (OAPs) <b>Option b)</b> Addressing inequitable rates of Older People and people from Black and Minority Ethnic (BAME) communities accessing the Improving Access to psychological Therapies (IAPT) services <b>Option c)</b> Inequitable rates of access to Children and Young People's Mental Health services based on geography	Part a) reducing gram negative blood stream infections (BSI) across the whole health economy Part b) reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care Part c) sustained reduction of inappropriate antibiotic prescribing in primary care	The CCG will look to improve performance from the latest published figure year end 15/16 of 38.1% (350 out of 919 patients) to 45% for 17/18. This will improve the outcomes for approx 50 patients	
<b>17% - £531,539</b>	<b>17% - £531,539</b>	<b>15% - £469,005</b>	
			
Constitutional Gateways			
RTT - Incomplete pathways	4-hour A&E target	62 day cancer	Category A RED 1 incidents
<b>25% - £781,675</b>	<b>25% - £781,675</b>	<b>25% - £781,675</b>	<b>25% - £781,675</b>

# 5.0 Sustainability - Month 9



Income and Expenditure	YTD surplus	FOV surplus	YTD Running costs	FOV Running costs
In year	● B/even	● B/even	● B/even	● B/even
Cumulative	● (£12,937k)	● (£17,249k)	● (£325k)	● (£191k)

Savings Programme	YTD Savings	% YTD Savings	FOT Savings	% FOT Savings
	● £17,417k	● 83.3%	● £21,860k	● 86.9%

Other Metrics	BPPC	Cash drawdown	FOT Capital
	● 96.8%	● 75.66%	● £2,338k

## 5.0 Sustainability – Executive Summary

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### Position

- Gloucestershire CCG is forecasting to achieve it's planned in year position which will lead to a cumulative surplus of £17,249k at the end of 2017/18.
- The CCG has assumed that the 0.5% remaining System Risk reserve of £3,705k is fully committed and is not available. NHSE have advised that this sum is unlikely to be available to spend in the current financial year.
- Very little flexibility now remains with the CCG to offset any additional pressures as all recurrent and non-recurrent reserves have now been utilised to cover recognised pressures. This will mean that any additional material crystallisation of risk will need further action in order to achieve the planned surplus target for the year.
- As much of the in-year mitigation is non recurrent in nature, the consequence will be an additional pressure in 2018/19; new savings are being identified to bridge the funding gap.
- Initial discussions have commenced with providers regarding the 2018/19 financial year.

## 5.1 Sustainability – Resource Limit

The CCG's allocation as at 31<sup>st</sup> December 2017 is £860.1m.

The adjustments received in December, which were all non-recurrent, are as below:

£000	Description
5	Social Prescribing Funding
43	MDFT: Diabetes Transformation Fund
13	Structured Education: Diabetes Transformation Fund
138	Additional Winter Funding - Mental Health bids
79	Additional Winter Funding - (GP Winter Access Bid)
<b>278</b>	<b>Total received in month</b>

## 5.2 Sustainability – Acute Contracts (1 of 3)

<b>Acute NHS Contracts</b> <b>Key</b>  Indicates a favourable movement in the month   Indicates an adverse movement in the month	Trend	Year end Forecast £'000
<p><b><u>Gloucestershire Hospitals NHS Trust (GHNHSFT)</u></b></p> <p>A block contract arrangement has now been agreed with the Trust, hence the CCG continues to report a breakeven position for the 2017/18 forecast outturn. Current operational information continues to show that first outpatient activity is under planned levels ; this means that the risk of a further deterioration in the RTT (Referral to Treatment) target. An outpatient programme of work is in implementation to deliver changes in service which should help to mitigate some of this risk.</p>	→←	0
<p><b><u>Great Western Hospitals NHS Trust (GWH)</u></b></p> <p>The position has remained static this month with the contract continuing to overspend in the majority of areas, predominantly within:</p> <ul style="list-style-type: none"> <li>• Elective inpatients for trauma &amp; orthopaedics (T&amp;O) and gynaecology</li> <li>• Non-elective inpatients in T&amp;O, cardiology, general surgery and obstetrics</li> <li>• Day case in podiatry, cardiology and ophthalmology</li> <li>• Non PbR underspends in critical care however these do not offset the pressures elsewhere in the contract.</li> </ul> <p>The CCG has raised a number of challenges to this position and have met with GWH to discuss these. A response is expected from GWH by the 20<sup>th</sup> January 2018.</p>	→←	650.0

## 5.2 Sustainability – Acute Contracts (2 of 3)

Acute NHS Contracts	Trend	Year end Forecast £'000
<p><b><u>Oxford University Hospital NHSFT</u></b>            The position this month has marginally deteriorated as at November. There continues to be underspends within most areas of the contract :</p> <ul style="list-style-type: none"> <li>• Elective cardiology and T&amp;O</li> <li>• Day case general surgery, gynaecology &amp; hepatology</li> <li>• Adult critical care and rehabilitation</li> </ul>	↓	(250.0)
<p><b><u>University Hospital Bristol NHSFT</u></b>            The overspend has reduced from the previous month due to underspends within day cases for paediatrics, however changes relating to specialist commissioning transfers are still creating pressures within the contract.            This position, which was not envisaged within the initial planning assumptions, has been raised with both the host commissioner and the specialised commissioning team.</p>	↑	358.7
<p><b><u>University College London Hospital</u></b>            The forecast over performance has decreased again this month, however there still remains reported overspends in:</p> <ul style="list-style-type: none"> <li>• Elective urology, colorectal surgery, T &amp; O and paediatric endocrinology</li> <li>• Non elective activity in urology</li> </ul>	↑	160.0

## 5.2 Sustainability – Acute Contracts (3 of 3)

Acute NHS Contracts	Trend	Year end Forecast £'000
<p><b><u>North Bristol NHS Trust</u></b>            The position has been maintained and is currently as previously forecast with underspends in the following areas:</p> <ul style="list-style-type: none"> <li>• Elective inpatient for plastic surgery</li> <li>• Non elective inpatients for general surgery, nephrology and neurosurgery which is partially offset by overspends in vascular surgery and cardiology</li> <li>• Adult critical care activity</li> </ul>	→←	(800.0)
<p><b><u>Winfield</u></b>            The position continues to underspend in the majority of contract areas with a slight overspend within pain management.            The provider is forecasting an increase in activity the months to the financial year end.</p>	↑	(636.9)
<p><b><u>Royal United Hospital</u></b>            Activity data has been received for November and the contract continues to show signs of pressure within the following :</p> <ul style="list-style-type: none"> <li>• Elective inpatient trauma and orthopaedics (T&amp;O)</li> <li>• Non elective inpatient cardiology, general surgery, respiratory medicine and T &amp; O</li> <li>• Occupational therapy services</li> </ul>	↓	232.1
<p><b><u>Non Contract Activity/Overseas visitors</u></b>            The position has not changed this month and therefore still forecasting an overspend primarily due to changes in specialist commissioning and HRG4+ which have not seen the anticipated reduction due to mandated HRG4+ (Health Resource Group) and IR (Identification Rule) changes as reflected in budgets and allocation deductions.</p>	→←	171.6

## 5.3 Sustainability – Prescribing

<b>Primary Care Prescribing</b>	<b>Trend</b>	<b>Year end Forecast £'000</b>
<p>The current forecast outturn position is for a £2m overspend due to the ongoing No Cheaper Stock Obtainable (NCSO) drugs issue. The estimated cost pressure for the period April to November is approximately £2.4m. If this position continues then this represents a significant risk to the CCG's financial position.</p> <p>October prescribing data from the NHS Business Services Authority (NHS BSA) shows a 1.3% increase in comparison to that incurred in October 2016, whereas YTD data for April to October 17 now shows almost flat growth, with a modest £50k (0.1%) reduction in relation to the same period in 16/17.</p> <p>The detailed data for November was not available at the time of writing.</p>	<b>→ ←</b>	<b>2,000</b>

## 5.3 Sustainability – Prescribing

### Locality Prescribing : Prescribing data Apr 17 to Oct 17

Locality	YTD % Growth In Spend
Cheltenham	-0.8%
Forest of Dean	1.1%
Gloucester City	1.1%
North Cotswold	-4.3%
South Cotswold	-1.3%
Stroud and Berkeley Vale	1.0%
Tewkesbury, Newent & Staunton	-2.5%
<b>Total</b>	<b>-0.1%</b>

## 5.4 Sustainability – Mental Health

Mental Health	Trend	Year end Forecast £'000
<p><b><u>Mental Health Services</u></b></p> <p>This area is characterised by low volumes of patients with each attracting a high cost and, therefore, fluctuations from the average are noticeable. The current budget is predicated on last year's trends which, to date, have not been replicated in 2017/18 thus leading to an overspend. This is based on the current number of patients currently in placements. Staff have been appointed to engage patients in day care which should facilitate a quicker discharge.</p> <p>Non contract activity has increased this month, both generally and with Avon &amp; Wiltshire Mental Health Partnership Trust, causing an increase in the expenditure and the forecast.</p>	↓	449.4

## 5.5 Sustainability – Primary Care

Primary Care	Trend	Year end Forecast £'000
<p><b><u>Delegated Co-Commissioning</u></b></p> <ul style="list-style-type: none"> <li>– The forecast is a breakeven position against a budget of £79.968m.</li> <li>– Demographic growth in patient list sizes by practices has outstripped planned levels</li> <li>– Claims for sickness and maternity cover continue to increase again this month and overall is higher than 2016/17 levels. This is partially due to a change in the regulations on what can be claimed.</li> <li>– Plans for future financial years are currently being discussed which includes premises developments.</li> </ul>	→←	0
<p><b><u>Other Primary Care</u></b></p> <ul style="list-style-type: none"> <li>– The Local Enhanced Services continues to show an underspend predominantly within schemes for anti coagulation, leg ulcer services and urgent care</li> <li>– The primary eye care contract continues to underspend against plan.</li> <li>– Some minor slippage in the implementation of cluster schemes in the early months of the financial year has been experienced within the primary care transformation fund however all schemes are now on track.</li> </ul>	↑	(228.9)

## 5.6 Sustainability – Continuing Health Care

<u>Continuing Health Care/Funded Nursing Care</u>	Trend	Year end Forecast £'000
<p>The reconciliation of patient numbers and package costs between systems across the CCG and Gloucestershire County Council (GCC) has now been incorporated into the monthly business as usual procedure. Ongoing dialogue between organisations ensures that any variances are followed up on a regular basis and any reimbursement is actively pursued.</p>		
<ul style="list-style-type: none"> <li>– A mid year re-budgeting exercise has been undertaken across these headings to reflect the issues found during the reconciliation process</li> <li>– Any known new external placements have been incorporated within the forecast</li> <li>– A prudent assessment of the level of any potential outstanding reimbursement due to the CCG is included within the forecast position for this area.</li> <li>– This area predominantly includes costs based on client level information from GCC and independent providers which includes amounts for domiciliary care, nursing home placements, those in receipt of funded nursing care and personal health budgets.</li> <li>– An element of potential risk remains around the level of domiciliary care costs which are the final element of spend to be subjected to a forensic review (programmed for January).</li> </ul>		<p>31.0</p>

## 5.7 Sustainability – Savings Plan

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- 2017/18 savings plan is based on Year 1 of Sustainability and Transformation Plan (STP) solutions which used opportunities identified through benchmarking included national RightCare comparisons.
- Slippage has been identified in programme areas and additional savings have been identified and are being identified to cover slippage in programmes and changes.
- The forecast for savings plans has been included in the financial forecast.
- Savings plans for 2018/19 are under development and build on the current year's programme, the planned programmes under the STP and further opportunities from benchmarking.
- The CCG is currently reviewing the three RightCare Delivery Plan areas for its second high level submission in February 2018. The areas currently being considered are as follows:
  - Circulatory.
  - Gastroenterology.
  - Genitourinary particularly Urinary Tract Infections (UTIs).

## 5.9 Sustainability – Savings forecast delivery

### NHS GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP Savings Programme 2017/18

Theme	Planned Gross Savings 2017/18 £'000	Forecast £'000	Variance £'000
Urgent Care	3,826	4,160	334
CPA & Planned Care	2,621	1,854	(767)
Shifting Settings of care & Diagnostics	1,018	657	(362)
Prescribing	5,000	4,000	(1,000)
Other Transformational	1,476	476	(1,000)
Transactional	3,000	3,000	0
Additional Schemes	8,213	7,714	(499)
<b>Grand Total</b>	<b>25,154</b>	<b>21,860</b>	<b>(3,294)</b>
Slippage / Contingent resources		3,294	3,294
<b>Grand Total</b>	<b>25,154</b>	<b>25,154</b>	<b>0</b>

## 5.10 Sustainability – Risks & Mitigations

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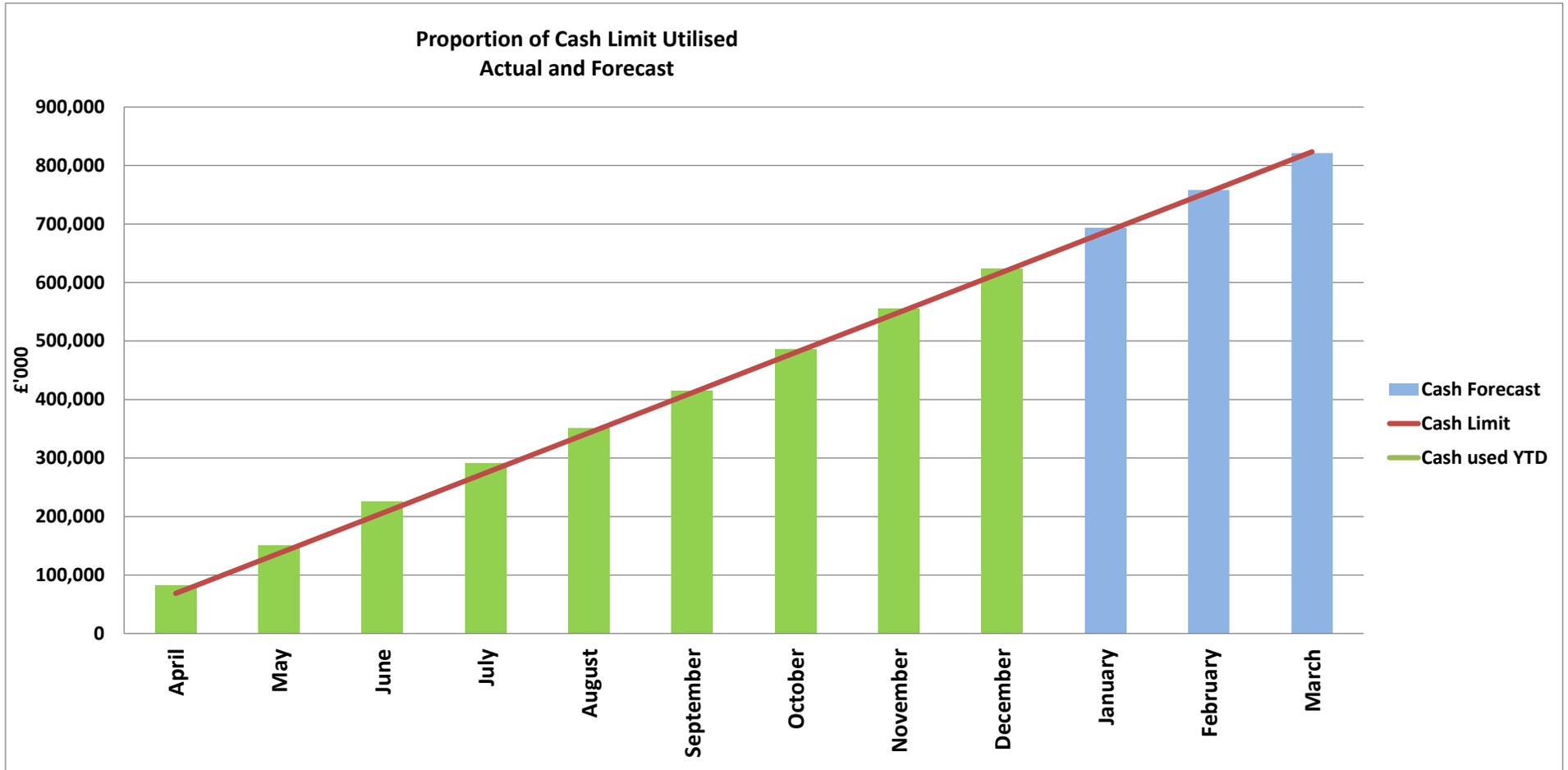
### Risks

- Volatility in prescribing (including NCSO)
- Impact on 17/18 GHFT position of Trakcare implementation which will have a further effect on RTT backlog impacting on future years
- Delivery of other constitutional standards
- Growth & demand pressures
- True impact of transfers of activity from Specialised Commissioning
- Transforming Care transfers from Specialist Commissioning
- Slippage in delivery of saving solutions

### Mitigations

- Slippage on developments – retain centrally
- Identify new savings schemes
- Urgent care reset plan
- Apply minimal contingency
- No controllable expenditure to be committed if no identified funding source
- Developments - release subject to business case sign off.

# 5.11 Sustainability – Cash drawdown

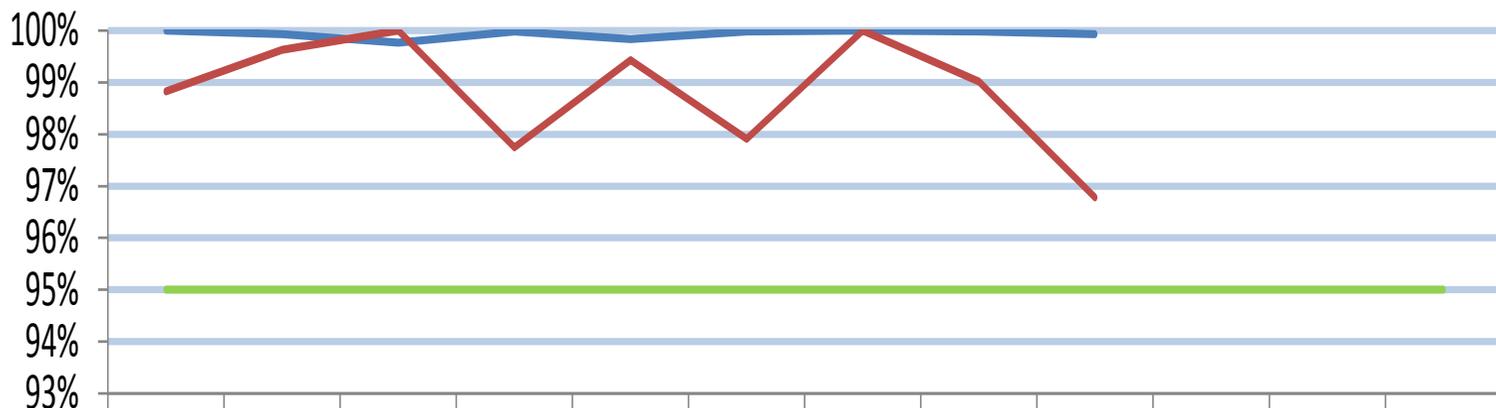


At the end of December £635m had been drawn down (75.6%) of the maximum cash drawdown available of £839.6m.

The cash balance at 31<sup>st</sup> December 2017 was £11.5m.

## 5.12 Sustainability – BPPC performance

%age Performance by value



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
— NHS	100.0%	99.9%	99.8%	100.0%	99.8%	100.0%	100.0%	100.0%	99.9%			
— Non NHS	98.8%	99.6%	100.0%	97.8%	99.4%	97.9%	100.0%	99.0%	96.8%			
— Target Performance	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

**If you require more information than the data provided in the Monthly Performance Report or Accompanying Scorecard please contact:  
Information & Performance Department -  
[GLCCG.InformationTeam@nhs.net](mailto:GLCCG.InformationTeam@nhs.net)**

## Agenda Item 9

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Report Title</b>	<b>Sustainability &amp; Transformation Partnership (STP) Progress Update</b>
<b>Executive Summary</b>	A high level STP progress update is attached for the Governing Body.
<b>Key Issues</b>	STP Programme update
<b>Risk Issues: Original Risk (CxL) Residual Risk (CxL)</b>	The main risks currently inherent in the development of the STP are still present.
<b>Management of Conflicts of Interest</b>	N/A
<b>Financial Impact</b>	The STP is a key part of ensuring that we maintain financial balance as a health community
<b>Legal Issues (including NHS Constitution)</b>	The STP includes a commitment to ensure compliance with NHS Constitution Standards and meet national requirements.
<b>Impact on Health Inequalities</b>	The STP includes a clear commitment to reduce health inequalities.
<b>Impact on Equality and Diversity</b>	The STP includes a commitment to ensure equality, value diversity.
<b>Impact on Sustainable Development</b>	The STP supports sustainable development.
<b>Patient and Public Involvement</b>	Patient and public representatives are engaged through various stakeholder events.
<b>Recommendation</b>	This report is provided for information and CCG Members are invited to note the contents.
<b>Author</b>	Beth Gibbons
<b>Designation</b>	STP Project Manager
<b>Sponsoring Director (if not author)</b>	Ellen Rule – STP Programme Director

# Gloucestershire's Sustainability & Transformation Partnership

Update to Gloucestershire Clinical Commissioning  
Group Governing Body  
January 2018



Registered population (2015)

632,500

+42,000

Projected rise

Projected population (2030)



674,500



2653 km<sup>2</sup>

Area covered by the STP

Current no. of people over 65 with a long term condition



47,500



77,000

Projected rise by 2030



20%

The increase in the 75–84 age group by 2021



£226m\*

Gap over the next 4 years (from 2017/18) **unless** we change the way we deliver services and support

# Our 2017/18 Focus



- Significant transformation plan now in implementation phase
- Increased level of trust across the system adopting a distributed leadership model
- Driving delivery on current plans to achieve:
  - Improved quality outcomes
  - Population health approach (Place Based)
  - More efficient services through improved pathways with an increased focus on prevention and self-care
  - Real signs of positive change

# Summary of Progress on Constitution targets

## STP Commitment

- DTOC target by Q2 17/18 in Acute Trust.
- A&E Delivery: Move to 90% 4 Hour Delivery by September 2017.
- Accelerate work on diagnostic targets and achieve these in Q3 17/18.
- Recover IAPT from August 2017 (recognising that coding backlog will not impact April-July 17)
- Implement Cancer recovery plan
- Deliver Trakcare Recovery Plan & progress RTT
- Work to deliver STP solutions and CIPS

## Delivery

- DTOC on track by Q3 17/18
- A&E Performance 95% in November 17, 90.7% December 17.
- Diagnostic target achieved in Q3 17/18.
- IAPT Recovery Plan in place and performance improving
- Trakcare, Cancer and RTT Recovery plans prioritised for Q4 17/18 & Q1 18/19
- Significant progress in delivery for 17/18

# Key areas of progress

- One Place Programme Director and project team appointed and making significant progress
- Pilot of hot/cold site split for trauma and orthopaedics progressing, with early evidence that it is releasing significant elective capacity that is now being targeted at waiting list recovery
- Significant programme of winter investment including community capacity, leading to delivery of urgent care 4hr targets in full for November
- Clinical programmes delivery continuing at pace including MSK virtual fracture clinics going live, eye health roll out to community services, appointment of respiratory integration lead who starts new post in January and significant improvement against SSNAP standards for stroke
- Continued Delivery of medicines optimisation savings, with significant savings showing across the programme,
- Start of re-procured community connectors service across county delivering social prescribing at scale, selected to be NHS England exemplar site for social prescribing
- Developed workforce strategy for general practice in our county

# Winter update

## Overview

- Positive feedback from regulators on winter plan and operational collaboration
- Very positive senior operational ownership and partnership working
- iBCF winter investments having positive impact. New initiatives starting to show delivery e.g. Hospital at Home service started May17 for complex dischrge-50% of people proven to need no further follow up.
- Total additional winter monies of £2.3m awarded (inclusive of £1.2m within tranche 2 schemes)
- Exceeding CAT 4 target of 90% sustained (Full delivery of standard in November (95.3%) and at 91.98% for December (up to and including 26th).

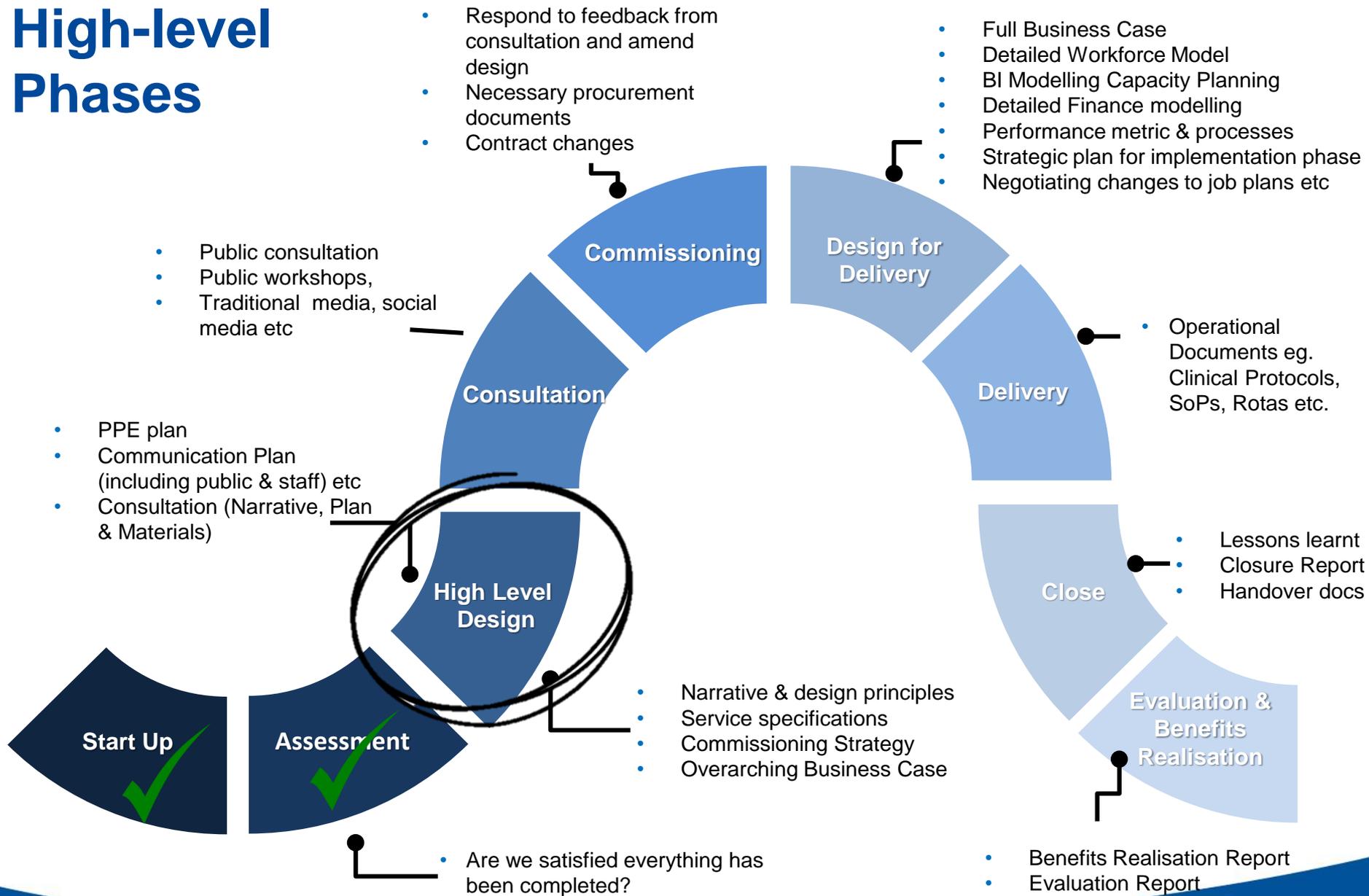
## Key approaches

- Admission avoidance
  - Frailty service
  - Ambulatory pathways
  - Additional rapid capacity
- Maintaining flow
  - System flow taskforce
  - Operational collaboration including weekly patient review
  - Additional investment - transport
- Capacity & demand management
  - GP streaming
  - Extensive public comms
  - High hear and treat rate
  - Encouraging use of non-ED opportunities
  - Significantly enhanced primary care offer

## Priorities for the next 3-6 months:

- Continue to progress one place business case (more detail on next slide) , including delivery against requirements of assurance process for investment committee and local stakeholder engagement strategy
- Continue performance recovery trajectory, for cancer, RTT and associated Trakcare recovery
- Complete workforce strategy for whole system building on success with general practice workforce strategy
- Continue to deliver against clinical programmes objectives, examples include go live with countywide MSK triage business case, delivery of respiratory integration, complete business case for stroke rehab and embed trop-t testing pathway in the emergency department
- Deliver next phase programme for cultural commissioning, including new pilots for children with long term conditions

# High-level Phases



## Agenda Item 10

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Report Title</b>	<b>2017 update to 'Gloucestershire's Future in Mind, 5 year Transformation Plan to Improve Children's Mental Health'</b>
<b>Executive Summary</b>	<p>During 2015 all local areas were required to produce a plan to transform support for children's mental health. 'Gloucestershire's Future in Mind, 5 Year Transformation Plan for Children's Mental Health' was signed off by the Health &amp; Wellbeing Board (HWBB), Gloucestershire County Council (GCC) and the CCG, and submitted for approval to NHS England in October 2015 with excellent feedback.</p> <p>The CCG are required by NHS England to produce an annual update which is published on the CCG website. The annual update is presented to the Health and Wellbeing Board.</p> <p>The aim of this refresh is to reflect local progress with transforming the system of support for children and young people and further ambitions based on our local developing work in this important area.</p>
<b>Key Issues</b>	<p>Our Transformation Plan takes a whole systems approach that is vital to transforming and making significant progress against a growing problem of increasing numbers of children with mental health difficulties. The key focus of our plan aims to:</p> <ul style="list-style-type: none"> <li>• Address the gaps identified in our needs analysis.</li> <li>• Provide a balance between the need for</li> </ul>

	<p>more early intervention and prevention.</p> <ul style="list-style-type: none"> <li>• Meet the needs of those very vulnerable children and young people who achieve poorer outcomes than most of the population.</li> </ul>
<b>Risk Issues:</b>	Developing collaborative plans with NHS England Specialised Commissioning to support alternative options to the use of some mental health in-patient beds.
<b>Original Risk (CxL)</b>	(4x3) 12
<b>Residual Risk (CxL)</b>	(4x2) 8
<b>Management of Conflicts of Interest</b>	None
<b>Financial Impact</b>	Funding associated with the Future in Mind Programme.
<b>Legal Issues (including NHS Constitution)</b>	None
<b>Impact on Health Inequalities</b>	The Transformation Plan considers the need to reduce inequalities in access and outcomes for children and young people. The Transformation Plan will improve the quality and availability of services, support and experience and ensure equity in access to services.
<b>Impact on Equality and Diversity</b>	EIA completed as part of the initial report.
<b>Impact on Sustainable Development</b>	Positive. Online developments ensure some provision is accessed without travel.
<b>Patient and Public Involvement</b>	<p>Children, young people, parents and carers were involved in the development of the original plan. Since publishing the original plan, working with young people from Stroud Youth Council, Gloucestershire Young Carers and the Young Ambassadors for Vulnerable Children and Young People, our engagement activities have included:</p> <ul style="list-style-type: none"> <li>• Involvement in grant awards for additional</li> </ul>

	<p>one-to-one counselling support across Gloucestershire.</p> <ul style="list-style-type: none"> <li>• Launch and promotion through community events, school health and wellbeing events and Information Bus awareness raising days with Year 6 pupils of a new website for Children &amp; Young People – <a href="http://www.onyourmindglos.nhs.uk">www.onyourmindglos.nhs.uk</a></li> <li>• Launch and screening at a local cinema of a promotional video to encourage young people to talk about their mental health and develop ways to support themselves and their peers.</li> <li>• Co-production of the Personalised Commissioning Pilot for Children in Care.</li> </ul>
<b>Recommendation</b>	<p>The Governing Body is requested to:</p> <ul style="list-style-type: none"> <li>• Note the good progress made with implementation of the plan</li> </ul>
<b>Author</b>	Helen Ford
<b>Designation</b>	Lead Commissioner, Children and Maternity
<b>Sponsoring Director (if not author)</b>	Kim Forey, Joint Director of Integration

# Gloucestershire's Future in Mind

**2017 update** to the local transformation plan for improving the mental health and wellbeing of our children and young people  
2015 - 2020



# Gloucestershire's Future in Mind; 2017 update

## 1. Introduction

This update of 'Gloucestershire's Future in Mind 5 Year Transformation Plan for improving Children and Young People's Mental Health' should be read in conjunction with the original 'Gloucestershire's Future in Mind' document, which remains the main reference point and also the 2016 update to the Plan. The original plan and 2016 update can be accessed at <https://www.gloucestershireccq.nhs.uk/about-us/publications/>

The aim of this refresh is to reflect local progress with transforming the system of support for children and young people, and further ambitions based on our local developing work in this important area. This update has been developed based on the work we have carried out over the last year in conjunction with a wide range of stakeholders, including children and young people, parents and carers, schools, social care and the wider partnerships.

We continue with robust governance arrangements and oversight of the implementation as described in the original plan. In addition to this, the implementation of Gloucestershire's Future in Mind sits firmly within the Gloucestershire Sustainability and Transformation Plan (STP) published in November 2016 as a key element for the current and future health and wellbeing of our population. For more information: <http://www.gloucestershireccq.nhs.uk/gloucestershire-stp/>. We have also sought to align Gloucestershire's Future in Mind with the deliverables set out in the Five Year Forward View for Mental Health.

## 2. 2017 update to the needs assessment

In August 2015, a children and young people's mental health and wellbeing needs assessment was produced to inform the development of Gloucestershire's Future in Mind Transformation Plan. As part of the 2016 update to the Transformation Plan, its authors have requested updates to certain sections of the needs assessment. In 2016/17 we have noted the trend in increases in the number of children and young people using mental health services and explore this below.

### 2.1 Young people's mental health needs

There has been no update to national prevalence data since the 2015 needs assessment, which used data from a 2004 Office for National Statistics (ONS) survey. However, the delivery of certain elements of the Transformation Plan, such as the Schools Pilot, and a more recent Online Pupil Survey (OPS), has added to our understanding of the mental health needs of young people in Gloucestershire. This local intelligence will continue to be used to enhance the implementation of our plan and its refinement as outlined below.

The NHS Benchmarking Network produced its annual National CAMHS Benchmarking Report (2016) which shows that referral rates for Children's Mental Health Services have shown a sustained increase since 2012 with a 44% increase in CAMHS referrals since 2012/13.

Locally, between 2014/15 and 2016/17, we have seen a 88% rise in the number of children and young people engaging with the face to face counselling services provided by TIC+, with a further predicted rise into 2018.

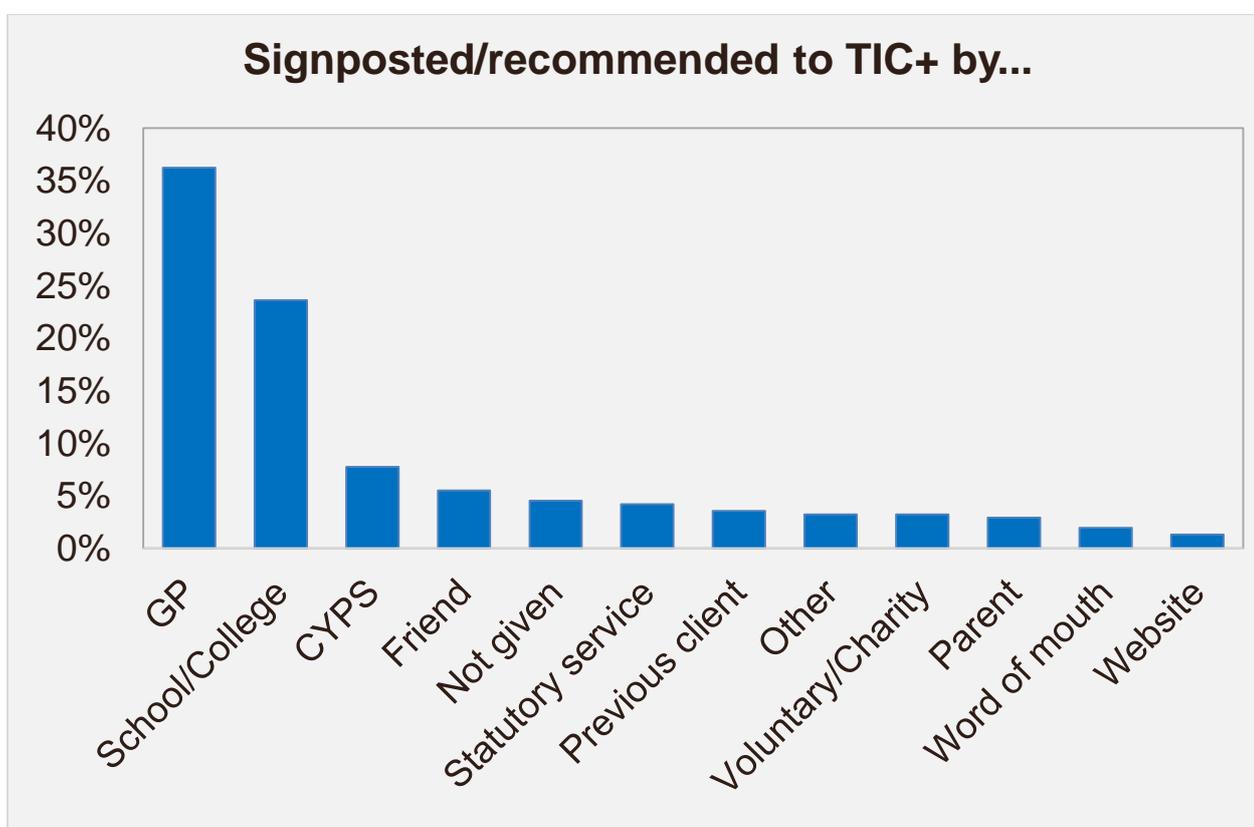
## Number of young people accessing TiC+ face to face counselling

	Number of young people referred to TiC+	Number of young people who engaged with TiC+	% annual change in the number of young people being seen by TiC+
2014/15	445	343	
2015/16	669	550	60% increase
2016/17	836	646	17% increase

An online counselling service has also been available through TiC+ since 2015/16 and has already been accessed by 352 young people.

### Source of referrals

90% of young people self-refer into TiC+ or are referred by their parents. However, when asked, 36% of the young people say they were signposted to TiC+ by their GP and 25% by their school or college.



### CYPs referrals

	Number of young people referred to CYPs	Number of referrals accepted by CYPs	% annual change in the number of young people being seen by CYPs
2014/15	2920	1734	
2015/16	3233	1951	12.5% increase
2016/17	3032	1829	6% decrease

Although overall CYPs referral rates have remained static, there has been a steady increase in the number of children and young people being accepted into CYPs for assessment and ongoing interventions. During 2015/16, there was a 6% increase in core service demand and this has continued into 2017/18.

Preliminary data for the first six months of 2017/18 is showing a 19% increase in the average monthly demand compared to the same period in 2016/17.

We cannot be sure whether this increase in referrals is due to a genuine rise in prevalence; better awareness of available support and less stigma about seeking help; or more accessible services. Anecdotal evidence from local professionals suggests all of these factors are playing a part and that the additional availability, particularly of earlier interventions such as online counselling, is meeting previously unmet needs identified in the first iteration of Gloucestershire's Future in Mind.

### **3. Our continued engagement**

Our original Transformation Plan was co-produced with children, young people, their families and carers, commissioning partners, GPs, providers and key stakeholders.

Since its publication, we have continued to engage actively with key partners and young people in Gloucestershire to begin to implement our ambitions and develop services.

#### **3.1 Children and young people**

Working with young people from Stroud Youth Council, Gloucestershire Young Carers and the Young Ambassadors for Vulnerable Children and Young People, our engagement activities have included:

- Involvement in grant awards for additional one-to-one counselling support across Gloucestershire.
- Launch and promotion through community events, school health and wellbeing events and Information Bus awareness raising days with Year 6 pupils of a new website for Children & Young People – [www.onyourmindglos.nhs.uk](http://www.onyourmindglos.nhs.uk)
- Launch and screening at a local cinema of a promotional video to encourage young people to talk about their mental health and develop ways to support themselves and their peers.
- Co-production of the Personalised Commissioning Pilot for Children in Care.

#### **3.2 Parents and carers**

Although our main focus has been on working with young people, we have also engaged with local parent groups, to increase access to local information and support for parents and carers. We are committed to working with parents for the remaining lifetime of the plan.

#### **3.3 Key stakeholders**

We have continued to work with key partners from across the county to develop our vision for services. We have held quarterly engagement events with representatives from health, social care, education and the voluntary sector.

Key messages continue to focus on:

- reducing stigma and raising awareness;
- improving early support for children and young people;
- providing additional support for parents and carers;
- ensuring consistency across the county;

- developing our local workforce across all sectors

We actively promoted Future in Mind to GPs and other practice staff through an exhibition at the annual Commissioning Event at Cheltenham Racecourse.

#### 4. Progress with transforming support for children and young people and taking the plan forward

Our Transformation Plan takes a whole systems approach that is vital to transforming and making significant progress against a growing problem of increasing numbers of children with mental health difficulties. The key focus of our plan aims to:

- Address the gaps identified in our needs analysis
- Provide a balance between the need for more early intervention and prevention
- Meet the needs of those very vulnerable children and young people who achieve poorer outcomes than most of the population.

There are 4 broad themes and layers of support based on our model of coordinated and flexible mental health support.



We have been working hard as a partnership across agencies and with children and young people to implement our plan over the four layers of support identified in the plan. The following sections describe our progress as well as how we intend to take things forward.

#### 4.1 Theme 1: Building resilience, information and advice, & early intervention

##### Universal Support

**4.1.1 'On Your Mind' Website for children and young people.** In direct response to feedback from young people, we have progressed co-producing a website with young people that can provide information, advice and guidance about self-help, access to trusted sources of support and available local services. This website was launched in autumn 2016 and has been promoted through a variety of means including social media, 'Heads Up', school nursing, at Gloucester Pride, assemblies in schools and via the G15. We have had good feedback from children and young people about the website, as well as parents and other partners. In the period from September 2016 to the end of October 2017 the website has been visited by over 9600 different users. The website can be found at: [www.onyourmindglos.nhs.uk](http://www.onyourmindglos.nhs.uk)

**4.1.2 Working to tackle stigma and normalise mental health.** As a partnership we continue to work to tackle stigma in schools and through other forums.

The Gloucestershire Tackling Stigma group have worked with the Girl Guides who have devised a mental health awareness package as part of their Mental Health Awareness badge. They have also worked with the Stroud Youth Council to look at stigma. In addition, a stand normalising mental health is provided at the GHLL annual conference where many schools are in attendance and at 'The Day in the Life of a Teen' event in Stroud.

GHLL report that schools and colleges now include a mental health intervention in their revalidation for the Healthy Schools award.

The '5 Ways to Wellbeing' is an evidence based approach which suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish.

- GHLL are measuring the number of times the '5 Ways to Wellbeing' is being used by schools in the Healthy Schools and Mental Health Champions Award
- The Wildlife Trust is working with GHLL to utilise this approach in a number of schools in areas of the Forest of Dean
- The 'On Your Mind' website promotes the use of the 5 Ways to Wellbeing
- 59 '5 Ways to Wellbeing' sessions for primary aged children have been carried out by Skillzone.

**4.1.3 Information and advice for parents.** Parents and carers have told us that they need easy access to advice and support about their children's mental health. In response to this webpages have been developed to support information, advice and guidance for parents, including signposting to trusted sources of support. It includes how to help your child and where to get local support. The webpages for parents and carers are linked to the CCG website, the GHLL website and to the On Your Mind website. 2gether Foundation Trust also has information for parents and carers on their website. We are also looking at how we can extend information and support for parents and carers in order to empower and enable parents to support children and young people, including trialling joint drop in sessions with school nursing and mental health workers.

**4.1.4 Webpages for practitioners.** Webpages have been developed for school based staff on the GHLL website. This provides:-

- Advice about emotional wellbeing issues
- Good practice examples that can be implemented in schools to improve emotional wellbeing
- Links to sources of support including a streamlined training matrix and access to all other training opportunities available in the county and advice.

Information about local and national support has been developed for GPs on the G-Care website. A pathway has also been developed to support GPs in referring or signposting to local mental health

services. Gloucestershire Self-Harm website now includes pages for parents, carers and professionals/practitioners to provide information and advice in supporting someone who is self-harming.

**4.1.5 A Mental Health Champions award** has been developed through GHLL which will be awarded to schools that recognise that the way they operate and approach wellbeing has a huge impact on the emotional health of pupils and staff (and on subsequent attainment).

During 2016/17 support to achieve the award has been developed including:

- Launch of Mental Health Champions Conference – 274 teaching staff attended.
- Training sessions delivered by GHLL around emotional health and wellbeing since September 2016:
  - **597** teaching staff have attended training by GHLL around emotional health and wellbeing
  - (**398** primary staff, **69** secondary/FE staff, **42** independent staff, **11** special schools staff, **42** Alternative Provision staff and **35** others e.g. school nurses etc.)
- A Whole School guide for schools has been developed called 'Nurturing Schools: Whole School Approaches to Supporting Mental Health and Wellbeing'. The guide includes information on how to develop 'attachment friendly' schools to support more vulnerable children and young people. The booklet links to relevant sections in the Mental Health Champions award (awaiting printing)
- We have 351 schools in Gloucestershire (this includes all types of settings e.g. primary, secondary, independent, colleges, special, alternative provision, hospital eg, faith, academies and free schools) To date **340** educational settings (**97%**) in Gloucestershire have registered an interest in the Mental Health Champions award through GHLL:
  - **262** of the educational settings are actively working towards the Mental Health Champions award
  - **6 schools have achieved** their Mental Health Champions Award –: one secondary school, four primary schools and one infant school.
    - Newent Community School and Sixth form
    - Glebe Infant School
    - Harewood Junior School
    - Picklenash Junior School
    - Southrop C of E Primary School
    - The Catholic School of St Gregory the Great
- Currently **5** schools are waiting to go through the Quality Assurance Process Panel on the 8<sup>th</sup> February 2018 for approval for the award. This includes one secondary school and four primary schools.
- **79%** of Gloucestershire's schools and colleges are working towards or actively achieved the Mental Health Champion Award since the launch in November 2016 at the GHLL conference.

## **4.2 Theme 2: Joined up support - schools, communities and GPs linked to mental health support**

## Early help including workforce planning, development & training

**4.2.1 Mandatory mental health training for staff in schools and in other universal or ‘non-mental health-specialist’ services.** We believe that mental health is ‘everybody’s business’ and as such, the workforce who are not ‘specialists’ in this area should nevertheless have a consistent level of knowledge and competence in mental health. This will make the workforce as a whole better able to identify need, provide support, and in turn be more resilient in the process, thereby reducing the demand for specialist services. An e learning module has been developed for use across children’s services. This module will be supported by trained leads that can facilitate discussion and answer questions on the content of the module. The module will be promoted widely and will record the numbers of practitioners that have completed the training and the numbers feeling more confident.

**4.2.2 Online access to counselling support** is being piloted through a Voluntary and Community Sector organisation and is a response to young people wanting to access support in different ways and an approach to providing cost effective services. This approach has been evaluated positively. The model ensures that young people can access support within a week of logging on and registering. Young people find the support helpful and some go on to have further face to face counselling. The model also ensures that those waiting for face to face counselling are able to access this support quickly. Based on the evaluation, a procurement exercise is underway to commission this service to commence in July 2018.

**4.2.3 Joining up Schools and Mental Health.** As a result of our successful DFE/NHSE national pilot in Stroud, we are rolling out this model of earlier intervention to the rest of the county using a phased approach. Additional primary mental health workers are available for schools to access support on a routine and regular basis as well as additional training. The evaluation demonstrated the following outcomes:

- The pilot has raised the profile of mental health and increased activity to support pupils developing resilience in schools
- The knowledge and skills of teachers about mental health have improved
- Schools are able to easily access advice and guidance about children’s mental health
- There is a smoother pathway into specialist help and support for children when needed.

The first phase of our roll out is to Gloucester City schools and to the rest of the Stroud locality during 2017 and in to 2018. To support the Gloucester City schools we have been working with the National Development Agency to provide ‘Strengthening the Circle’ training to a variety of staff in schools including Special Educational Needs Coordinators. We will also be working with local communities including youth clubs, local groups and the voluntary sector in and around Gloucester City. This will enable young people that are vulnerable to or with mental health issues to be better identified and supported. In addition we will be working with Create Gloucestershire in a project with four Gloucester City Schools to promote mental wellbeing through the arts.

**4.2.4 Earlier Intervention Counselling.** As a result of the needs assessment and engagement undertaken in the original plan, the CCG has invested in direct face to face counselling. This is available across the county with the intention that this is in addition to that which the schools, colleges or other organisations currently provide or fund. After 9 months of funding, the pilot was evaluated to assess its effectiveness. The majority of the young people were signposted to the service from GPs. TiC+ utilised the YP-CORE outcome assessment<sup>1</sup> with all CYP who undertook counselling as part of the pilot and in 78% of cases there was a measureable improvement in outcomes after undergoing counselling. Furthermore the average wait time

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<sup>1</sup> YP CORE is a specifically designed outcome measure that assesses wellbeing in CYP who are undergoing counselling. It is a short measure that can be used before and after counselling to assess change. A high score indicates a poorer outcome whereas a lower score indicates that there has been an improvement in outcomes.

for the intervention was between 3 and 4 weeks. 93% of CYP stated that the counselling had helped them and 93.5% of CYP stated that they felt listened to, had given them ideas for what to do when they felt bad and that they had talked about things they wanted to with the counsellor. As a result of the positive evaluation, the CCG approved the continuation of the grant funding with TiC+ over three years.

**4.2.5 Preventing Eating Disorders** A public health funded targeted intervention “The Body Project” that helps to prevent the development of an eating disorder has been successfully piloted in four schools. Sustainability of this programme is currently being explored by commissioners, working closely with the University of the West of England (UWE). A learning event will be organised for March 2018 to share the learning from this intervention as well as associated body image improvement interventions which have been developed by UWE.

**4.2.5 Mental health support for children with long term health conditions.** This has been identified as a gap in local provision, and is vital to prevent long term mental health needs and further physical health conditions developing amongst this group of children and young people, and is now being taken forward as a project. We will be building on the success of an arts based programme that supported children and young people with type 1 diabetes and also developed peer support as well as looking at good practice and evidence of what works across the country.

**4.2.6 Improving Access to Psychological Therapies (IAPT).** We are committed to continuing to train members of the specialist and wider mental health workforce, including practitioners in the Voluntary and Community Sector, in evidence based approaches via the Improving Access to Psychological Therapies Programme. Positive engagement with the regional educational collaborative has supported 25 practitioners in Gloucestershire from a range of organisations to be upskilled and trained by completing evidence based nationally recognised CYPS IAPT qualifications. We will look at the outcomes of the evaluation to be completed by Health Education England, of low intensity Psychological Wellbeing Practitioners (PWPs) as part of the CYP IAPT programme and consider using this approach in our local system.

**4.2.7 Further workforce development and planning.** We know that we need to continue to work hard to attract, develop and retain staff with the right skills to deliver our ambitious plan. Developing the Children’s Mental Health Workforce forms part of Gloucestershire’s Sustainability and Transformation Plan as a vehicle to take this forward and maximise success. We published our Children’s Mental Health Workforce plan in June 2017. A link to the plan is <https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2012/12/final-workforce-plan-June-2017.pdf>

**4.2.8 Self Harm.** Admissions to hospital for self-harm across all age groups continue to be higher in Gloucestershire than the England rate. Local partnership working has made significant improvements to the availability of materials and training that can be used by schools to improve awareness and understanding of self-harm amongst teachers and pupils. We have also seen increased use of our Gloucestershire Self-Harm Helpline by young people since we improved text and online messaging options.

However, we know that there is more to do and are in the process of developing a new Gloucestershire Strategic Framework for Self-Harm, coordinated around four stages:

1. Access to support before self-harm
2. Access to help: community, primary and secondary
3. Quality of care and treatment
4. Recovery, staying well and prevention of further self-harm.

With leadership from the Gloucestershire Health & Wellbeing Board, we are currently working with a range of stakeholders, including in health and social care, schools and children and young people, to better

understand the drivers of self-harm locally, as well as what works and the gaps and opportunities for improvement. An Action Plan will be agreed in early 2018 to take this work forward.

### **4.3 Theme 3: Pathways: access / waiting times / transition.**

#### **Getting Help**

**4.3.1 Access and Waiting times.** We had already set challenging local access and waiting times for our children and young people specialist mental health services prior to developing our local Plan in 2015. However, we acknowledged in our original plan that these waiting times had not been consistently met. With additional investment we have now met these waiting times. The most recent NHS England Benchmarking for 2016/17 demonstrates that 2gether Trust have the second shortest access and waiting times of all children and young people specialist mental health services across England. With the introduction of online and face to face counselling sessions provided by TiC+ and further strengthening of the pathway between TiC+ and 2gether NHS Foundation Trust we have waiting times for face to face counselling at approximately 4 weeks and online at 1 week. Demand continues to rise for mental health services and we will need to monitor this going forward.

**4.3.2 Parenting Programmes.** A recent report from the Mental Health Foundation, contributing to the NHS Five Year Forward View for Mental Health, re-emphasised the importance of parenting programmes in **protecting mental health in early years**. A rapid review of parenting programmes in Gloucestershire has taken place looking at what is currently being delivered in county and the current evidence base. This project is being taken forward to streamline the offer.

**4.3.3 Eating Disorders.** Work is ongoing to ensure that there is an effective pathway in place so that all multiagency professionals including Primary Care, the Acute Trust and the eating disorder service work effectively to manage co-morbid physical health issues as well as the eating disorder. There are discussions progressing to develop a service level agreement with a GP practice to manage the bloods and ECGs for young people who require more frequent physical health tests. This would include day patients and home treatment patients in the early stage of treatment. It is anticipated that this pathway will be published during 2017/18. The new waiting time standards have been incorporated into service delivery and the Eating Disorders service is a member of the National Eating Disorders Quality Network.

**4.3.4 Early Intervention in Psychosis (EIP).** Gloucestershire operates a fully NICE compliant service for young people who develop psychosis for the first time. This includes a clear pathway and joint working including shared teams roles between the CYPS service and EIP to ensure young people receive joined up care and support

**4.3.5 Transition.** Work has been ongoing via a CQUIN to improve the experience and journey of young people into adult mental health services or onward care into the community. 2gether NHS Foundation Trust is working with young people and adult services to look at how adult services can better meet the needs and expectations of young people. Key achievements with implementing the CQUIN are

- A webpage has been developed on the trust intranet for staff with guideline and frequently asked questions about transition
- A Dialectical Behaviour Therapy group available for people who transition as a pilot from CYPS to adult mental health teams.

2gether will be working with the CCG and local partners to implement the National Transition CQUIN during 2017/18. The aim is to improve the experience and outcomes of young people who transition from CYPS either to adult or community services.

In particular the work will focus on consulting with young people and carers about what makes a good transition, building resilience through careful preparation and providing information to equip young people to make choices should they need further care. In line with other acute medical and community services across Gloucestershire the 'Ready, Steady, Go' programme will be evaluated as a model for care. A pre and post transition questionnaire for young people will help to identify how services can improve; also a review of information to GPs will be undertaken given their key role in delivering community services. In particular the CQUIN will look at young people who may be discharged from CYPS but relapse later when they may have to access further mental health support as an adult. The work will scope the desirability of 0-25 year old services and will also be working to implement the National Institute for Clinical Care and Excellence transition quality standard.

#### **4.4 Theme 4: Vulnerable CYP with complex needs / intensive interventions.**

##### **Getting help and help & support in a crisis**

**4.4.1 Young People in crisis.** The CCG and county council (GCC) have been working to look at more effective models of joint working including developing collaborative plans with NHS England Specialised Commissioning (NHSE SpecComm) to support alternative options to the use of mental health in-patient beds. This is to support young people who are often known to multiple agencies including health and social care and who are experiencing a social and/or psychological crisis. We know that these young people are at greater risk of engaging in offending activity, be subject to forms of exploitation and/or be less likely to be engaged in education and have stable employment prospects and training. These young people often have complex needs and present a challenge in terms of practitioners providing a joined up response, and may often result in them being in placements out of county.

Our proposed response is to provide more local and bespoke support based on the development of a combined health and social care Intensive Intervention Service. This is based on feedback from young people, the needs described and best practice, and aims to support young people based on successful models of practice elsewhere in the country. This business case has now been approved by GCC, and is being taken forward as a potential joint development with the CCG and NHSE SpecComm.

Integral to this, Gloucestershire has also been successful in gaining capital funding to develop a place of safety and place of calm.

Complementary to the above work, we have been developing our community **Mental Health Acute Response Service (formerly known as the crisis service) and Gloucestershire Hospital based Psychiatric Liaison** service to begin to work with younger people. This area of work has not progressed as quickly as we might have liked due to some workforce challenges. However, we are confident that this will progress over the coming year.

**4.4.2 Children who suffer from sexual abuse and /or exploitation.** We are working collaboratively with our partners including the Sexual Assault Referral Centre Board and NHS England Health and Justice Commissioner to work together to address gaps in the system which include victims of sexual abuse and /or exploitation. We are moving forward with a procurement exercise to commission emotional support for victims of sexual abuse and assault across all genders and age ranges.

**4.4.3 Children and Young People on the edge of or coming into care.** We will continue to work on developing a more comprehensive pathway of support for children on the edge of or coming into care, including the younger age group who may have suffered trauma, neglect and abuse. This is to help to

ameliorate later mental health crises developing. We are developing a pilot with the one of the fostering and social care teams to bring together all sources of support and provide a multi-professional response to assessment, intervention and supporting placements. This includes addressing capacity as the number of children in care rises.

We said in our 2016 update that we would look at meeting changing needs, eg the rise in unaccompanied asylum seekers. We have now reached an agreement and invested in a pathway of support to address the needs of asylum seekers and refugees, with the Voluntary and Community Sector supported by 2gether NHS Foundation Trust.

Gloucestershire is an early adopter site for **NHS England Integrated Personal Commissioning programme** to test out integrated personal budgets to address mental health needs for children in care until March 2019. The aim of this project is to test the use of personal budgets for children in care and young people with mental health and well-being needs, with a view to these being scaled up across the sector. The introduction of personal budgets could generate a more flexible, integrated system, in which children and their families and carers are encouraged and supported to be involved in developing and delivering their own care plans. *Future in Mind* highlighted how children in care faced particular challenges in obtaining support at the right time. Personal budgets for looked-after children may provide an effective way to improve their access to appropriate support and outcomes. Feedback from young people and practitioners is that children and young people aged 15-18 thinking about transition from care, and children and young people with raised 'Strengths and Difficulties' scores, could benefit the most from this approach.

**4.4.4 Young People at risk of contact with the criminal justice system.** We are also working with NHS England Health and Justice commissioning to improve the support for young people at risk of entering the criminal justice system. NHS England Health and Justice have invested to enhance the current arrangements by providing specific and targeted capacity to provide more integrated multi-agency assessment, consultation, formulation and therapeutic interventions for young people. The pilot started in January of this year and is developing support that targets vulnerable young people, including emerging personality disorder in need of post trauma work who have historically not been able to access services to address their needs. In the first six months the pilot has shown the following key benefits:

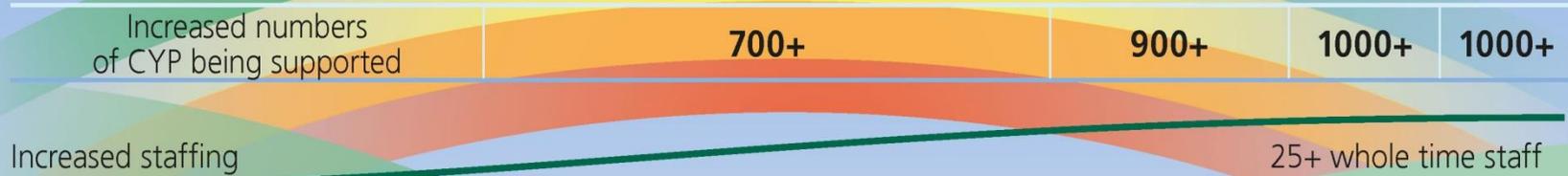
- Support for young people who would not have previously met the threshold for CYPS
- Increased offer of referral "access" points for these vulnerable young people to receive mental health input appropriate to their needs
- Increased mental health provision for young people entering the criminal justice systems, including increased awareness of local signposting options
- Increased and more accessible support for practitioners within the Fast Track team and wider Youth Justice Teams, including access to specialist mental health consultation.
- Improved joint working between CYPS and Youth Support services, specifically the Fast Track Team.

#### **4.4.5 Perinatal and Infant Mental Health**

Gloucestershire has been working on making improvements to Perinatal and Infant Mental Health services for some time via quality initiatives within 2gether, working across the network including with maternity, health visiting, children centre services and the voluntary and community sector. Gloucestershire has been successful in an NHS England bid to set up and deliver a specialist community perinatal mental health team for women with complex mental health disorders. This includes meeting the needs of infants. The team is now in development with most staff recruited and specialist training of staff taking place and all pathways being developed. The team will be located close to the Gloucestershire Royal Hospital site and will work closely with maternity and other children's services.

The overview of our key activities and increased activity is in our roadmap on the following page.

# Gloucestershire's Future in Mind Roadmap – Key Developments



## 2016/17

- Linking Mental Health Services + Schools via the 'Schools Pilot'
- Mental Health Champions Award for School
- Launch of website for children and young people
- Online and face to face counselling through the VCSE
- Improve transition from young people to adult services
- Business case for Joint Intensive Interventions Service for young people in crisis with GCC and NHS England

## 2017/18

- Develop web pages and sources of support for parents
- Roll out Schools Pilot across the county
- Implement improved support for young people in crisis
- Improve support for young people following trauma and abuse, including sexual abuse and unaccompanied asylum seekers
- Continue to improve transition from young people to adult services
- Review parenting programs
- Integrated Personalised Commissioning pilot for Children in Care

## 2018/19

- Implement support for young people with long term physical health conditions
- Fully embed revised pathway of mental health support for Children in Care
- Improve pathway of support for Eating Disorders so that primary care, acute paediatric and mental health services are clear about their role

## 2019/20

- Review options for a 0-25 year old service

## **5. Next steps**

We will continue to track our progress through the outcomes and key performance framework and our action plan. We have a robust governance process in place described in our original plan which will continue to ensure that we deliver transformation for our children, young people and families. We have a track record of strong engagement and participation with young people from a range of backgrounds about their emotional health and wellbeing. We will continue this into the implementation phase of the plan.

## Agenda Item 11

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2017</b>
<b>Report Title</b>	<b>Report from West of England Academic Health Science Network Board (WEASHN)</b>
<b>Executive Summary</b>	The WEASHN is funded by NHS England and the West of England healthcare organisations to help to deliver measurable gains in health and wellbeing by accelerating innovation and improvement. This report is the sixteenth quarterly report for Boards of member organisations of the WEASHN and includes highlights from work completed in quarters 2 and 3 2017/18.
<b>Key Issues</b>	The following issues are included within the report: <ul style="list-style-type: none"> <li>• Take five short film</li> <li>• Diabetes Digital Coach Testbed</li> <li>• National Early Warning Scores for early response to deterioration</li> <li>• Emergency Department Safety Checklist</li> <li>• ‘Scaling Up’ grant</li> <li>• Get buzzing with Hyvr – Social engagement platform</li> <li>• Business Plan 2018/19</li> </ul>
<b>Risk Issues:</b>	
<b>Original Risk (CxL)</b>	1x1 = 1
<b>Residual Risk (CxL)</b>	1x1 = 1
<b>Management of Conflicts of Interest</b>	None to note
<b>Financial Impact</b>	None
<b>Legal Issues (including NHS Constitution)</b>	None
<b>Impact on Health</b>	Please see full board papers for the WEASHN

<b>Inequalities</b>	<a href="http://www.weahsn.net">www.weahsn.net</a>
<b>Impact on Equality and Diversity</b>	As above
<b>Impact on Sustainable Development</b>	As above
<b>Patient and Public Involvement</b>	Not applicable
<b>Recommendation</b>	The Governing Body is requested to note the report which is provided for information.
<b>Author</b>	Deborah Evans
<b>Designation</b>	WEAHSN Managing Director
<b>Sponsoring Director (if not author)</b>	Mary Hutton, Accountable Officer and WEAHSN Board Member

## Report from West of England Academic Health Science Network Board

January 2018

### 1. Purpose

This is the sixteenth quarterly report for the Boards of the member organisations of the West of England Academic Health Science Network. Board papers are posted on our website [www.weahsn.net](http://www.weahsn.net) for information

### 2. Highlights of our Work in Quarters 2 and 3 2017/18

- Take Five – view this short film from our Annual Conference which showcases five of our best programmes to date <https://vimeo.com/244837792>
- Diabetes Digital Coach Testbed  
Our Test Bed is due to start recruiting people with diabetes at the end of January 2018. We have built a single sign on platform for use by people with diabetes to manage their health and which offers a variety of self-management tools, ranging from physical activity, through diet, structured education to insulin management. So far over 700 people have tested the individual elements, with very positive feedback.
- National Early Warning Scores for early response to deterioration  
Thanks to every West of England organisation who has adopted and used the National Early Warning Score we are now the national exemplar in a cross system programme to use NEWS consistently across England.  
If the rest of the country followed our achievements there would be 1600 fewer deaths from Sepsis/ Suspicion of Sepsis / Pneumonia; fewer unplanned ITU admissions, reduced length of stay and fewer readmissions. CLAHRC west have undertaken a qualitative and a quantitative evaluation which will be published in 2018. The relevant NHSE [web material is here](#),
- Emergency Department Safety Checklist  
The West of England Emergency Department Safety checklist was recommended to all Trusts in October 2017 and we have been supporting NHSI to implement it. Without the commitment of SWAST and all our acute Trusts this would not have looked substantial enough for national spread. Our colleagues in Wales are also implementing the checklist.
- PReCePT2 - The Health Foundation have awarded a “Scaling Up” grant to allow our scheme that protects against cerebral palsy in very pre term babies to be extended to a further 10 maternity units and comparing 2 different Quality Improvement approaches. NHS England are considering commissioning AHSNs to spread this scheme nationwide, supporting Trusts to avoid over 700 babies a year being born with cerebral palsy.
- Get buzzing with Hyvr – we have launched our new social engagement platform at our Annual Conference. Over the next three months we will be encouraging people to start using it and creating “hives” of people with common interests or common health conditions who are interested in talking together and testing

ideas and products. We have been asked to explore whether it will be useful for public consultations. <https://www.hyvr.co.uk/>

### **3. Business Plan 2018/19**

Our local Business Plan for 2018/19 is in development and over the next three months we will be engaging with STPs and West of England organisations to check out which projects would be most useful.

As part of the new licence for AHSNs, which is still being finalised, we will be expecting:

- A shift towards delivering a national innovation agenda which includes:
  - A common offer from every AHSN to support companies who have health related products and entrepreneurs who are developing innovations. Our “Innovation Exchange” will be called HELIX;
  - Local support for the National Innovation Accelerator – a number of entrepreneurs, selected competitively who have promising product, digital or pathway innovations;
  - A national Accelerated Access Partnership – in which a national, multi-agency partnership will prioritise the most promising, market ready innovations for rollout across the NHS.
- An expectation that AHSNs will devote a higher proportion of their resources to adoption and spread of nationally agreed priorities or “in common” projects across multiple AHSN’s ( much of the national menu of these originated in the West of England so we will be looking for new local priorities)
- Continued support to STPs – for service transformation and innovation
- Discussions with neighbouring areas about creating strategic partnerships on interoperable, population level data for research, commissioning and commercial purposes.

West of England AHSN is recognised as one of the most successful in England and this is predicated on reflecting the priorities of the organisations within West of England and their commitment to engagement and to adopt and spread best practice. We want to engage everyone in spotting the next projects which will be of most local benefit and have the potential to be our next national exemplars.

### **4. Leadership Change**

Deborah Evans is retiring from the end of March and Tasha Swinscoe has been asked by the AHSN Board to be interim Managing Director for six months from the beginning of January 2018.

## Agenda Item 12

### Governing Body Meeting

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Title</b>	<b>Governing Body Assurance Framework</b>
<b>Executive Summary</b>	The Governing Body Assurance Framework (GBAF) details the key high level risks to the achievement of the CCG's strategic objectives. The GBAF identifies the key controls and assurances of those controls.
<b>Key Issues</b>	<p>The key new risks that have been included on the current Assurance Framework are as follows:</p> <p>There is one new risk – one risk relates to primary care and one re-articulated risk related to the transfer of the out of hours service.</p> <p>In relation to risk T13 is a long standing 'red' risk which the Governing Body as well as the Integrated Governance and Quality Committee have raised concerns about. A narrative is provided in this accompanying paper to explain the risk mitigation plans in place and current progress.</p>
<b>Management of Conflicts of Interest</b>	None identified
<b>Risk Issues:</b>	The absence of a fit for purpose Governing Body Assurance Framework could result in risks not being identified, acted upon and reported and gaps in control / assurances not being identified and addressed.
<b>Original Risk</b>	12 (3x4)
<b>Residual Risk</b>	4 (1x4)
<b>Financial Impact</b>	Not applicable

<b>Legal (including Constitution)</b>	<b>Issues NHS</b>	Not applicable
<b>Impact on Inequalities</b>	<b>Health</b>	None
<b>Impact on Equality and Diversity</b>	<b>Equality</b>	None
<b>Impact on Sustainable Development</b>		None
<b>Patient and Public Involvement</b>	<b>Public</b>	Not applicable
<b>Recommendation</b>		The committee is requested to note this paper and the attached GBAF.
<b>Author</b>		Christina Gradowski
<b>Designation</b>		Associate Director of Corporate Governance
<b>Sponsoring Director (if not author)</b>		Cath Leech Chief Finance Officer

## Agenda Item 12

### Governing Body Meeting 25 January 2018

#### Governing Body Assurance Framework (GBAF)

#### 1. Introduction

- 1.1 It is essential for the CCG to have an effective and efficient assurance framework in place to give sufficient, continuous and reliable assurance to the CCG on the delivery of organisational objectives. The Assurance Framework provides a mechanism to identify, manage and mitigate major risks to the delivery of the organisation's objectives. The Assurance Framework is underpinned by a corporate risk register comprising significant risks taken from directorate risk registers. Only those risks identified as significant, major risks and scoring 12 or more on the risk matrix, are included on the GBAF.
- 1.2 In accordance with the CCG's Risk Management policy the GBAF was considered by the Integrated Governance and Quality Committee (IGQC) at its meeting on 14 December 2017, prior to submission to the Governing Body meeting on 25 January 2018. The IGQC noted progress that had been made on improving risk reporting, with a newly formatted directorate risk registers, corporate risk register and assurance framework. However the committee also requested further work was required to improve on regular review and update of risks, the quality of risk mitigation plans, controls and identifying positive assurances.
- 1.3 Following on from the feedback received by IGQC, the Corporate Governance Team has offered further training in risk management in order to improve risk identification and management. To date two directorates have accepted risk management training, a one to one training session was organised with a senior finance manager and the Transformation Directorate received risk management awareness training in December. Further invitations have been sent out to directorates offering a selection of training options.

## **2. The Assurance Framework**

- 2.1 The Assurance Framework is based upon the six summary objectives outlined in the 5 Year Plan for 2014/19.
- 2.2 The document outlines the principal high-level risks, controls and assurances that are provided to the Governing Body regarding the achievement of each summary objective. Details of the action plans to address the risks, gaps in controls or gaps in assurance are also provided.
- 2.3 Progress regarding the achievement of each objective is monitored separately through the performance management process.
- 2.4 All Directorates have submitted their own directorate risk registers containing their risks. Those risks that have been indicated as significant and substantial risks have been included on the Corporate Risk Register (CRR). The risks contained within the CRR have been reviewed and those high level risk rated 12 and above were included on the GBAF.

### **New risks**

There was one new risk on the CRR and also entered onto the GBAF approved for inclusion by IGQC at its meeting held on 14 December 2017.

L5 Risk that the APMS contract for a Primary Care registered list at Eastgate House and Matson Lane, and the Urgent Primary Care Centre are handed back. The current risk rating is 12 (Amber). It should be noted that since the risk was entered onto the CRR and GBAF it has been effectively mitigated. In the next iteration of the CRR and GBAF this risk will be reduced and will most likely be removed from the GBAF.

## Risks on GBAF

### Highest risks RED

- T13 Specialised commissioning – children and young people unchanged, risk remains 16 (RED). The risk has been updated and a detailed narrative provided on page 8 of this report.
- F24 Implementation of Trakcare remains unchanged at 16 (RED), this risk has been updated with additional actions included.

### Amber risks

- L3 APMS procurement updated actions and dates – risk rating remains the same 12 (Amber)
- K2 Impact on discharges risk reviewed and updated, risk rated at 12 (Amber)
- K7 Implementation of Trakcare risk to maternity data has been updated and remains unchanged at 12 (Amber)
- T12 Insufficient clinical capacity – actions have been updated risk remains at 12 (Amber)
- C3 Procurement – legal challenge – risk has been updated and is unchanged at 12 (Amber)
- C27 Non-emergency patient transport – actions updated, risk remains unchanged at 12 (Amber)
- C5 Discharge, risk has been reviewed, actions updated and remains unchanged at 12 (Amber) down from an original risk rating of 16 (Red)
- C6 A&E target 4 hour wait, risk has been reviewed, actions update and risk remains at 12 (Amber)
- C8 including C28 risk of failure to reduce demand and prevent unnecessary acute attendances remains at 12 (Amber)
- C15 Constitution targets, cancer. Risk has been reviewed, actions updated. Risk remains at 12 (Amber)
- C8 including C28. Risk of failure to reduce demand and prevent unnecessary acute attendances, actions have been updated the risk remains at 12 (Amber)
- C36 Inability to report on constitutional standards, remains unchanged at 12 (Amber)

- C35 risk that the transfer of providers relating to the OOH service from SWAST to CareUK leads to an inability to deliver an effective service during transition. The actions have been updated and risk reduced from 16 (RED) to 12 (Amber)
- T10 risk that delayed implementation of QIPP Projects and/or failure of projects to deliver anticipated benefits, actions have been updated and this risk remains at 12 (Amber)
- F11 and F16 risk of failure to deliver financial targets, the risks have been reviewed and actions updated; this risk continues to be rated 12 (Amber).
- F26 Local Digital Roadmap - Resources may not be available to deliver the programme, actions have been updated and remains unchanged at 12 (Amber)
- F27 risk of Cyber Attack – actions have been updated and risk remains unchanged at 12 (Amber)
- Q19 Health needs of children in care, actions updated, the risk remains unchanged at 12 (Amber)
- Q20 Mortality review risks reviewed, actions updated and the risk remains unchanged at 12 (amber)

#### **4. Appendices**

Appendix 1: T13 Narrative Explanation

Appendix 2: Governing Body Assurance Framework

**Additional information regarding 'Red' Risk**

**T13 - Risk around the specialised services for children and young people with mental health problems due to specialised commissioning transferring to NHS England leading to fragmentation of pathways.**

**Background to the risk:**

In 2013, commissioning responsibility and funding for CAMHS (children & adolescent mental health) inpatient care – sometimes referred to as CAMHS Tier 4 – transferred from PCTs / CCGs to NHS England Specialised Commissioning (SpecComm).

Gloucestershire does not host such a unit within its boundaries, and has always placed children & young people (CYP) in units outside. When the PCT commissioned this care this was typically from Oxford, Swindon and in the Home Counties areas. This allowed for a closer connection to be built up between the local clinicians and their counterparts in the units, which in turn supported ongoing dialogue about progress, and for planning for discharge. However this system was not without its challenges and the PCT at the time had plans to develop alternatives to inpatient care in county to allow for more efficient and effective use of resources, and to achieve better outcomes for CYP. This work stopped in 2013.

Since the transfer, this care for Gloucestershire CYP has been characterised by them in general travelling much further from the local area. This is a problem also replicated generally across the country as the demand for such care has increased in recent years. There has been a national review of capacity which has found that the south west generally is under-resourced.

The transfer has also led to greater fragmentation of the pathway for CYP, partly due to the split in commissioning responsibility, and partly due to the distances that CYP are now placed from Gloucestershire.

Some cases in crisis are not found appropriate provision in a timely way which has had an impact on local systems with an increase in inappropriate admissions to Gloucestershire Royal Hospital or Wotton Lawn Hospital (although for the latter, the 2gether NHS FT have been commended by CQC for the way that they support such admissions in recognition that this is done on a 'best interests' basis, given that under 18 and especially under 16 admission to such a facility are expected ideally not to take place).

**Actions taken to date:**

The CCG has attempted to monitor service provision and patterns of need and demand with local providers and provided feedback to NHSE and SpecComm. We have asked for more regular and routine information from SpecComm team.

The CCG has included CYP under age 16 in the reviews and developments of the Mental Health Liaison and Crisis services, to improve our local working.

NHS England is in process of procuring extra bed capacity nationally. The CCG is actively working with the County Council and other partners to develop additional options for care and support of young people in need of accommodating in a crisis (Safe Places / Places of Safety) and NHSE SpecComm are engaged with this process.

This includes the Intensive Interventions Service (IIS) project, which will include more local provision for some of the young people who would otherwise find themselves being referred to CAMHS inpatient care. The business case for this development is predicated on NHSE SpecComm working with the CCG and council on this, and discussions on this with them are live and current.

Risk details	Risk Description	Controls	Gaps in Controls	Assurance	Gaps in Assurance	Previous risk rating LxS	Current risk rating LxS	Trend	Progress with actions
<b>Strategic Objective</b>									
<b>Objective 1: Develop strong, high quality, clinically effective and innovative services.</b>									
<b>Date added</b> 22/09/2014 <b>Directorate</b> T12 Transformation <b>Executive Sponsor</b> Ellen Rule <b>Lead Manager</b> Kathryn Hall <b>Lead Committee</b> IGQC <b>Review date</b> 31/03/2018	Insufficient clinical capacity and leadership across the system Leading to: <b>Leading to</b> a lack of delivery required within the CPG.	Cinical programme approach, locality structure and meetings. Terms of reference for CPG, Use of CPG Board.	None	Governing Body / performance reports	None	3x4=12	3x4=12	↔	1. 2016/17 CPG programme agreed. 2.a Terms of Reference developed with clinicians included and expectation of attendance at meetings. CPG Minutes monitored for attendance of clinicians.  2.b Job roles for CPG members that have been drafted and shared with Clinical leads via Governing Body.  3.Clinical Programmes Board established as part of the STP, Terms of Reference Agreed. Clinical capacity risk escalated from CPGs to the board.  4. Development session with CPG clinical leads and Governing Body members held on 2nd March 2017 to develop roles and identify development.  5. Clinical change management leads recruited to support respiratory integration to start 1st February 2018.
<b>Date added</b> 31.05.17 <b>Directorate</b> T13 Transformation <b>Executive Sponsor</b> Ellen Rule <b>Lead Manager</b> Kathryn Hall, Helen Ford <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	Risk around the specialised services for children and young people with mental health problems. <b>Due to:</b> specialised commissioning transferring to NHS England <b>Resulting in:</b> fragmentation of pathways.	Monitoring service provision, and patterns of need and demand with local providers and provide feedback to the Area Team.  Issue now raised in CQC review report.	None	Assurance from NHSE Area Team	None	3x3=12	4x4=16	↑	1. NHS England in process of procuring extra bed capacity nationally. But some cases are still not being found appropriate provision in a timely way which can have an impact on local systems with inappropriate admissions to GRH or Wotton Lawn.  2. Opportunities for co-commissioning with NHS England are being explored though this is proving very slow in making progress. NHS England have launched a new models of care approach to delivering tier 4 beds with providers taking the budget/responsibilities in a consortium.  3. Local work ongoing includes changing the service arrangements for crisis support and psychiatric liaison including extending the age range to include u18s and u16s respectively as part of overall Children's Mental Health Transformation Plan; and developing additional options for care and support of young people in need of accommodating in a crisis (Safe Places / Place of Safety) jointly with the council and other partners.
<b>Date added</b> 27.05.16 <b>Directorate</b> T10 incl F12 Transformation <b>Executive Sponsor</b> Ellen Rule <b>Lead Manager</b> Haydn Jones <b>Lead Committee</b> IGQC <b>Review date</b> 30.09.17	Risk that delayed implementation of QIPP Projects and/or failure of projects to deliver anticipated benefits Due to: Resulting in: under-delivery on planned care QIPP savings target. Therefore transformation projects may not deliver the expected outcomes.	Robust project management planning and reporting to the PMO.	None	Performance reports to Governing Body	None	3x4=12	3x4=12	↔	1. KPIs developed and uploaded to new Verto performance management system.  2. Ongoing.  3. QIPP Portal developed & being used by project managers to inform and report on QIPP scheme progress.  4.Triangulation of information data and finance for year to date position and improved QIPP scheme forecasts.  5.Regular monthly meetings with service leads for scheme reviews.  6. Regular discussion regarding delivery with Core Team with a focus on escalatation of risk and issues.
<b>Date added</b> 03.08.17 <b>Directorate</b> L3 Primary Care	Overall, the composite programme risk, relating to APMS procurement and same day access is that there is insufficient time to mobilise new service arrangements by the target date of the 5th May 2018.	Programme Board, multi disciplinary project team; detailed risk register and risks reassessed fortnightly.	None	Primary Care Commissioning Committee, Primary Care Operational Group, Project Board and detailed risk register	None				Further mitigating actions - premises subgroup in place; advanced negotiation of lease/sub lease arrangements have taken place. Temporary short term extension to existing contract being discussed at exit meetings with current provider. Procurement timetable running to schedule as at 22.11.2017. Procurement moderation meeting took

<b>Executive Sponsor</b> Helen Goodey <b>Lead Manager</b> Helen Edwards / Jeanette Giles <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	<p>the target date of the 31st May 2016. Currently a APMS procurement of a registered list (6,285) and same day access service for 17,500 appointments per annum is taking place.</p> <p><b>Due to:</b> a truncated procurement timetable, premise negotiation and staff transfers.</p> <p><b>Resulting in:</b> potentially no service is in place for both the registered list and the same day access service for those that need to be seen urgently by an appropriate primary care professionals leading to</p>			register		3x4=12	3x4=12	<p>schedule as at 23.11.2017. Procurement moderation meeting took place on 22.11.2017. Awaiting recommendation for approval of contract award from PCCC on 12.12.2017 and approval from CCG GB on 14.12.2017.</p>
<b>Date added</b> 26.01.17 <b>Directorate</b> K2 Integration <b>Executive Sponsor</b> Kim Forey <b>Lead Manager</b> Donna Miles <b>Lead Committee</b> IGQC <b>Review date</b> 21.03.18	<p>Risk of delayed discharges</p> <p><b>Due to:</b> Delay with sourcing independent sector domiciliary care <b>Resulting in:</b></p>	GCC CPAC / Brokerage for LA funded service users	None	Performance reports to Governing Body	None	3x4=12	3x4=12	<p>Demand and capacity monitored to understand underlying issues of dom care new contracting arrangements. Rural framework currently has 35 providers across 4 zones. The Urban providers (Human Support Group in Gloucester and Comfort Call in Cheltenham) - both have struggled to pick up new packages of care or deliver H2H services. Alternative providers have been delivered H2H since May 2017 (Radis - Countywide, Crossroads - FoD in-reach). Pressures in the dom care market are continuing with demand outstripping capacity, however, this is an improving position despite a recent large provider failure. Requests from acute hospitals remain at high levels - due to these requests being prioritised this blocks available capacity to meet the wider system needs across the county. IBCF funding confirmed to increase H2H offer across acute and community hospitals. Work underway in Q3 to support extended operating hours of Brokerage and interface with Rapid Response for night sitting</p>
<b>Date added</b> 20.03.17 <b>Directorate</b> K7 Integration <b>Executive Sponsor</b> Kim Forey <b>Lead Manager</b> Helen Ford <b>Lead Committee</b> IGQC <b>Review date</b> 30.06.17	<p>There is a risk that there is no reportable data for maternity services.</p> <p><b>Due to:</b> the implementation of Trakcare within GHNHSFT. <b>Resulting in:</b> the CCG not able to be satisfied about the quality of care provided other than through the risk management processes.</p>	On-going monitoring of data	None	CCG Commissioning Group	None	3x4=12	3x4=12	<p>GHNHSFT are working to minimise the impact and record manual data where able. GHNHSFT are working to implement Trakcare fully.</p>
<b>Date added</b> 05.12.16 <b>Directorate</b> F24 Finance / Comm Implementation <b>Executive Sponsor</b> Cath Leech / Mark Walkingshaw <b>Lead Manager</b> Sarah Hammond <b>Lead Committee</b> IGQC <b>Review date</b> 30.09.17	<p>Implementation of Trakcare within the main acute provider has <b>Resulted in:</b> reporting issues for clinical correspondence, national performance reporting and contractual management. This increases clinical risk</p>	Development of a remedial action plan supported by CCG/CSU staff to mitigate risks of adverse clinical communication and incomplete reporting	None	Reports to the Governing Body	None	4x4=16	4x4=16	<p>1. Remedial action plan in place for performance reporting, fortnightly assurance calls in place to manage progress with NHSI/NHSE/GHFT/GCCG. Update reports provided. GHFT have approached an external supplier to assist in identification of anomalies. GHFT have recently submitted a proposal to NHSE for the funding of additional validators. Funding has been agreed with the CCG in 2017/18.</p> <p>2. Ongoing communication with regular face to face meetings GHFT/GCCG</p> <p>3. Confirmation of arrangements in place for management of operational and clinical risks – including operational risk review process. The CCG has agreed a block contract type arrangement with GHFT in 2017/18 and are looking to repeat such an arrangement in 2018/19.</p>
<b>Objective 3: Transform services to meet the future needs of the population, through the most effective use of resources; ensuring the reduction of harm, waste and variation.</b>								
<b>Date added</b> 24.05.13 <b>Directorate</b> C3 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw	<p>Increased risk of CCG receiving legal challenge. <b>Due to:</b> competitive tendering following the introduction of the EU Remedies Act, the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 1 April 2013 and the Public Procurement (The Public Contracts Regulations 2015).</p>	Ensure that EU procurement process is followed for all procurement exercises (above and below) the EU threshold in accordance with DoH, Cabinet Office and Government Procurement Service Guidelines. Continued risk	None	Project reports to Core Executive Team and Governing Body	None	4x3=12	4x3=12	<p>Revised Procurement Strategy was approved by the July 2016 Governing Body. Further amendments to this documents to be discussed and agreed at November 17 Governing Body meeting. 28.11.17 Revised Procurement Strategy was approved by the July 2016 Governing Body. Further amendments to this document to be discussed / approved at late November / early December 2017 Core Executive Team meeting.</p>

<b>Lead Manager</b> David Porter <b>Lead Committee</b> IGQC <b>Review date</b> 30.11.17	<b>Resulting in:</b> 	which applies to all procurement process but particularly those which exceed the Light Touch Regime threshold (£589,148 total aggregated contract value)						
<b>Date added</b> 01.02.14 <b>Directorate</b> C27 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw <b>Lead Manager</b> Gill Brigland <b>Lead Committee</b> IGQC <b>Review date</b> 30.11.17	Risk to KPI delivery and Patient experience. <b>Due to:</b> due to operational issues and financial sustainability of the Non-Emergency Patient Transport contract: <b>Resulting in:</b> Poor patient experience	Risk to be managed consistently across Gloucestershire, Swindon, Wiltshire and BaNES CCGs.	None	Monthly Contract Board Meetings and ad hoc meetings with ATSL and other commissioners. Ad hoc performance reports to Governing Body and HCOSC	None	4x3=12	4x3=12	Monthly Contract Board Meetings and ad hoc meetings with ATSL and other commissioners. Contract funding agreed for 2017/18 and discussions underway re potential to extend contract for 6 months (from Nov 18) to allow time for development of a revised service specification, procurement and mobilisation (avoiding winter implementation of new service). Improvements have been maintained in Contact Centre performance and a pilot to improve the way that dialysis transport is delivered has been rolled out in Gloucestershire. GCCG is undertaking a NEPT eligibility review together with 11 other SW CCGs. Winter planning underway to ensure that availability of transport does not impeded patient flow.
<b>Date added</b> 01.09.13 <b>Directorate</b> C5 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw <b>Lead Manager</b> Maria Meatherall <b>Lead Committee</b> IGQC <b>Review date</b> 	Risk that system partners will be unable to effectively deliver a timely and coordinated approach to patient flow and discharge ensuring a reduction of patients who remain in the acute trust when medically stable and with a LOS greater than 14 days. <b>Due to:</b> <b>Resulting in:</b>	A&EDB, Onward Care Task & Finish Group, Urgent Care Strategy Group	None	Performance Reports and dashboards, critical milestones reviewed, regular programme stocktake.	None	4x4=16	4x3=12	<ol style="list-style-type: none"> <li>1. Monthly Task &amp; Finish group meetings revised to provide more in depth analysis and challenge. Discussions and development underway of CQUIN 8. Further forensic analysis of MSFD list completed and presented at CCG. 3 month Care Sourcer pilot underway.</li> <li>2. Acute trust on-line tool capture of patient complexity now operational on 6 exemplar wards; R/G codes to reflect DTOC codes aligned to top 10 Operational Standards.</li> <li>3. Dom care provision seeing an improvement, 2 new providers to Gloucestershire each month; H2H service operational since May with 4 providers; Proud to Care 5 yr Strategy launched July 17 with yr1 focus on dom care; ongoing work to stabilise and embed services following provider failure and to improve referral process into community based support.</li> <li>4. Working with Care Home Select for transition of services for end Sept 17; redesign of referral and tracking process for people in D2A beds to support CHC and social work.</li> <li>5. H2H Trusted Assessor pilots for FoD and GRH in place; iBCF funding confirmed to extend roles, expressions of interest out to providers.</li> <li>6. Embed and further roll-out of red/green approach - 6 wards currently reporting; meeting to review and relaunch internal professional standards taken place; therapies and pharmacy standards and target agreed; Peer Review of Board Rounds with ECIP and matrons planned September.</li> <li>7. Develop and implement the Pull / Enhanced Community Discharge Model for Gloucester and Cheltenham; recruitment ongoing to deliver service; commence first PDSA cycle.</li> <li>8. 2nd Care Nav post in place in acute, 3rd post to be offered; further development of roles ongoing as well as work around capture of benefits and cost avoidance activity. GFRS Care Nav post to commence. iBCF funding agreed to extend Care Nav roles - recruitment process to commence.</li> <li>9. Confirmed Windsor St beds no longer required; Wheatridge - work ongoing; meetings with OSJT to reinvigorate use of reablement beds; planned review of Wincombe Unit and reablement flats.</li> <li>10. Ongoing activity includes D&amp;C planning, development of H2H service, simplification of referral processes, support to board rounds, increased Care Navigators support. iBCF schemes to support</li> </ol>
<b>Date added</b> May 13. Updated inline with UC strategy June `14. updated again Sep <b>Directorate</b> C6 Commissioning Implementation <b>Executive Sponsor</b>	Non-delivery of the Constitution standard for maximum wait of 4 hours within the emergency department. <b>Due to:</b> <b>Resulting in:</b>	A&EDB, Admission & Attendance Avoidance Task & Finish Group, Urgent Care Strategy Group	None	NHSE assurance process; Reports to Governing Body via performance reports	None	4x3=12	4x3=12	<ol style="list-style-type: none"> <li>1. Frailty Business Case approved; additional evening sessions @ front door continued; rapid action project group to be established.</li> <li>2. AEC now co-located on AMU @ GRH and attendances increased; improved working between ED and AEC; weekend service at GRH launched September to pull patients from ED.</li> <li>3. Case for change now progressed past 1st stage of NHSE assurance process to wider STP public engagement; clinical case for change reviewed by SW Clinical Senate on 18/19 July; work underway to establish next phase. 29.11.17 Downgrade of current risk + update of</li> </ol>

Mark Walkingshaw <b>Lead Manager</b> Maria Meatherall <b>Lead Committee</b> IGQC <b>Review date</b> 30.09.17								narrative / actions.
<b>Date added</b> 31.05.13 <b>Directorate</b> C15 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw <b>Lead Manager</b> Christian Hamilton <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	Failure to comply with NHS Constitution and national and local access targets for planned care, including 2ww, over 52 ww, 62 day cancer target, diagnostic 6-week target, planned follow-ups <b>Due to:</b> <b>Result in:</b> inadequate and/or delayed care.	Acute provider contracts, including AQP	None	Assurance provided via Performance Reports to Governing Body: GAPS in Assurance: Number of targets not being met, insufficient capacity in planned care. Lack of detailed and robust action plans from GHFT. Lack of accurate activity and RTT reporting due to TrakCare issues.	None	4x3=12	4x3=12	Issues following the implementation of TrakCare and/or insufficient planned care capacity to meet demand is resulting in increasing waiting lists and inability to meet waiting time targets, impacting on the quality of local health services. Targets regularly not being met, including RTT, 62 day cancer target, 6 week wait for diagnostics, and a number of 52 week wait breaches. 1. Monthly access and performance meeting continues to discuss progress. GCCG attendance at Trust internal cancer performance meeting, access and performance and Demand and Capacity meetings. Close working with specialties under significant pressures to find alternative capacity and arrange patient transfers. Additional CCG resource provided in short term to support RTT recovery. 2. Recovery action plans in place for a number of areas and progress being monitored. 3. Monthly communications being sent to GPs regarding waiting times across providers to encourage informed choice. Waiting times have been included on G-Care as part of the referral process. 4. Some patient transfers underway for long waiters such as Urology, and work underway to progress transfers in other areas such as orthopaedics and General Surgery. Increase in Urology community outpatient services and partnership arrangement between GHFT and community provider to redirect activity to the community. Increased capacity commissioned in General Surgery, Orthopaedics, Gynaecology, Urology and ENT to support 18wks RTT and diagnostic waiting times. 5. Fortnightly call with GHFT to review progress against validation action plan and trajectory. 6. As a requirement within the Block Contract arrangement with GHFT the CCG has asked the Trust to identify key specialities with full clinical and managerial engagement to progress a number of high impact actions to reduce planned care activity both at the front and back end of pathways. To assure progress against this workplan a joint RTT Recovery Board has been set up to monitor and oversee progress against the workplan across the Trust. 7. Creation of RTT Operational Delivery Group by GHFT with CCG representation to meet every 2 weeks and prioritise remedial actions in combination with TrakCare validation plans. 29.11.17 No Update available
<b>Date added</b> 01.04.17 <b>Directorate</b> C8 & C28 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw <b>Lead Manager</b> Maria Meatherall <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	(Signposting & Admission Avoidance ) High Impact Action 2: Risk of failure to reduce demand and prevent unnecessary acute attendances and emergency admissions. <b>Due to:</b> <b>Resulting in:</b>	A&EDB, Attendance & Admission Avoidance Task & Finish Group, Urgent Care Strategy Group	None	Performance Reports to Governing Body, weekly situation report, project status updates	None	4x3=12	4x3=12	Key areas of work are: 1. Development of 7 day/week ED front door GP streaming at GRH. 2. Establishment of consultant telephone "hot advice" into major specialities 3. Clinical advice within 111 and assessment of A&E/green ambulance dispositions 4. Enhanced signposting and admission avoidance within SPCA 5. Mental Health Crisis & Liaison reducing inappropriate admissions Continual monitoring and review via the A&EDB 4-hour Improvement Plan to be undertaken through the Attendance & Admission Avoidance Task & Finish Group and A&E Delivery Board throughout 2017/18.
<b>Date added</b> 01.04.17 <b>Directorate</b> F11- F16 Finance <b>Executive Sponsor</b> Cath Leech <b>Lead Manager</b>	Risk of failure to deliver the CCG's financial target	Robust financial plan aligned to commissioning strategy. Robust contract management including activity monitoring and validation, additional monitoring of volatile budget lines such as prescribing & CHC.	None	Budgets approved by the Governing Body. Monthly reporting to CCG Governing Body. Monthly performance dashboard for larger contracts with robust out of county contract monitoring	None	4x3=12	4x3=12	Ongoing work to ensure financial commitments are affordable and CCG is achieving a recurrent balance (at least quarterly). The delivery of 2017/18 financial performance targets are dependent upon QIPP performance throughout the financial year.. All major contracts for 2017/18 now agreed with principles agreed for 2018/19. Initial draft of financial plans for 2018/19 has been reported to development session and discussions underway with major providers. Monthly performance meeting which reviews all contracts (including

Andrew Beard <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18		Internal audit of financial procedures undertaken on an annual basis		reflected within performance reports. Monthly prescribing & CHC information including trends Internal audit reports and recommendations to be reported to Audit Committee.				out of county) together with Contract Boards and Performance, Finance & Information Groups for larger contracts. CHC reconciliation being worked through by GCC/CCG with some recognised discrepancies having been agreed and other areas being worked through. Internal audit considered to be a low risk but procedures will be regularly reviewed (next due by Q3 2017/18)
<b>Date added</b> 30.03.17 <b>Directorate</b> F28 Finance <b>Executive Sponsor</b> Cath Leech <b>Lead Manager</b> Fiona Robertson <b>Lead Committee</b> IGQC <b>Review date</b> on-going	Local Digital Roadmap - Resources (financial and workforce) may not be available to deliver the programme or projects within the STP which will <b>Resulting in</b> an impact on delivery and benefits.	County Wide IM&T Steering Group and associated sub groups in place reporting to Delivery Board and each organisation	None	County Wide IM&T Steering Group and associated sub groups in place reporting to Delivery Board and each organisation	None	4x3=12	4x3=12	On going dialogue within the Countywide IM&T Group on resourcing and potential risk to delivery. Bidding to national funds in progress. Risks regarding capital vs revenue funding model highlighted to NHSE.
<b>Date added</b> 07.06.17 <b>Directorate</b> F27 Finance <b>Executive Sponsor</b> Cath Leech <b>Lead Manager</b> Fiona Robertson <b>Lead Committee</b> IGQC <b>Review date</b> on-going	There is an increased risk of a cyber attack <b>Due to:</b> cyber threats continuing and become more sophisticated which, if successful, would <b>Result in:</b> the CCG's systems and information are at greater risk of being compromised.	he CCG has policies in place to reduce the probability and contracts with the CSU and CITs which include cyber security advice and services.	None	he CCG has policies in place to reduce the probability and contracts with the CSU and CITs which include cyber security advice and services.	None	4x3=12	4x3=12	1. action plan following testing in progress, dependency on the implementation of new WAN/LAN timescale 2. response action plans reviewed and being updated 3. staff comms started, training plan to be developed 4. initial review of potential network improvements carried out, costed plans developed and being reviewed by the LDR Infrastructure Group. 5. Countywide Cyber exercise planned for 5.12.17 to test processes.
<b>Date added</b> 31.05.13 <b>Directorate</b> T10 Transformation <b>Executive Sponsor</b> Ellen Rule <b>Lead Manager</b> Haydn Jones <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	Risk that delayed implementation of QIPP Projects and/or failure of projects to deliver anticipated benefits <b>Due to:</b> <b>Resulting in:</b> under-delivery on planned care QIPP savings target. Therefore transformation projects may not deliver the expected outcomes.	Robust project management planning and reporting to the PMO.	None	Budgets approved by the Governing Body. Monthly performance reporting to CCG Governing Body.	None	4x3=12	4x3=12	1. KPIs developed and uploaded to new Verto performance management system. 2. Ongoing. 3. QIPP Portal developed & being used by project managers to inform and report on QIPP scheme progress. 4. Triangulation of information data and finance for year to date position and improved QIPP scheme forecasts. 5. Regular monthly meetings with service leads for scheme reviews.
<b>Date added</b> 23.11.17 <b>Directorate</b> L5 Primary Care <b>Executive Sponsor</b> Helen Goodey <b>Lead Manager</b> Helen Edwards / Jeanette <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	Risk that the APMS contract for a Primary Care registered list at Eastgate House and Matson Lane and the Urgent Primary Care Centre are handed back. <b>Due To:</b> Unsocial behaviour of residents living above the Practice Premises at Matson Lane. <b>Resulting in:</b> potentially no service in place for both the registered list and the same day access service for those that need to be seen urgently by an appropriate primary care professionals <b>Leading to:</b> patient safety risk and damage to organisational reputation.	Contract management meeting with providers	None	Primary Care Operational Group and Primary Care Commissioning Committee	None	3x4=12	3x4=12	First meeting has taken place. Follow up booked for 11th December 2017. Options appraisal for alternative sites in Matson completed. No viable short term options.
<b>Objective 4: Build a sustainable and effective organisation, with robust governance arrangements throughout the organisation and localities.</b>								
<b>Date added</b> 19.04.17 <b>Directorate</b> Q20 Quality <b>Executive Sponsor</b> Marion Evans Andrews <b>Lead Manager</b>	There could be a risk of high mortality rates at the GHFT. <b>Due to:</b> The HSMR (Hospital Standardised Mortality Ratio) and SMR (Standardised Mortality Ratio) are statistically significantly higher than expected within GHNHSFT overall and individually at both acute sites	Monthly mortality briefings provided by Dr Foster. Trustwide mortality strategy reviewed at CQRG.	None	Reviewed by IGQC on behalf of the Governing Body	None	4x3=12	4x3=12	The SHMI is being driven by out of hospital deaths within 30 days of discharge. A decision was made to undertake a joint provider, mortality review on a number of these deaths. Data on the detail of these is not easily accessible and it is being explored how this data can be obtained. This review will report to STP clinical reference group.  The LeDeR mortality review is driving the systemwide process and as such GCCG is producing information for primary care. To date the

Kay Haughton <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18								LeDeR mortality review process has not identified significant concerns.
<b>Date added</b> 15.03.17 <b>Directorate</b> C36 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw <b>Lead Manager</b> Ayrisha Khan <b>Lead Committee</b> IGQC <b>Review date</b> 30.09.17	Inability to report on NHS constitutional standards and provide information to operational staff relating to their service. <b>Due to:</b> <b>Resulting in:</b>	Fortnightly provider, commissioner and regulator update call in place.	None	Regular reporting to CCG Governing Body & OOH Contract Management Board.	None	4x3=12	4x3=12	1. A specialist has been recruited in relation to RTT 2. A&E and Diagnostics reporting now recovered. 3. Communication to primary care in progress. 4. Fortnightly meetings in place with NHSE, NHSI, commissioners and the acute trust.
<b>Date added</b> 10.04.17 <b>Directorate</b> C35 Commissioning Implementation <b>Executive Sponsor</b> Mark Walkingshaw <b>Lead Manager</b> Maria Meatherall <b>Lead Committee</b> IGQC <b>Review date</b> 30.09.17	Risk that the transfer in providers of the OOH service from SWAST to CareUK leads to an inability to deliver an effective service during transition. <b>Due to:</b> workforce issues (filling shifts / rostering of staff). <b>Resulting in:</b>	Daily review of rota fill and visibility of recruitment plan and trajectory.  Reports to OOH Contract Management Board with relevant updates provided to A&E Delivery Board	None	Regular reporting to CCG Governing Body & OOH Contract Management Board.	None	4x4=16	4x3=12	1. Successful recruitment of 16 new GPs and 14 ANPs. 2. Anticipating improved shift fill from September 2017. 29.9.17 No update available as Arshiya Khan stepping down as main contact. 29.11.17 Downgrade of current risk and recommend closure.
<b>Date added</b> 06.01.17 <b>Directorate</b> Q19 Quality <b>Executive Sponsor</b> Marion Evans Andrews <b>Lead Manager</b> Kay Haughton <b>Lead Committee</b> IGQC <b>Review date</b> 31.03.18	There is a risk that children and young people in care do not get a review of their health needs, or that the healthcare plan is not implemented effectively. <b>Due to:</b> The number of CiC has grown significantly, meaning that the services providing RHAs are struggling to manage the increased demand. The CCG has a statutory duty to ensure that the health needs of Children in Care (CiC) are met and this includes the provision of RHAs whilst a child remains in care – every 12 months for those over 5 and every 6 months for those under 5. The main service that provides RHAs (public health nursing) is the responsibility of the county council, making the situation and its resolution more complicated. <b>Resulting in:</b> This is known to have a negative impact on subsequent longer term health and	Analysis of the impact of the increased numbers and the effectiveness of the current service arrangements has been undertaken, with proposals developed for a new model of provision. This is being overseen by the CiC Health Coordination Group, and decision making on next steps will be made by JCPE due to the multi-agency nature of the issue.	None	Performance reports to the Governing Body	None	4x3=12	4x3=12	The CCG and GCC have agreed to fund additional dedicated CIC nurses and additional nurses are in the process of being recruited to the team

## Risk scoring Likelihood x Consequence

### Matrix 5x5

		Consequence			
Likelihood		1	2	3	4
	1	1	2	3	4
	2	2	4	6	8
	3	3	6	9	12
	4	4	8	12	16
	5	5	10	15	20

### Likelihood

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Very Likely
<b>Frequency - how often might this appear</b>	Extremely unlikely. May only occur in exceptional circumstances. Has never occurred before.	Unlikely to occur/recur, but possible. Occurred less than once per annum.	May occur/recur, but not definite. Has previously occurred once or twice per annum.	Will probably occur/recur. Has happened several times per	Continuous exposure to risk. Has happened before regularly





5
5
10
15
20
25

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Severe
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards

		Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Major patient safety implications if findings are not acted on		
<b>Human resources/ organisational development/staffing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale  No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory training /key training on an ongoing basis
<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation  Reduced performance rating if unresolved	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage –  short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage –  long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence

<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
<b>Finance including claims</b>	Financial loss less than £500	Financial loss between £500 and £5,000	Financial loss between £5,000 and £50,000	Financial loss between £50,000 and £250,000	Financial loss in excess of £250,000
<b>Service/business interruption Environmental impact</b>	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

**Agenda Item 13**

**Governing Body**

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Title</b>	<b>Integrated Governance and Quality Committee (IGQC) minutes</b>
<b>Executive Summary</b>	The attached minutes provide a record of the IGQC meeting held on the 19 October 2017.
<b>Key Issues</b>	<p>The following principal issues were discussed at this meeting:</p> <p><u>Standing Items</u></p> <ul style="list-style-type: none"> <li>• Quality Report and Dashboard including reports from providers</li> <li>• Risk register</li> <li>• Assurance framework</li> <li>• Policies</li> <li>• Information Governance</li> <li>• HR Report</li> </ul> <p><u>Other issues</u></p> <ul style="list-style-type: none"> <li>• Learning from deaths update</li> </ul>
<b>Risk Issues: Original Risk Residual Risk</b>	Not applicable
<b>Financial Impact</b>	Not applicable
<b>Legal Issues (including NHS Constitution)</b>	Not applicable
<b>Impact on Health Inequalities</b>	None
<b>Impact on Equality and Diversity</b>	None
<b>Impact on Sustainable Development</b>	None
<b>Patient and Public Involvement</b>	Not applicable

<b>Recommendation</b>	The Governing Body is requested to note these minutes which are provided for information.
<b>Author</b>	Zoe Barnes
<b>Designation</b>	Corporate Governance Support Officer
<b>Sponsoring Director (if not author)</b>	Julie Clatworthy IGQC Chair and Registered Nurse

**Agenda Item 13**  
**Integrated Governance and Quality Committee (IGQC)**

**Minutes of the meeting held on Thursday 19<sup>th</sup> October 2017, in the Board Room, Sanger House**

<b>Present:</b>		
Alan Elkin ( <i>Chair</i> )	AE	Lay Member, PPE and Vice Chair
Dr Andy Seymour ( <i>part meeting</i> )	AS	Clinical Chair
Cath Leech	CL	Chief Finance Officer
Colin Greaves	CG	Lay Member, Governance
Dave McConalogue	DM	Consultant in Public Health, GCC
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Mark Walkingshaw ( <i>part meeting</i> )	MW	Director of Commissioning Implementation
Peter Marriner	PM	Lay Member – Business
Sheena Yerburgh	SY	GP Liaison Lead – Stroud and Berkeley Vale

<b>In Attendance:</b>		
Christina Gradowski	CGw	Associate Director of Corporate Governance
Hannah Williams	HW	Quality Manager
Jackie Burnett	JB	Community Student Nurse
Ryan Brunsdon	RB	Board Administrator

**Chair: Alan Elkin**

**1.0 Apologies**

- 1.1 Apologies were received from Julie Clatworthy (JC), Caroline Bennett (CBe), Mary Hutton (MH) and Alan Gwynn (AG).
- 1.2 The meeting was confirmed as quorate.

**2.0 Declarations of Interest**

- 2.0 There were no declarations of interests received.

**3.0 Minutes of the Meeting held on 22<sup>nd</sup> June 2017**

- 3.1 The minutes of the meeting were accepted as a true and correct record subject to the following amendments:
- 3.1.1 Section 5.3 be amended to read “*DM added that there were discussions around implementing a research consortium in Public Health (PH)*”
- 3.1.2 Section 5.14.4 to be reworded to read “***AE noted that the Loft House Suite Falls Prevention report had presented positive outcomes and felt that significant learning could be taken from this work.***”
- 3.1.3 Section 5.16.1 to be reworded to read “***CG highlighted the dialysis shuttle bus service as included within the report. BP anticipated that there would be an update on the engagement regarding the eligibility criteria for non-emergency patient transport in due course, and that dialysis patient transport and discharge for end of life patients would be included within this***”.

#### **4.0 Matters Arising**

##### **4.1 IGQC229, Quality Report**

MAE advised the Committee that a new Director of Quality had started at Gloucestershire Hospitals NHS Foundation Trust (GHFT). MAE added that Sean Elyan, Medical Director at GHFT, was still responsible for patient safety and clinical effectiveness. CG felt that this should be monitored going forward and any future concerns regarding quality at GHFT should be brought to future meetings. **Item Closed.**

##### **4.2 IGQC237, Quality Report**

AE noted that this item was due for the December IGQC meeting and that Julie Hapeshi, Associate Director of Research and Design at GHFT would be attending. **Item to remain open.**

##### **4.3 IGQC241, Quality Report**

AE noted that this item was due for the December IGQC meeting. **Item to remain open.**

##### **4.4 IGQC248, Feedback from the GHFT Breaking the Cycle Event**

MW informed the group that the next Breaking The Cycle event was to be held in November 2017 and an update on the event

would be included within the Quality Report for the December meeting. **Item to remain open.**

**4.5 IGQC252, Quality Report**

MAE advised the Committee that staffing issues within GHFT were included within the Quality Report found at agenda item five. **Item Closed.**

4.6 MAE provided a verbal update regarding student recruitment for 2017/18 and noted that nationally, student recruitment had reduced for Adult Nursing and Allied Health Professionals (AHP) due to the removal of the bursaries and introduction of student fees. MAE identified that 99 students had been recruited for Adult Nursing due to the University of Gloucestershire (UOG) recruiting 59 students for their first undergraduate nursing programme and the University of Western England (UWE) recruiting 40 students.

4.7 MAE expressed concerns regarding Mental Health student recruitment and added that only ten students had been recruited for September 2017. MAE expressed further concern for Learning Disabilities nurse training and noted that only six students had been recruited throughout the whole South West. MAE added that UWE had been accredited to run a two year fast track nursing programme for students who had a previous degree.

4.8 PM queried what further local initiatives could be implemented to help increase student recruitment. MAE confirmed that UOG had been developing a new programme for Mental Health nursing which was due to start in 2018/19. MAE highlighted that the Nurse Associate programme which was being run as a pilot was going well there were plans for a future cohort being run and added that a four year nursing apprenticeship degree programme was being looked at for future implementation.

4.9 MAE suggested that GHFT had an increased focus on staff retention initiatives and that they should look at the Magnet Recruitment model. AE queried whether there were integrated discussions around new initiatives and noted that staff move from important roles to new roles when new initiatives are trialled. MAE identified that all Nursing Directors had been working together regarding the development of new training programmes and added that two joint project groups had been arranged who work under the Sustainable Transformation Partnership (STP)

workforce board who looked at capacity and capability.

#### 4.0 **IGQC254, Quality Report**

AE noted that this item was due for the December IGQC meeting.  
**Item to remain open.**

#### 4.11 **IGQC255, C-Diff Deep Dive Report**

AE noted that this item was due for the December IGQC meeting.  
**Item to remain open.**

#### 4.12 **IGQC256, C-Diff Deep Dive Report**

AE noted that this item was due for the December IGQC meeting.  
**Item to remain open.**

4.13 AE emphasised his frustration with the late arrival of papers and requested that the executive reconsider the arrangements for agreeing distribution to ensure that papers were received in sufficient time for proper consideration to be given to them.

### 5.0 **Quality Report**

5.1 MAE introduced the Quality Report which provided assurance that quality and patient safety issues are given the appropriate priority. The report had been expanded to include the Patient Experience and Engagement Report. The paper was taken as read.

5.2 MAE highlighted the work that had been undertaken by the Dieticians in the Medicines Optimisation Team regarding the audit that had been developed of the use of the drug Orlistat as there was no clear guidance on how this drug was to be used within Primary Care. SY identified that there was guidance on Orlistat within the British National Formulary (BNF). MAE suggested that the guidance was not being followed correctly, and there was no information accessible on GCare. MAE felt that patient information sheets would be beneficial.

5.3 MAE noted that some GP's within the Gloucester Locality had expressed interest in conducting research into the effectiveness of low carbohydrates/high fat diets. DM queried whether the GPs had reviewed the current evidence on low carbohydrate/high fat diets. MAE confirmed that current evidence had been reviewed.

5.4 MAE informed the group that there was a safeguarding event

being held on 19<sup>th</sup> October 2017 to which 73 Locum GP's were attending.

- 5.5 MAE highlighted the positive work that been done regarding the Forest of Dean consultation and added that the Governing Body would be provided with an update report. MAE acknowledged that due to the ongoing work with the Forest of Dean consultation, there had not been as much patient and experience engagement as was generally the case. However Patient Participation Groups (PPG) had continued to receive support, with particular focus being on practices undergoing significant change.
- 5.6 MAE provided an update on infections and highlighted that the Quality Premium for 2017/18 aimed to reduce E.coli bacteraemia by 10% which provided the CCG with a target of 257, which was a 10% reduction on 15/16 performance of 285. MAE stated that the target would provide a challenge due to Gloucestershire being the best performing area within the South West.
- 5.7 MAE informed the Committee that there was a particular focus around Urinary Tract Infections (UTI) and a countywide UTI pathway group had been planned. It was added that the Care Home Support Team had also been asked to support Nursing and Residential Homes who had the highest number of UTI admissions to GHNHSFT.
- 5.8 MAE informed the Committee that the threshold for C.Difficile was exceeded for 2016/17 and noted that the challenge was around community infections. MAE reported that a Task and Finish Group had been arranged to look at the causes of C.Difficile infection.

*MW joined the meeting at 9:30am.*

- 5.9 MAE expressed concern that due to the reluctance of allow their children receive the Measles Mumps and Rubella (MMR) vaccination, there was currently an outbreak of measles within the County. DM provided context on the outbreak and informed the Committee that it had originated from a school within the Stroud Locality and the outbreak had then spread across the County. He highlighted that there had been 33 cases. DM stated that there were no admissions to hospitals or serious illnesses.

*Post Meeting Note: It was established during the December IGQC meeting that patients had been hospitalised due to the outbreak, and two patients had required special care.*

- 5.10 DM advised that NHS England (NHSE) had worked alongside the CCG and identified that there were 800 children between 0-18 months who had not had the MMR vaccination and that the Child Health Information Service (CHIS) would be scheduling appointments for those children. DM added that Gloucestershire Care Services (GCS) who ran the school influenza programme identified students who had not had the second MMR vaccination.

*AS joined the meeting at 9:35am.*

- 5.11 MAE reported that there was a Seasonal Flu Immunisation Group who had developed a work plan for 2017/18 to increase the uptake of Seasonal Flu Immunisation. AE highlighted the GHFT internal campaign “Get a jab, give a jab” and felt that this was a very positive approach.

- 5.12 AE requested clarity regarding the Post Infection Review (PIR) of the Methicillin-Resistant Staphylococcus Aureus (MRSA) blood stream infection case as to why the case was attributed to a third party. MAE confirmed that the majority of MRSA cases are patients who were substance misusers.

- 5.13 AE complimented the information on the three year C-Diff and E-Coli statistics and felt that this was useful to help draw conclusions.

- 5.14 The committee discussed the attached appendices of the report.

## **5.15 Appendix 1 – Quality Assurance Monitoring Framework**

- 5.15.1 There were no comments regarding the quality assurance monitoring framework.

## **5.16 Appendix 2 – GCCG Clinical Effectiveness Group Research Update**

- 5.16.1 There were no comments regarding the clinical effectiveness group research update.

## 5.17 Appendix 3 – GHFT Quality Report

- 5.17.1 MAE reported that GHFT had been successful with their recruitment and noted that there was an increase in the recruitment of newly qualified nurses. MAE mentioned that GHFT pay an extra 7% for staff who work or are recruited to General and Old Age Medicine (GOAM) wards.
- 5.17.2 MAE identified that there had been a recent Never Event. However, there was no patient harm. The Never Event related to a wrong route drug administration.
- 5.17.3 MAE highlighted the work around recognising the deteriorating patient and added that the use of the National Early Warning Score (NEWS) was not consistent within GHFT and that there was difficulty determining the accuracy of NEWS compliance across the adult wards. MAE advised the Committee that work was being undertaken within the Quality Improvement Academy to help re-embed the NEWS escalation system.
- 5.17.4 MAE advised the committee that the Governing Body had held a Business Session on 12<sup>th</sup> October 2017 to discuss the post implementation issues around Trakcare and the clinical risks associated with its implementation. MW added that there was to be a three day in-depth diagnostic of Trakcare which was to include: NHS Improvement (NHSI), NHS Digital (NHSD) and North Tees and Hartlepool NHS Foundation Trust.
- 5.17.5 MAE informed the committee that GHFT was still awaiting an updated Care Quality Commission (CQC) action plan and it was added that NHSI had not received the updated CQC action plan also.
- 5.17.6 MAE mentioned that hernias and varicose veins would no longer have Patient Reported Outcome Measures (PROMS).
- 5.17.7 HW advised that clarity had been requested regarding the process that is deployed at GHFT in relation to harm reviews, with particular focus on patients who had missed the two week wait deadline and added that a paper had been received which answered some questions, but not all. HW noted that a meeting with GHFT was to take place to agree on the formal reporting

route and to set out a flow chart of what happens and when.

- 5.17.8 AE expressed concern regarding the serious incident which had been declared in September which related to approximately sixty patients who required an urgent review for suspected cancer who had not been seen. MAE identified that the ongoing issue was that the apparent numbers of patients affected constantly changed. MW added that the number of patients who had been recalled was now ten and that there had been good liaison with the patients GPs.

## **5.18 Appendix 4 – 2g Quality Report**

- 5.18.1 MAE reported that recruitment and retention of medical, nursing and social work staff continued to be identified as a risk by 2gether NHS Foundation Trust (2g). MAE additionally identified recruitment issues regarding consultant vacancies.
- 5.18.2 MAE highlighted that the CCG had been working with the Trust to progress the Children and Young People Service (CYPS) national Transition Commissioning for Quality and Innovation (CQUIN) and that an action plan that covered all aspects of the CQUIN had been developed and was in the process of implementation.
- 5.18.3 MAE noted the work regarding improving discharge for dementia patients which was part of the CCG dementia Clinical Programme Group's (CPG) agenda. MAE added that some of the processes that had been adopted from GHFT included board rounds and 'red to green'.
- 5.18.4 MAE informed the Committee that there had been significant issues regarding the accessibility of services for patients who had repeatedly self-harmed at the Cambian Alders Private Mental Hospital. MAE expressed concerns around the levels of self-harm within Cambian Alders and the pressures that this had put on Primary Care.
- 5.18.5 MAE advised that a review of the services at Cambian Alders had been proposed and that the Royal College of Psychiatrists were happy to conduct this review. It was noted that the CCG had written to CQC to provide them with a copy of the Gloucester Health Access Centre (GHAC) audit to evidence concerns. MAE highlighted that 2g had also written to CQC regarding a patient

that they had placed at Cambian Alders and the poor care that they had received and added that the patient had since been moved.

## **5.19 Appendix 5 – Gloucestershire Care Services Quality Report**

- 5.19.1 MAE highlighted that there had been an increased focus on pressure ulcers and that the prevention and management of pressure ulcers remained a significant area of focus for Gloucestershire Care Services NHS Trust (GCS).
- 5.19.2 HW identified that there had been an increase in vacant positions and staffing challenges within: District Nursing, Community hospitals and Minor Injury and Illness Units (MIIU).
- 5.19.3 HW advised the Committee that she had spoken to Dawn Allen, Professional Head of Community Nursing at GCS, who expressed concern regarding the increase in demand for community nursing services and the increase of newly qualified nurses or junior nurses who had not received mentorship or preceptorship. HW added that the mentorship programme was still in place but was cancelled regularly due to service demands.
- 5.19.4 HW assured the Committee that workforce and staffing issues remained on the GCS risk register. HW noted that there had been particular issues with band six Nursing posts.
- 5.19.5 PM queried whether there had been any staffing issues due to the Forest of Dean Business Consultation. MAE advised that there had been no staffing issues due to the consultation.
- 5.19.6 AE observed that the report had no numerical analysis of the MIIU's in terms of closures and queried what the level of partial and full closures were for August. HW advised that she was not aware of specific numbers, but agreed to look into MIIU data and circulate it to the Committee.
- 5.19.7 MAE expressed concern that with new initiatives and services being implemented, frontline Community Nursing staff would become scarce. HW expressed similar concern but identified a potential opportunity and noted that the skill sets required for the new services were District Nursing skillsets and there could be an opportunity to see the introduction of new services as part of a

wider community nursing offer.

5.19.8 AE observed that the community hospitals found the 95% achievement of harm free care scoring challenging, and felt this was worrying. HW advised the committee that Community hospitals found this challenging due to pressure ulcers and falls and explained that in response to this, there was a comprehensive pressure ulceration quality improvement plan and continued encouragement of GCS liaising with 2g and Charlton Lane with regards to falls prevention.

5.19.9 MAE noted that GCS would be visited by CQC within the next six months.

## **5.20 Appendix 6 – Arriva Transport Solutions Ltd (ATSL)**

5.20.1 AE highlighted the positive actions that ATSL had taken with regards to safeguarding referrals and identified that three safeguarding referrals had been made for Gloucestershire patients.

5.20.2 PM queried whether the level of service that was being provided from ATSL had improved. MW identified that there was good performance for on the day booking, but significant concerns with pre-booking. MW noted that this was due to balancing resources between the two. Financial penalties had been imposed.

## **5.21 Appendix 7 – Any Qualified Providers and Other Quality Report**

5.21.1 AE highlighted the four week referral time for GP Care's ultrasound contract which had declined from 98% in March 2017 to 35% in August 2017. MAE advised this was due to staffing.

## **5.22 Appendix 8 – Care Home Quality Report**

5.22.1 MAE identified the positive support work that the Care Home Support Team (CHST) had undertaken.

5.22.2 MAE noted that the National Star College received an outstanding CQC rating.

5.22.3 MAE advised the Committee that two homes required multi-

agency actions for quality improvement and these were: The Dean Neurological Centre and Badgeworth Court Care Centre. MAE added that a lot of support has been provided to the two homes.

5.22.4 DM highlighted a low uptake of influenza vaccination for care home staff within Gloucestershire and added that NHSE would now be including care home staff in the flu vaccination programme. HW queried whether there had been any guidance released for Domiciliary Care Home workers. DM agreed to check whether they had been included within the NHSE guidance.

5.22.5 MAE mentioned that the Hot Topics conference for care homes was being run on 1<sup>st</sup> November 2017 and 250 people were expected to attend.

## **5.23 Appendix 9 – Primary Care Quality Report**

5.23.1 MAE confirmed that a Gloucestershire practice had been given a warning notice under Section 29 of the Health and Social Care Act 2008 and significant support had been provided to the practice via the CCG Primary Care team. MAE added that a re-inspection would take place during November 2017.

5.23.2 MAE highlighted that the CQC would be changing their inspection regime from April 2018 and information for practices would be provided through “What’s New”. MAE noted that the new approach included a self-assessment process.

5.24 The Committee commended the positive development of the format and content of the Quality Report and felt it was much more comprehensive and a more effective reflection of wider quality issues within the health economy of the County.

**5.25 RECOMMENDATION: The Committee noted the contents of the Quality Report and noted the attached appendices.**

## **6.0 Learning from Deaths Update**

6.1 MAE introduced the Learning from Deaths Update report which was a briefing on the CCG response to the recommendations of Mazars Mortality Review of Learning Disabilities Services. The report was taken as read.

- 6.2 MAE identified that the Leader Review Group reports to the IGQC Committee and that the terms of reference had been received.
- 6.3 MAE suggested that the more Leader Reviewers that were trained within Gloucestershire across all health organisations would result in fewer reviews for each Leader and each Leader would conduct approximately two reviews a year.
- 6.4 **RECOMMENDATION: The Committee noted the Learning from Deaths Update Report.**

## 7.0 Corporate Risk Register Summary

- 7.1 CGw presented the Corporate Risk Register (CRR) which comprised a total of 41 risks, two of which were graded as high 'red' risks. In addition, the committee was asked to consider the addition of two new risks detailed at appendix 3, and the closure of three risks which were highlighted at appendix 2.
- 7.2 CGw informed the Committee that she had contacted each directorate risk lead and provided each lead with detailed feedback on risks identified within the CRR and asked them to update any risks where necessary. CGw confirmed that risks were cross correlated on the CRR to ensure that they matched the risk rating.
- 7.3 CGw highlighted that there were two red rated risks, and these were: risk T13 regarding Specialised Commissioning and risk F24 regarding the implementations of Trakcare. Both risks were identified as being unchanged.
- 7.4 In respect of Risk T13 MW informed the Committee that a local scheme was being developed which looked at capacity within the services for specialised commissioning for Children and Young People. MW confirmed that this would be brought to a future Governing Body meeting.
- 7.5 CGw confirmed that the CRR was being reformatted to include trend arrows to allow the CRR to read more easily and to be more accessible. CGw added that new guidance and a training programme were being implemented.
- 7.6 PM queried whether there was possibility of the CCG transitioning

the CRR to a new electronic system. CL clarified that the CCG was too small an organisation to adopt a new electronic system and that the costs would outweigh the benefits.

## 7.7 New Risks

- 7.7.1 CGw described the addition of risk L4 to the CRR which was requested by the Primary Care team and related to the application to merge College Yard, Highnam Surgery and Cheltenham Road Surgery. The risk identified was that if the merger did not take place the contract for College Yard and Highnam would be handed back to the CCG which would have resulted in the dispersal of 4,630 patients. The risk was rated at twelve, amber.
- 7.7.2 CGw described the addition of the second risk, risk C35 which was noted to be a residual risk which related to the transfer of the Out of Hours (OOH) services from South Western Ambulance Service NHS Foundation Trust (SWAST) to CareUK and the ability of the new provider to sufficiently staff the service and ensure resilience. The risk was rated at twelve, amber.
- 7.7.3 The committee accepted the addition of two new risks as outlined at appendix 3.

## 7.8 Risks for Closure

- 7.8.1 CGw informed the Committee that there were three risks requested for closure. The first risk was C35 which was the residual risk mentioned at point 7.7.2. It was requested for closure as the OOH mobilisation had been completed which was evidenced by performance improvement. The risk was agreed for closure.
- 7.8.2 Risk K8 requested for closure related to accessing cost effective indemnity insurance for the South Cotswolds Frailty Team. CGw advised the Committee that Medical Defence Union (MDU) had honoured indemnity insurance until November 2017 and that the coordinating practice had explored whether indemnity cover could be purchased at a lower cost. The risk was agreed for closure.
- 7.8.3 The final risk requested for closure was F22 which related to the shared record project which allowed patients the option to opt out of record sharing. CGw informed the Committee that a

communications plan had been developed and implemented and added that a mailshot to patients had been completed. The risk was agreed for closure.

7.9 The Committee welcomed and supported the refocus of the CRR and felt this would be a very positive development.

**7.10 RECOMMENDATION: The Committee:**

- reviewed the paper and the attached Risk Register;
- approved the addition of two new risk detailed on appendix 3; and
- approved the closure of three risks at appendix 2.

**8.0 Governing Body Assurance Framework**

8.1 CGw presented the Governing Body Assurance Framework (GBAF) for 2017/18 which provided details of the risks against the achievement of the CCG's strategic objectives. The framework was reviewed and two risks approved at point 7.10 were agreed for inclusion onto the GBAF.

**8.2 RECOMMENDATION: The Committee noted the Governing Body Assurance Framework.**

**9.0 Policies for Approval**

9.1 Clinical Records Management Policy

9.1.1 The Committee noted the minor changes made from the reviewed Clinical Records Management Policy and agreed to approve the policy.

9.2 Corporate Records Management Policy

9.2.1 MAE confirmed that the Corporate Records Management Policy was to be presented at the December IGQC meeting.

9.3 Non-Emergency Patient Transport Policy

9.3.1 The non-emergency patient transport policy required an extension until May 2018 due to the consultation on dialysis transport which was to be completed early 2018. The committee approved the policy extension.

#### 9.4 Safeguarding Children and Adults Strategy

9.4.1 An extension of the review period for the safeguarding children and adult's strategy until December 2017 was requested. The committee approved the strategy extension.

#### 9.5 Data Protection

9.5.1 The review period for the data protection policy required an extension until December 2017 to be updated to incorporate the General Data Protection Regulation (GDPR). The committee approved the policy extension.

#### 9.6 Information Governance

9.6.1 Similarly the information governance policy review period required an extension until December 2017 to be updated to incorporate the GDPR. The committee approved the policy extension.

#### 9.7 Subject Access Request

9.7.1 The subject access request policy review period required an extension until December 17 to be updated to incorporate the GDPR. The committee approved the policy extension.

#### 9.8 **RECOMMENDATION: The Committee approved the following policy:**

- **Clinical Records Management Policy.**

**The Committee approved the following policy extensions:**

- **Non-Emergency Patient Transport Policy to May 2018;**
- **Safeguarding Children and Adults Strategy to December 2017;**
- **Data Protection to December 2017;**
- **Information Governance to December 2017; and**
- **Subject Access Request to December 2017;**

#### 10.0 **Information Governance**

10.1 CL introduced the Information Governance (IG) report which provided an update on the CCGs IG arrangements. The report

was taken as read.

- 10.2 CL highlighted the reviewed IG toolkit had been issued and an action plan drawn up to reflect any necessary changes.
- 10.3 CL advised that NHSD had issued the online IG training tool which had been made available to all staff within the CCG with a requested completion date of 30<sup>th</sup> November. CL added that training for the Governing Body had been organised.
- 10.4 CL highlighted that there was a process in place regarding privacy impact assessments and noted that this had a direct link to the GDPR.
- 10.5 CL informed the committee that there was a requirement for a Data Protection Officer, but noted however, that there was no guidance specifically relating to the health sector. CL advised that the general guidance had been looked at, as had how this could be taken forward in the future.
- 10.6 CL advised that a cyber security group had been set up which included representation from each organisation and the CCG was represented by a South Central Western Commissioning Support Unit (SCWCSU) staff member. CL noted that a community test was being held on 4<sup>th</sup> December with Police teams to test response plans and to look at risks around the current IT systems.
- 10.7 CG highlighted the Contract Register which was included within the Information Governance Working Group Minutes, and queried what was being done regarding the contract with Crown not being found. CL advised that there had been a review of all contracts and suggested that the contract with Crown sat within NHSE, and CGw was taking this forward. CGw added there were approximately 2300 boxes of storage within Crown.
- 10.8 CG requested re-assurance that patients who had their information sent to other individuals had been written too and explanations had been provided. CL confirmed that this had happened. MAE added that internal systems had also been reviewed. CL clarified that this remained a Continuing Healthcare (CHC) responsibility.
- 10.9 RECOMMENDATION: The Committee noted the following:**

- **Information Governance report;**
- **Gloucestershire Information Governance Group Minutes; and**
- **Information Governance Meeting Group notes.**

## **11.0 HR Report**

- 11.1 CGw introduced the HR report which had been produced by ConsultHR. The report covered: staff in post, starters, leavers, sickness absence and sickness reasons from July 2017 to August 2017.
- 11.2 CGw informed the committee that the next six monthly HR report which covered a greater range of HR information would be made available for the December IGQC meeting.
- 11.3 CGw highlighted that during July 2017, the CCG had the highest number of staff in Full Time Equivalent (FTE) posts at 264, and this was greater than any other month during 2017. MAE added that a major factor influencing the increase of staff was the employment of clinical pharmacists. CL confirmed that this would have also been increased due to compliance with the IR35 regulations that led to staff being added to the payroll.
- 11.4 CGw identified that there had been four members of staff leave the CCG during August 2017.
- 11.5 CGw advised that Penny Page, HR Manager, had been providing ongoing support to managers who had staff on long-term sick leave. Days lost due to Long-term sickness was highlighted to be higher than the figure for short-term sickness.
- 11.6 **RECOMMENDATION: The Committee noted the HR Report.**

## **12.0 Any other Business**

- 12.1 The IGQC committee formally approved AE as the chair of the Independent Funding Request Panel.
- 12.2 There were no other items of any other business.

**The meeting closed at 10:57am.**

**Date of Next Meeting: Thursday 14<sup>th</sup> December 2017, 9am in the Boardroom, Sanger House.**

## Agenda Item 14

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Title</b>	<b>Primary Care Commissioning Committee (PCCC) Minutes</b>
<b>Executive Summary</b>	The attached minutes provide a record of the PCCC meeting held on the 5 October 2017.
<b>Key Issues</b>	<p>The following principal issues were discussed at this meeting:</p> <p><u>Standing Items</u></p> <ul style="list-style-type: none"> <li>• Primary Care Quality Report</li> <li>• Delegated Primary Care Financial Report</li> </ul> <p><u>Other Issues</u></p> <ul style="list-style-type: none"> <li>• Application for merger of Lechlade and the Park Surgeries</li> <li>• Application for merger and closure of a branch surgery: Highnam/College Yard and Cheltenham Rd</li> <li>• Primary Care Strategy Update</li> <li>• Cinderford Health Centre presentation</li> <li>• 2017/18 Improvement Grant Applications</li> </ul>
<b>Management of Conflicts of Interest</b>	As outlined within the minutes.
<b>Risk Issues: Original Risk Residual Risk</b>	Not applicable
<b>Financial Impact</b>	Not applicable
<b>Legal Issues (including NHS Constitution)</b>	Not applicable
<b>Impact on Health Inequalities</b>	None
<b>Impact on Equality and Diversity</b>	None

<b>Impact on Sustainable Development</b>	None
<b>Patient and Public Involvement</b>	Not applicable
<b>Recommendation</b>	The Governing Body is requested to note these minutes which are provided for information.
<b>Author</b>	Zoe Barnes
<b>Designation</b>	Corporate Governance Support Officer
<b>Sponsoring Director (if not author)</b>	Alan Elkin PCCC Chair and Lay Member

## Agenda Item 14

### Primary Care Commissioning Committee (PCCC)

Minutes of the Meeting held at 10.30am – 13.00pm

Thursday 5 October 2017

Boardroom, Sanger House, Gloucester GL3 4FE

<b>Present:</b>		
Alan Elkin ( <i>Chair</i> )	AE	Lay Member – Patient and Public Engagement
Colin Greaves	CG	Lay Member - Governance
Cath Leech	CL	Chief Finance Officer
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Jo Davies	JD	Lay Member – Patient and Public Engagement
Mark Walkingshaw ( <i>Representing MH</i> )	MW	Director of Commissioning Implementation
Dr Sheena Yerburgh ( <i>Non-Voting &amp; Representing AS</i> )	SY	GP Liaison Lead – Stroud and Berkeley Vale
<b>In attendance:</b>		
Helen Goodey	HG	Director of Primary Care and Locality Development
Helen Edwards	HE	Associate Director of Primary Care and Locality Development
Teresa Middleton	TM	Associate Director of Quality
Christina Gradowski	CG	Associate Director of Corporate Governance
Becky Parish	BP	Associate Director Engagement and Experience
Alan Thomas	AT	Interim Chair of Healthwatch
Jo White	JWh	Programme Director for Primary Care
Jeanette Giles	JG	Head of Primary Care Contracting
Andrew Hughes	AH	Associate Director of Commissioning
Stephen Rudd	SR	Head of Locality and Primary Care Development
Declan McLaughlin	DMcL	Primary Care Project Support Manager

**Other members in attendance**

Stephen Chadwick, Locality Manager, GCCG

Rae Childs, Dockman Road Surgery

(Agenda item 9)

Sally Charlton, Forest Health Care

(Agenda item 9)

Ashley Seymour, Matrix Medical

(Agenda item 9)

**1 Apologies for Absence**

1.1 Apologies were received from Mary Hutton (MH), Andy Seymour (AS), Cllr Roger Wilson (RW), Chris Graves (CGr) and Julie Clatworthy (JC).

**2 Declarations of Interest**

2.1 SY declared a general interest as a GP. AE confirmed that the meeting was quorate and that he felt that SY should not be excluded from any discussions, as she was a non-voting member.

**3 Minutes of the Meeting held on 27 July 2017**

3.1 The minutes were approved as an accurate record.

**4 Matters Arising**

4.1 **28/01/2016, Item 9.1, Any Other Business** – AE identified that the self-assessment for the committee was due for the October meeting. **Item to Remain Open.**

4.2 **30/03/2017, Item 7.3, Nursing Strategy Workforce Update** - MAE reported that a Draft Nursing Strategy had been had been produced, further work was being undertaken on the strategy, which would be reported to a future PCCC. . **Item to Remain Open.**

4.3 **25/05/2017, Item 8.6, Primary Care Quality Report** – MAE informed the committee that pharmacists were still being recruited and the picture was rapidly changing. There were two groups:

clinical pharmacists and prescribing support pharmacists. Recruitment was on-going; there were approximately 30 or so new recruits. MAE stated that she would confirm the exact number of clinical pharmacists in post, with details of which practices they were working with, at the November meeting. **Item to Remain Open.**

## **5 Application for merger: Lechlade and The Park surgeries**

- 5.1 HG introduced the paper. She informed the committee that the CCG had received a merger application from The Park Surgery based in Cirencester, with Lechlade Medical Centre based in Lechlade. Both practices held a General Medical Services (GMS) contract and were based in the South Cotswold Locality and operated within the same cluster.
- 5.2 HG provided a brief overview of the practices. The Park Surgery has been located in Old Tetbury Road since 1994. They now have five partners and the senior partner has been with the practice for over 30 years. Lechlade Medical Centre operated from The Medical Centre, Oak Street, Lechlade, which was built in 1980 and extended in 1997. Dr Henry Stephens joined the Practice on the retirement of his father. Dr Stephens operated as a single-handed practice. Both practices have been in discussion regarding collaboration and closer working for some time and operated within the same cluster. The practices considered that a merger made business and economic sense, as well as providing opportunities for improving patient care and experience.
- 5.3 JG provided further detail about the proposed merger. The distance between the two practices was approximately 14.6 miles apart. A map that showed the practice boundaries was included in the papers, both practices do not overlap and there was no intention for the practices to overlap. A number of GP practices covered some of the boundary areas of Lechlade and The Park surgeries and patients of the merged practice could register with these alternative surgeries, if they wanted. It was noted that there was a range of new housing developments under construction within the surrounding area to both practices.
- 5.4 The rationale for the merger was that it would provide stability and continuity of patient care for the patients of both practices. The partners of both practices were supportive of the merger. They

recognised that a larger organisation would ensure the general practices resilience and sustainability, particularly in relation to Lechlade Medical Centre, which was currently operating as a single handed practice. Additionally, patients would have the opportunity of an appointment at either practice, thereby increasing access. Given the geographical distance between the two practice sites, it was likely that duplicate services would continue to be provided from each location. With opportunities to increase the range and type of services provided and standardise the services offered, in time.

- 5.5 JG informed the committee that in accordance with the Standard Operating Procedure (SOP) for the application to merge contracts, the practices had engaged in preliminary discussions with the CCG. They had also engaged with their own patient participation groups (PPGs). Subsequently the CCG engaged with neighbouring practices, Healthwatch Gloucestershire, NHS England (NHSE) and the Local Medical Committee (LMC).
- 5.6 The responses received to date from other neighbouring practices had been positive. The LMC had commented that they were supportive of the merger based on the understanding “*that primary medical services for the people of Lechlade will continue to be provided from premises in Lechlade – presumably the existing premises*”.
- 5.7 BP confirmed that the practices had fully engaged with PPGs, and she had received no feedback about any concerns with regard to the merger.
- 5.8 JD asked about the technical aspects of the merger and whether there were plans to deal with staffing issues such as employment rights and benefits. JG confirmed that there were no redundancies and no significant change to staff terms and conditions of service. There were some additional benefits to be achieved through the merger, with greater work life balance for staff. Operating from two sites had the potential to provide all patients with better access to services and a greater pool of healthcare professionals.
- 5.9 A merged practice would be better placed to take advantage of new opportunities to develop services, which would be offered for the benefit of patients and the wider health system.

- 5.10 CG enquired if the timescale for the merger was too short to effectively integrate IT systems, with both practices coming together in January 2018. JG explained that whilst the timescale for the merger was relatively short, both practices have a shared practice manager across the two locations. They also continued to have the support of a CCG project manager. With regard to IT, both practices were on the same clinical system with the clinical system merger planned for 19 February 2018, a month after the merger. The Commissioning Support Unit would also support the clinical system merger and the CSU team had met with the practice manager.
- 5.11 AE asked if the enhanced services offered by each practice was different and would there be a process to standardise what was on offer at each practice. JG confirmed that at this present time the enhanced services offered, remained the same. However a review would be undertaken.
- 5.12 CG asked Healthwatch for their feedback on the proposal and consultation to date. BP informed the meeting that the practices had started a process of engagement with their patients, with advice and support from the CCG. The CCG had also sought to engage with Healthwatch Gloucestershire about the proposed merger. BP had sent letters to the previous Healthwatch Chair. She confirmed that outside this meeting, she would liaise with Alan Thomas, the Interim Chair.
- 5.13 The Chair asked the committee to consider the proposal to merge both practices.
- 5.14 **RESOLUTION:** The committee approved the merger of Lechlade Medical Centre with The Park surgeries.
- 6 Application for merger and closure of a branch surgery: Highnam/College Yard and Cheltenham Road**
- 6.1 JG presented the paper. Gloucestershire CCG had received a merger application and supporting information with regard to College Yard, and Highnam Surgery, with Cheltenham Road Surgery. The College Yard and Highnam Surgery had a patient list size of 4,630 while the Cheltenham Road Surgery has a patient list

of 7,931. Both practices held a GMS contract and were in the Gloucester locality. It was noted that the practices had overlapping boundaries and following the merger the same areas would be covered.

- 6.2 JG explained that Cheltenham Road was a five partner practice located on a single site, which was originally the home of the GP who started the practice over 50 years ago. A number of structural improvements and extensions had been made to the building. This also included a major project to add additional consulting space, a bigger waiting area and increased accommodation on the first floor including the provision of a patient lift. The practice was approved as a training practice and currently trained FY2 doctors.
- 6.3 The College Yard and Highnam surgery operated from two sites, Mount Street, Gloucester and Lassington Lane, Highnam. The College Yard Surgery started in 1988. It then expanded to include Highnam Road. Dr Miller joined the practice in 1992. The practice has recently experienced significant workforce challenges including GP partner sickness and the loss of two GP partners. In response to these challenges a number of meetings took place between Dr Miller and the CCG, to discuss the support that was needed by the practice, to ensure its sustainability and resilience. In particular the pressures that Dr Miller was facing being a single handed GP. Various options were considered including giving notice on the College Yard/Highnam contract.
- 6.4 Both practices had been in discussion for some time regarding collaboration and closer working with both practices members of North East Gloucester (NEG) cluster. They had concluded that with shared operational and cultural similarities, as well as a shared vision for general practice they should seek a formal merger. The merger would provide an opportunity to combine resources and expertise, to effectively manage the demands of general practice, facilitate innovation and new ways of working.
- 6.5 As a merged practice, patients would continue to have a choice of three locations until April 2019. After that time there would be a choice of two locations, with the proposed closure of the College Yard Surgery. JG informed the meeting that the CCG had also received an application from The College Yard and Highnam Surgery to close the former. The landlords of College Yard Surgery

had served notice on the building, with instruction to vacate the property by 19 April 2019.

- 6.6 JG commented that it had become clear that operating general practice services from three sites would pose significant sustainability issues for the new partnership. It would also pose problems for the efficient use of financial and workforce resources. Additionally The College Yard surgery was a small site not particularly attractive to potential new GP recruits, who were less keen to work in single handed sites.
- 6.7 JG considered that the closure of the College Yard Surgery in the centre of Gloucester and in an area of deprivation would have an impact on patients. In response the CCG wrote to all neighbouring practices to obtain their views on the merger and closure of College Yard. Additional work on transport had been undertaken to assess the modes of transport available to patients and journey times (a paper on transport was circulated). The committee noted that the branch surgery of Hadwen (St Michael's) had not been included in the list of neighbouring practices. The CCG would be considering an application to close this branch surgery planned for the Autumn 2109. This application would be included in the next PCCC meeting.
- 6.8 There was a brief discussion focusing on the planned closure of Hadwen branch surgery, in line with NHSE's approval for the development of the Glevum Way Surgery, and prospective premises development in Gloucester. It was noted that there was significant momentum for a city centre development, with a new build opportunity, as part of the Quayside and Blackfriars development. A new primary care facility could be developed as early as 2020 onwards.
- 6.9 HG considered that the committee needed to be bought up to date with the latest response from the Local Medical Committee (LMC). Originally the LMC had decided to abstain. However, the LMC Chair Dr Philip Fielding organised a meeting the previous Friday of those practices affected, to discuss the prospective merger and subsequent closure of College Yard. After full consideration and scrutiny, the LMC had changed its position from abstention to agreement. The CCG had agreed to a support package for those

practices affected by additional workload pressures, and that the Community Connectors service could support the work around transport. HG also confirmed that Bartongate Surgery had also changed its position to a positive endorsement of the proposal. HG commented that there had been some sensitivity about notice on the property, one of the two landlords had retired many years ago. He had been very patient and supportive, providing a long lead in time for the termination of the lease.

6.10 HG summarised by stating that the merger of the practices and closure of College Yard was in the best interests of patients and the practice. It would support the sustainability and resilience of the practices. If the merger did not go ahead, College Yard would give notice on their GMS contract, and the contract would be handed back to the CCG to find suitable alternative arrangements. This would prove problematic and disruptive to patients. The CCG had learnt a great deal since the dispersal of patients from St Luke's, which had been successfully managed. The practices also benefitted from the fact that the practice manager at St Luke's was now the practice manager of the College Yard and Highnam surgeries.

6.11 There was a discussion about patient feedback. BP confirmed that the sample used for the survey was a weighted random sample. AE asked how the needs of frail and elderly patients would be met. HG confirmed that the needs of frail, vulnerable and elderly patients would be met, with the continuation of home visits to those who needed them. She confirmed that an Equality Impact Assessment had been completed. It was acknowledged that some further work would be undertaken, in the 18 month period leading up to the closure of College Yard. This work would focus on transport with Community Connectors and the needs of immobile, vulnerable and frail patients.

CG commented that the paper was well written. AE considered that the process undertaken by the practices and CCG was a vindication of the CCG's Standard Operating Procedure (SOP).

- 6.12 **RESOLUTION:** the committee approved:
- the merger of The Colledge Yard Surgery & Highnam Surgery and Cheltenham Road Surgery
  - the closure of The Colledge Yard Surgery scheduled for 19

April 2019.

## **7.0 Primary Care Strategy update**

- 7.1 SR presented the paper. The Gloucestershire Primary Care Strategy had been approved by the GCCG Governing Body in September 2016. The General Practice Forward View Plan (GPFV) was approved by the PCCC and ratified by the Governing Body in May 2017. This paper therefore provided an update on progress to date.
- 7.2 SR informed the committee that significant progress had been made on the strategy and plan. With regard to the GPFV plan NHSE had rated it as 'Green' and this was one of the best ratings given to a CCG for its plan. The workforce rating of 'Amber' was disappointing but this reflected the national workforce picture rather than local workforce plans.
- 7.3 SR provided an overview of the six key components of the strategy and initially focused on Access. There had been tangible progress made to improve access. Primary care had built on the original work undertaken as a former Prime Minister's Challenge Fund site, with a placed based approach to improving access to primary care. The CCG invited the 16 clusters to express an interest in delivering a local service that not only met the national criteria, but was also transformative and innovative. Out of 16 clusters 11 submitted bids, with 5 put forward to preferred bidder status. The primary care team had been working with the 5 clusters to develop their final models. These bids included urgent visiting services working with South Western Ambulance Service NHS Trust (SWAST). Paramedics were seconded to release GP home visits for chronic care. Advanced physiotherapists were now working in practices, and mental health workers were providing mental health support to patients, in a general practice setting.
- 7.4 SR informed the meeting that significant progress had been made with practices working together at scale in a collaborative supportive way. Clusters were now sharing resources and employing a variety of different roles within practices that improved patient care and made the best use of financial resources. This included clinical pharmacists, community matrons and shared prescribing labs.

- 7.5 SR also mentioned other key successes including the Productive General Practice Programme, which involved inviting practices to consider a quality improvement programme for their practice. The delivery plan submitted to NHSE was highly commended, and allowed the CCG to secure places for all 35 practices that were interested. Additionally, the GPFV launch event held in January 2017 was a great success and would be repeated in January 2018. The event focused on the Ten High Impact Actions and attracted over 200 GPs and practice managers in Gloucestershire.
- 7.6 HG commented that primary care was nationally and locally in crisis. However, she was impressed by the way that general practices within Gloucestershire had seized opportunities to innovate and transform services to really improve patient care.
- 7.7 AE asked the committee to note the content of the report. AE considered that significant progress had been made since the CCG took responsibility for full delegation of primary care. He commended the team on the progress they and local practices had made since April 2016.
- 7.8 **RESOLUTION:** the committee noted the Primary Care Strategy update.
- 8.0 **2017/18 Improvement Grant Applications**
- 8.1 DMcL presented the paper. DMcL explained that this paper had already been presented to PCOG on 19 September 2017, as part of the annual process to support practices with smaller premises improvement projects. It was noted that NHSE had recently introduced a new bidding system for all capital grants, irrespective of size or cost of project. This was for minor capital works, designed to meet capital schemes with a value up to £500,000 including any non-recoverable VAT. Previously, the vehicle for this was the Improvement Grant (IG) as defined in the 2013 Premises Cost Directions.
- 8.2 DMcL informed the committee that the Care Quality Commission (CQC) recent inspections had resulted in a number of practices requiring immediate improvement to practice premises, which was taken into consideration in the bids.

- 8.3 Against this backdrop practices were invited to submit IG funding bids. The initial funding applications had been split into two categories set out in the two appendices. In appendix one, the projects were small scale requiring immediate improvement in compliance with CQC standards including, improving disability access and infection control measures. Appendix two comprised larger scale projects that were both large in scale and estimated cost, but similar to those in Appendix 1.
- 8.4 It was proposed that the CCG approved those schemes listed in appendix one immediately, to ensure compliance with CQC standards. This would be in parallel with applying for NHSE funding, with any future external funds used to offset the CCG's initial upfront funding. This would be to a maximum of £50k. It was noted that the budget of £50k has been identified within the Delegated Budget and was subject to ratification at the next Primary Care Budget Setting Meeting.
- 8.5 DMcL addressed Appendix 2 which comprised larger scale projects and asked the committee for approval to apply for funding via the new NHSE bidding process. This was without an initial outlay of funds from the CCG, for these projects.
- 8.6 CG commented that he remembered that the CCG was allowed to contribute 40% towards the cost, however 12 months on, the contribution was now 66%. He enquired if NHSE would challenge this. AH considered that the decision had been taken to agree a budget of £50k irrespective of NHSE's contribution.
- 8.7 AE asked for clarification with regard to the abatement applied by the District Valuer. DMcL responded that if a project was awarded funding, the CCG would reimburse practices the rent. If the project and rent were affected there were terms in the Premises Cost Directions, whereby the rent reduced for a period of time based on the contribution of the NHS.
- 8.8 **RESOLUTION:** The committee approved:
- the schemes listed in Appendix One to a maximum contribution of £50k and simultaneously the CCG to apply to NHSE for IG funds
  - the CCG to apply for IG funding from NHSE for those

schemes listed in Appendix Two.

- that no up-front CCG funding would be made available to schemes listed in Appendix Two.

## **9.0 Cinderford Health Centre Presentation**

- 9.1 AH introduced the presentation. He explained that the CCG's policy for Cinderford Health Centre was set out in the Primary Care Infrastructure Plan. Cinderford was a key strategic priority and the first piece of the jigsaw would be to improve healthcare within the area. It was proposed to replace Cinderford with a new health facility for the two practices currently residing in the building. He provided an overview of the practice size and patient list size for both the Dockman Road Surgery and Forest Healthcare including, the gap in the current provision based on the six facet survey.
- 9.2 AH stated that the new health facility would need to be 'future proofed' for the next 25 years, providing the space and capacity for the building to shape and change, according to the needs of modern general practice. The site option long list was discussed. It was noted that any new build would need to comply with key criteria including availability, suitability, viability and conclusion. AH informed the meeting that a project group has been established, staff and patient consultation was underway and the design process had commenced.
- 9.3 Ashley Seymour (AS), Development Director, Matrix Medical explained that he was working with the CCG on this project. He had extensive experience. A qualified surveyor who had worked with primary care for the past 17 years. He was working closely with both practice managers Sally Charlton and Rae Childs on the prospective development. AS had been appointed in February this year to bring forward the business case, with options for the new premises.
- 9.4 SC, practice manager for Forest Healthcare informed the meeting that the current premises was located on the Co-op car park and was very cramped. The practice staff had been creative in their use of the premises space. However it was inadequate for modern general practice. There was a need to organise additional GP appointments but lack of adequate space prohibited this. The

practice had tried to recruit a GP for the past three years with little success, as the premises was 'off putting' to potential applicants. There was no space available to accommodate health visitors, mental health workers or other healthcare practitioners. RC informed the committee of a similar set of circumstances for Dockman Road surgery. She voiced her concerns that the practice could not fulfil the requirements of a modern general practice, if the practice retained the same poor designed premises.

- 9.5 AH drew attention to the consultation and engagement plan, in particular the scoring matrix (slide 9). The PPG had been given the task of ranking the options presented. The option that scored the highest was a New Build Premises at Valley Road.
- 9.6 AS provided an overview of the design process, for the new build. He then took the committee through the next steps including finalising the leasehold agreement and heads of term, instructing the District Valuer to assess Value for Money criteria for rent and ensuring that IM&T, SDLT and other capital sums identified, were requested. The Business Case would be finalised and submitted to PCCC. Once planning permission was obtained building works would begin. It was anticipated that the build would be completed in Q4 2019.
- 9.7 CG asked how the capital would be arranged for this project. AS responded that the GPs would take on lease arrangements with either NHS Propco or with Matrix Medical. JD commented that the new build should ideally be referred to as a health centre and not medical centre. This would promote a more holistic view of health and wellbeing. HG confirmed that the new health centre would provide opportunities for a wider range of health services to be offered, such as frailty masterclasses and other lifestyle classes.

9.8 **RESOLUTION:** The committee noted the Cinderford Presentation

## 10.0 **Delegated Financial Report**

CL presented the report, which outlined the financial position with regard to the delegated primary care co-commissioning budgets, at the end of August 2017. The paper was taken as read, questions were invited.

10.1 A question was asked about the NHSE rebate for this current financial year. CL responded that there would be a process for the rebate this year; however the rebate would be smaller than in previous years. AE commented that the conditions associated with the 1% headroom were 'tough'. CL responded that the CCG was working on managing those risks and any emerging risks within the year. Future reports would be made to the PCCC to ensure that the committee was kept up to date with the delegated budget.

10.2 **RESOLUTION:** The committee noted the Delegated Financial Report.

## 11 **Primary Care Quality Report**

11.1 MAE introduced the Primary Care Quality Report which provided assurance to the committee that quality and patient safety issues were given the appropriate priority and that there were clear actions to address them. The Primary Care Quality Report would also follow a similar format and would be submitted to the Integrated Quality and Governance Committee. MAE confirmed that the report was being overhauled and an improved report would be ready for the November meeting.

11.2 MAE highlighted that NHSE recently produced a "Ten Point Action Plan for General Practice Nursing", which described the nursing element of the GPFV. The CCG's Nursing Strategy was currently being developed which would cover the ten point action plan for general practice.

11.3 MAE informed the meeting that 11 practices were currently hosting student nurse placements, compared to 7 at the beginning of the year. This was very positive and was a good way of recruiting nurses once they had qualified.

11.4 TM reported that the Berkeley Vale locality prescription ordering centre had been working well, since its inspection in April 2017, and had extended to four of the six practices in the locality. The service had taken 6,059 calls with 6,000 repeat scripts processed. Positive feedback had been received from GPs reporting a noticeable change in their workload, with practice staff now freed

up to concentrate on other areas of work. The CCG Prescription Ordering Line (POL) had been operating since 3rd July 2017 and showed promising results. Starting with one practice, Rosebank Health, call numbers and orders have gradually been increasing each week.

- 11.5 TM highlighted the work of the two Prescribing Support Dietitians who were continuing to support GP practices to ensure appropriate prescribing of Oral Nutritional Supplements. The dietitians advised health care professionals including those in the Frailty Pathway on how to support patients using a 'Food First' approach. The dietitians were also continuing to support GP practices to adhere to CCG gluten-free prescribing recommendations.
- 11.6 MAE reported that all practices within Gloucestershire had been CQC inspected. One practice had been served a warning notice. The surgery was found to have inadequate systems and processes to ensure compliance with the regulations. Significant support has been provided by the CCG's Primary Care team to the Practice Manager. Additionally the CCG Practice Nurse Facilitators were providing support with education and training, policies and procedures. The CCG has also offered a Clinical Pharmacist three days a week to support the practice. The surgery has now submitted initial improvement plans to the CQC.
- 11.7 MAE briefly addressed the complaints and PALS report. It was noted that the vast majority of complaints had come through NHSE. There were 11 complaints in total and more work was needed to draw out key themes. AE commented that the process for making a complaint was overly complicated for many people. The more complaints received could however, indicate that the system was working with people finding it somewhat easier to complain.
- 11.8 MAE reported that C.diff continued to be an area of concern. The target for 2016/17 had been exceeded by 20 cases. The CCG's trainee Public Health Consultant had carried out a robust analysis of the cases. This showed no definitive cause but made some key recommendations. Following this report a CCG short-life group was being set up to develop a strategy to reduce the community acquired C. difficile cases.

11.9 There was a discussion about the targets relating to flu. The CCG was a member of the Bath, Gloucestershire Swindon and Wiltshire Seasonal Flu Immunisation group. The group had developed a work plan for 2017/18 to increase the uptake of Seasonal Flu Immunisation. Practice flu leads were being encouraged to review their performance regularly throughout the flu season. CG noted that GHFT was working hard to encourage staff to take up the flu vaccination.

11.10 **RESOLUTION:** The committee noted the Primary Care Quality Report.

10 **Any Other Business (AOB)**

10.1 There were no items of any other business.

**The meeting closed at 13.00pm.**

**Date and Time of next meeting: Thursday 25 January 2018, in the Board Room, Sanger House.**

Minutes Approved by Gloucestershire Clinical Commissioning Group  
Primary Care Commissioning Committee:

Signed (Chair):\_\_\_\_\_ Date:\_\_\_\_\_

**Agenda Item 15**

**Governing Body**

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Title</b>	<b>Audit Committee minutes</b>
<b>Executive Summary</b>	The attached minutes provide a record of the Audit meeting held on the 12 September 2017.
<b>Key Issues</b>	<p>The following principle issues were discussed at the meeting:</p> <ul style="list-style-type: none"> <li>• Internal Audit Update</li> <li>• External Audit Update</li> <li>• Counter Fraud Update</li> <li>• Corporate Registers including Gifts and Hospitality</li> <li>• QIPP Report</li> <li>• Procurement Decisions</li> <li>• Aged Debtor Report</li> <li>• Audit Committee self-assessment</li> </ul>
<b>Risk Issues: Original Risk Residual Risk</b>	Not applicable
<b>Financial Impact</b>	Not applicable
<b>Legal Issues (including NHS Constitution)</b>	Not applicable
<b>Impact on Health Inequalities</b>	None
<b>Impact on Equality and Diversity</b>	None
<b>Impact on Sustainable Development</b>	None
<b>Patient and Public Involvement</b>	Not applicable
<b>Recommendation</b>	The Governing Body is requested to note these minutes which are provided for information.

<b>Author</b>	Zoe Barnes
<b>Designation</b>	Corporate Governance Support Officer
<b>Sponsoring Director (if not author)</b>	Colin Greaves, Audit Chair

## Agenda Item 15

### Audit Committee

#### Minutes of the meeting held on Tuesday 12 September 2017 Wheatstone Room, Sanger House

<b>Members Present:</b>		
Colin Greaves (Chair)	CG	Lay Member, Governance
Alan Elkin	AE	Lay Member, Patient and Public Experience
Joanna Davies	JD	Lay Member, Patient and Public Experience
Dr Hein Le Roux	HLR	Deputy Clinical Chair
Peter Marriner	PM	Lay Member, Business

<b>In Attendance:</b>		
Andrew Beard	AB	Deputy Chief Finance Officer
Liz Cave	LC	Director, Audit, Grant Thornton
Lynn Pamment	LP	Head of Internal Audit, PWC
Rayna Kibble (Item 7)	RK	Local Counter Fraud Specialist
Paul Kerrod (Item 7)	PK	Counter Fraud Support Officer
Haydn Jones (Items 3 & 9)	HJ	Associate Director of Finance (Business Intelligence)
Debbie Clark (Item 3)	DC	Lead Commissioner, Community Services and Physical Disabilities
David Porter (Item 10 & 11)	DP	Head of Procurement
Zoe Barnes	ZB	Corporate Governance Support Officer
Simon Billingham (Item 9)	SB	Head of PMO

### 1. Apologies

- 1.1 Apologies were received from Will Haynes (WH).
- 1.2 CG confirmed that the meeting was quorate.

### 2. Declarations of Interests

- 2.1 There were no declarations of interest made.

### 3. Minutes of the meetings held on 11 July 2017

- 3.1 The minutes from 11 July 2017 were approved as an accurate record.
- 3.2 CG highlighted point 3.4 regarding the revision to section 8.3 to the minutes of the 23 May 2017. LC confirmed that the revision was accurate.
- 3.3 CG noted that a review of progress of conflicts of interest management should be undertaken in 6 months' time following the implementation of the revised NHS England (NHSE) guidance, as stated within the minutes.

#### 4. **Matters Arising**

- 4.1 **09.12.14 Item 5.20** – HJ and DC attended the meeting to provide an update on this longstanding item regarding Integrated Community Teams. HJ advised that he and DC had attended the Governing Body Business Session in May 2017 to provide an update on the return on investment detail of the project, where two options were presented (case for change and caseload and cohort analysis). The methodology had subsequently been updated following the meeting, with additional funding identified and referral numbers had reduced. DC advised that it was difficult to calculate as it was a speculative assessment using case studies. HJ advised that the team would like to take the case study approach back to the Business Session once finalised.
- 4.1.1 AE suggested that projections could be made in terms of what we know about patients when they come into hospital i.e. body mass index etc. DC confirmed that a representative cohort would be used as a sample. HLR queried if national data could be used to inform the methodology. It was agreed that an update would be brought to a future Business Session once the case study analysis had been completed. **Item closed.**
- 4.2 **08.12.15 Item 7.5** – This item regarding the process of charging overseas patients was not due until December and an update would be brought forward then. **Item to remain open.**
- 4.3 **11.07.17 Item 11** – Queries raised regarding waivers presented at the July meeting were rectified within the appendix at agenda item 10. **Item closed.**

## 5. Internal Audit Update

### 5.1 Progress Report

5.1.1 LP presented the internal audit progress report highlighting progress against the 2017/18 internal audit plan.

5.1.2 LP advised that the Joining Up Your Information (JUWI) report had been issued in draft however management comments had not been received, therefore the report could not be sent in a final format.

5.1.3 LP discussed the timetable for completion of audits and noted that some reports had been moved back with justification; however discussions were underway around moving some audits forward to compensate for this and subsequently report to the December Committee meeting.

5.1.4 LP presented the Business Continuity report which had an overall medium risk rating. It was reported that there had been some progress since the last review with the CCG identifying critical activities and undertaking specific exercising.

5.1.5 It was noted in the review that there was further work required in what to do in the event of loss of IT.

5.1.6 LP provided assurance that all issues were being taken seriously however more work was needed.

5.1.7 CG advised that as the CCG was a support function, the impacts of any major incident would be small, with the exception of the Continuing Healthcare team who had a more operational role.

5.1.8 CG requested that MAE attended the next meeting to discuss progress. **MAE**

5.1.9 AE noted the medium risk finding and queried if there was sufficient resources available within the CCG to carry out emergency planning exercises. It was agreed that in order to carry out exercises effectively proper resources and time were required. AE also noted that the format of the report was useful and read well.

5.1.10 LP presented the Phishing Exercise report showing findings from a

review into security awareness amongst CCG staff. This review followed an increase in IT security incidents nationally. The report presented a low risk rating overall.

- 5.1.11 It was noted within the review that the general awareness of security threats was positive and the CCG fared well against peers in this audit.
- 5.1.12 It had been identified that there could be strengthening of passwords amongst colleagues and information had been subsequently forwarded to staff on testing and creating better passwords. It had also been noted that the communications team were being proactive in sending out emails to advise when emails were spam which was positive.
- 5.1.13 JD queried if there was a guidance sheet available for staff to advise them on the acceptable use of IT. It was agreed that this would be useful if not already in place.
- 5.1.14 **Recommendation: The Committee noted the progress report and the Business Continuity and Phishing Exercise internal audit reports.**

## 5.2 Recommendation Tracker

- 5.2.1 LP presented the recommendation tracker and noted the reviews in progress/overdue of which there were ten.
- 5.2.2 LP advised that the Human Resources (HR) review had been delayed due to the approval process of policies however there should be a healthier outlook for all audits for December.
- 5.2.3 CG noted that he had concerns around HR as the CSU had limited resources. It was advised that the new Associate Director of Corporate Governance would be liaising with HR when in post.
- 5.2.4 **Recommendation: The Committee noted the information contained within the tracker.**

## **6. External Audit Update**

- 6.1 LC introduced the update and advised that this was a quiet time of year in terms of external audit therefore the purpose of the report

was to provide a reminder of target dates and the audit plan.

6.2 LC advised that the audit plan would be presented to the March 2018 Committee and the external audit visit would commence between April and May 2018. The value for money report would then be presented to the May Extraordinary Committee meeting.

6.3 LC highlighted the Kings Fund report on page eight of the report regarding the capped expenditure process and advised that this would impact on partner organisations so was worthy to note.

6.4 LC distributed copies of the 'The Board: Creating and protecting value report' to members.

**6.5 Recommendation: The Committee noted the update report which was provided for information.**

## **7. Counter Fraud update**

7.1 RK and PK attended the meeting to present the Counter Fraud update report as at August 2017.

7.2 RK advised that the work plan for 2017/18 had been submitted and agreed with the Chief Finance Officer. RK confirmed that the CCG was on track for delivery against the plan.

7.3 RK noted that two counter fraud newsletters had been issued and cascaded to staff and these were also accessible online.

7.4 The Counter Fraud team were continuing to provide drop in sessions at Sanger House however these had increased to three half days a month. Work was also continuing with the South West Partnership, and a meeting with NHS Protect was scheduled.

7.5 RK advised that as part of the proactive work, a review was underway for the Healthcare travel costs scheme as it had been noted that this could be strengthened.

7.6 PK highlighted the current cases as described at point 4 of the report.

7.7 CG noted that as part of the Audit Committee self-assessment, there was a question within it asking if the committee receives

reports from NHS Protect in relation to the quality of the counter fraud provision. CG explained that as far as he knew no inspections had been conducted, but queried whether the service had received anything separately from NHS Protect. RK confirmed that an evaluation was about to be undertaken as part of the South West Partnership however the CF service had not been selected, which was positive as it showed that it was not an area of concern.

7.8 PM discussed an example of fraud as part of a recruitment process for a Non-Executive Director at an NHS Trust who had supplied fraudulent certificates to evidence their qualifications. The Committee agreed that testing the strength of CCG HR processes could be a potential area for audit in the future.

7.9 CG queried if the current training regime was acceptable following the ceasing of NHS Protect providing training for counter fraud officers. PK advised that the team were booked onto a course with the City of London Police in due course. CG requested that feedback was given following this course to gain assurance that it was adequate.

7.10 It was noted that security management no longer the responsibility of NHS Protect.

7.11 **Recommendation: The Committee noted the Counter Fraud:**

- **Progress report; and**
- **Work plan 2017/18.**

## **8. Corporate Registers**

8.1 ZB presented the registers which were provided for information to include updates on new declarations made since the last meeting. There had been no additions to the Sponsorship register and two new declarations made to the Gifts and Hospitality register.

8.2 ZB advised that preparations had been made to implement the new NHS England guidance for managing conflicts of interest in GP Practices and queried whether the Committee would want to receive a report on progress once the register of declarations from GP Partners had been compiled. It was agreed that this would be useful.

8.3 The Committee discussed the declaration made by HLR (HR020) noting that this was as part of HLR's role as patient safety lead for the West of England Academic Health Science Network.

8.4 **Recommendation: The Committee noted the Gifts and Hospitality register and the Commercial Sponsorship register.**

## 9. QIPP Report

9.1 SB and HJ attended the meeting to present the QIPP report which was showing the forecast financial delivery at month 5. The forecast was £21.714m out of a total savings target of £25.154m (86.3%).

9.2 HJ reported that there were still issues with TrakCare that were impacting upon reporting against QIPP. Project status updates were therefore being used to inform the report.

9.3 HJ highlighted the key risks and RAG ratings and also the mitigating actions as described within the report.

9.4 HJ advised that there was a block arrangement of urgent care schemes with the acute trust therefore this risk was mitigated. There was also discussion underway around a similar arrangement for planned care.

9.5 SB noted that there was some slippage and advised that the team were trying to obtain regular updates. Clarification was also being sought around the £500k dementia savings and how this would be delivered.

9.6 CG suggested that small savings also need to be identified.

9.7 Members noted that the report was not in an accessible format when forwarded and requested it was resent.

9.8 **Recommendation: The Committee noted the 2017/18 QIPP programme position at month 5.**

## 10. Procurement Decisions

10.1 DP presented the procurement decisions paper and highlighted the scheme for the provision of the Community Connectors service.

10.2 DP advised that the Lead Provider Framework procurement had been put on hold on instruction of NHS England and CL was working on this. CG noted that it was a decision for NHSE however requested that the extension of the existing Service Level Agreement (SLA) from April 2018 was confirmed in writing.

10.3 DP noted that responses to queries raised by the Committee at the last meeting were outlined at appendix 2. DP advised that both services for online counselling were being retendered and this had also been agreed at the Priorities Committee on the 7 September 2017. The Committee noted they were satisfied with the responses.

**10.4 Recommendation: The Committee noted the update.**

## **11. Procurement Waiver of Standing Orders**

11.1 DP presented the paper on procurement waivers, of which there were seven to note, and requested comments from members.

11.2 DP highlighted the three waivers which were related to media and queried if the Committee would prefer to continue to receive these on a case by case basis and this was agreed.

11.3 AE noted the waiver regarding Verto licences (234/07/2017) and queried if all licences were for CCG staff. DP confirmed that they were. It was also suggested that there may be licences in place for staff which were not in frequent use and could be reviewed, and DP agreed he would go back and review this.

**DP**

11.4 DP advised that the sound system option chosen for the commissioning event was not the cheapest available, as the cheapest option did not meet the brief.

**11.5 Recommendation: The Committee noted the seven waivers.**

## **12. Aged Debtor Reports**

12.1 AB presented the Aged Debtor Report which provided a summary of the aged debt as at 29 August 2017.

12.2 AB advised that the overall debt had risen however the majority of the increased debt was within the 0-30 day category.

12.3 AB discussed the Gloucestershire Hospitals NHS FT debt over 121 days advising that this was relating to secondments and the CCG had been verbally informed that payments would be received.

12.4 PM queried the £901 NHSE debt which had reached over 121 days and queried if there was any reason for this. AB confirmed that there was often a delay in agreement of balances between NHS organisations nationally.

12.5 CG noted that there had been improvement in the process for recovering debt and he was pleased with the current position.

**12.6 Recommendation: The Committee noted the debtor report and the work currently ongoing to recover the outstanding debt.**

### **13. Debts Proposed for Write-Off**

13.1 There were no debts proposed for write-off to report this time.

**13.2 Recommendation: The Committee noted the verbal update.**

### **14. Losses and Special Payments Register**

14.1 There were no losses or special payments to report.

**14.2 Recommendation: The Committee noted the verbal update.**

### **15. Audit Committee Self-Assessment**

15.1 CG discussed the committee annual self-assessment and advised that this had been produced using the HFMA Audit Committee handbook template.

15.2 CG requested views from members on the suitability of the format and noted that the group would reconvene following the meeting when they had met with internal audit to agree the final assessment.

**15.3 Post- Meeting Note: The Committee completed the self-assessment, which is attached for information.**

### **16. Any Other Business**

16.1 LC advised that she would be retiring from Grant Thornton, and this

was therefore her last Audit Committee meeting with the CCG. CG thanked LC for her support during her time as the CCG's External Audit Director.

**The meeting closed at 10:42am**

**Date and time of next meeting: Tuesday 19 December 2017, 2:00pm in the Biffen room, Sanger House**

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## Agenda Item 16

### Governing Body

<b>Meeting Date</b>	<b>Thursday 25 January 2018</b>
<b>Report Title</b>	<b>Extension of Section 75 Agreement between NHS Gloucestershire Clinical Commissioning Group and Gloucestershire County Council</b>
<b>Executive Summary</b>	It is proposed to exercise the options to extend the Section 75 (S75) Agreement (the Agreement) made between NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire County Council (GCC) for a further two years for the period 1 April 2018 to 31 March 2020.
<b>Key Issues</b>	The agreement between GCCG and GCC is a Framework Partnership Agreement relating to the commissioning of Health and Social Care Services. The agreement restates the shared commitment of the two organisations to develop their commissioning partnership, describes the context in which the commissioning relationship is being developed and helps ensure the work is aligned strategically with Joining Up Your Care (JUYC) and the Sustainability and Transformation Plan (STP) for Gloucestershire.
<b>Risk Issues:</b>  <b>Original Risk (CxL)</b> <b>Residual Risk (CxL)</b>	The standardisation of the governance arrangements in line with the Agreement, including oversight from the Joint Commissioning Partnership, is aimed at reducing any risk to GCCG or GCC. Individual service schedules will require their own individual risk assessment.
<b>Management of Conflicts of Interest</b>	None.
<b>Financial Impact</b>	Should the Agreement not be extended there are financial risks including not having a governance document in place to cover £139.697 million (including the Better Care Fund (BCF) and

	Improved Better Care Fund (IBCF) of joint commissioned activity with GCCG.
<b>Legal Issues (including NHS Constitution)</b>	None.
<b>Impact on Health Inequalities</b>	The agreement underpins a collective approach across Health & Social Care.
<b>Impact on Equality and Diversity</b>	No significant implications.
<b>Impact on Sustainable Development</b>	No significant implications.
<b>Patient and Public Involvement</b>	No significant implications.
<b>Recommendation</b>	The Governing Body is requested to: <ul style="list-style-type: none"> <li>• Approve the extension of the Agreement for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019</li> <li>• Approve the further extension of the Agreement for the period 1<sup>st</sup> April 2019 to March 2020</li> </ul>
<b>Author</b>	Debbie Clark
<b>Designation</b>	Lead Commissioner, GCCG and GCC
<b>Sponsoring Director (if not author)</b>	Kim Forey, Director of Integration

## Agenda Item 16

### Governing Body

#### Extension of Section 75 Agreement between NHS Gloucestershire Clinical Commissioning Group and Gloucestershire County Council

Thursday 25 January 2018

#### 1. Introduction

- 1.1 It is proposed to exercise the options to extend the Section 75 (S75) Agreement (the Agreement) made between NHS Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire County Council (GCC) for a further two years for the period 1 April 2018 to 31 March 2020.
- 1.2 Should the Agreement not be extended there are financial risks including not having a governance document in place to cover a current value of £143,378 million (including the Better Care Fund (BCF) and Improved Better Care Fund (IBCF) of joint commissioned activity with GCC. It is a requirement of the BCF and IBCF that this funding is covered by a S75 agreement.

#### 2. Key Issues

- 2.1 The agreement between GCCG and GCC is a Framework Partnership Agreement relating to the commissioning of Health and Social Care Services. The agreement restates the shared commitment of the two organisations to developing their commissioning partnership, describes the context in which the commissioning relationship is being developed and helps ensure the work is aligned strategically with Joining Up Your Care and the Sustainability and Transformation Plan for Gloucestershire.
- 2.2 The initial term of the agreement ended on 28th February 2017 but was extended by agreement between the parties until the 31st March 2018.
- 2.3 In accordance with the provisions of the Agreement the parties are required to give each other not less than six and not more than

twelve months' notice in order to extend the term of the Agreement. There is now insufficient time to give the required notice to extend the Agreement for the period 1st April 2018 to 31st March 2019. In addition, the parties are unable to give the required notice under the Agreement to extend it for the further period 1st April 2019 to 31st March 2020. The aggregate of all such extensions cannot exceed three years and the Agreement must end on the 31st March 2020.

- 2.4 Both parties are in agreement to extending the Agreement to its maximum length and to dispensing with the need to give notice in each instance as required under the provisions of the Agreement. The parties recognise the need to embed the investment made into integrated commissioning and Governing Body approval is sought to extend the Agreement for two further years until 31 March 2020.
- 2.5 There are no additional direct financial costs associated with the extension of the Agreement as the costs of providing the services under the Agreement are within budget. However, should the Agreement not be extended there are financial risks including not having a governance document in place to cover £139.697 million (including the Better Care Fund (BCF) and Improved Better Care Fund (IBCF) of joint commissioned activity with GCCG. It is a requirement of the BCF and IBCF that this funding is covered by a S75 agreement. In addition, the External Auditors for GCCG and GCC (Grant Thornton for both organisations) are likely to be critical that we do not have an agreement that covers us to 2020.
- 2.6 It should also be noted that the lack of an extension is likely to lead to reduced value for money through separate commissioning arrangements for services.

### **3. Recommendation**

The Governing Body is requested to:

- Approve the extension of the Agreement for the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019
- Approve the further extension of the Agreement for the period 1<sup>st</sup> April 2019 to March 2020