### QUORACY
Meetings of the governing body will be quorate when two elected GP clinical members and two other governing body members (one from the lay members or secondary care doctor and one from the Chief Executive Officer, Chief Operating and Finance Officer or Chief Nurse are present, (provided that if the Chair is not present, then either the Chief Executive Officer or Chief Operating and Finance Officer must be present).

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Attachment</th>
<th>Presented By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00pm 1. Apologies</td>
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<tr>
<td>1.00pm 2. Declarations of Interest</td>
<td>Enclosed</td>
<td>Chair</td>
</tr>
<tr>
<td>2.1 To request members to disclose any interest they have, direct or indirect, in any items to be considered during the course of the meeting and to note that those members declaring an interest would not be allowed to take part in the consideration for discussion or vote on any questions relating to that item. <strong>(Enclosed)</strong></td>
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<tr>
<td>2.2 This meeting will be held in public and will be recorded purely as an aide memoir for the minute taker to ensure an accurate transcript of the meeting, decisions and actions. Once the minutes have been approved the recording will be destroyed.</td>
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<tr>
<td>1.00pm 3. Minutes</td>
<td>Enclosed</td>
<td>Chair</td>
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<tr>
<td>3.1 Minutes from Board held on 14 November 2019</td>
<td>Chair</td>
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<tr>
<td>3.2 Matters Arising</td>
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<tr>
<td>1.05pm 4. Public Voice</td>
<td>Enclosed</td>
<td>Mrs L Broster</td>
</tr>
<tr>
<td>4.1 Questions from the Public</td>
<td>Verbal</td>
<td>Mrs H Mosley</td>
</tr>
<tr>
<td>To respond to questions from members of the public received prior to the Board, in writing, on the provision of health care to the population served by the CCG.</td>
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<tr>
<td>1.15pm 4.2 Feet on the Street: Me Festival</td>
<td>Presentation</td>
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<tr>
<td>1.35pm 4.3 Public Update</td>
<td>Enclosed</td>
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</tr>
<tr>
<td>1.45pm 5. Chairman &amp; Chief Executive Officer Report</td>
<td>Verbal</td>
<td>Mr P Maubach</td>
</tr>
<tr>
<td>6. Strategy</td>
<td>Enclosed</td>
<td>Ms J Salter-Scott</td>
</tr>
<tr>
<td>1.55pm 6.1 Outcome of the ‘Future Form of the Black Country and West Birmingham CCGs’ Listening Exercise</td>
<td>Ms J Salter-Scott</td>
<td></td>
</tr>
<tr>
<td>2.05pm 6.2 Report from Partnership Board</td>
<td>Enclosed</td>
<td>Prof C Handy</td>
</tr>
<tr>
<td>2.15pm 6.3 Black Country Joint Commissioning Committee Assurance</td>
<td>Enclosed</td>
<td>Mr P Maubach</td>
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<tr>
<td>Reports and Minutes</td>
<td></td>
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<tr>
<td>7. Integrated Assurance</td>
<td>Enclosed</td>
<td>Dr R Edwards</td>
</tr>
<tr>
<td>2.25pm 7.1 Report from Integrated Assurance Committee</td>
<td>Enclosed</td>
<td>Mrs C Brunt</td>
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<tr>
<td>2.35pm 7.2 Black Country Safeguarding Update (MOU)</td>
<td>Enclosed</td>
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</tbody>
</table>

**Boardroom, 3rd Floor, Brierley Hill Health & Social Care Centre, Venture Way, DY5 1RU**
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Attachment</th>
<th>Presented By</th>
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<tbody>
<tr>
<td>2.45pm</td>
<td>8. Audit &amp; Governance</td>
<td></td>
<td>Mr T Allen</td>
</tr>
<tr>
<td>2.55pm</td>
<td>8.1 Report from Audit &amp; Governance Committee</td>
<td>Enclosed</td>
<td>Mr T Allen</td>
</tr>
<tr>
<td>3.05pm</td>
<td>8.2 Board Assurance Framework and Risk Register</td>
<td>Enclosed</td>
<td>Mr T Allen</td>
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<td></td>
<td>8.3 Revised Health &amp; Safety Policy</td>
<td>Enclosed</td>
<td>Mr T Allen</td>
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<tr>
<td>3.15pm</td>
<td>9. Finance and Investment</td>
<td>Enclosed</td>
<td>Mr M Hartland</td>
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<td></td>
<td>9.1 Report from Finance &amp; Investment Committee</td>
<td>Enclosed</td>
<td>Mr M Hartland</td>
</tr>
<tr>
<td>3.25pm</td>
<td>10. Policy &amp; Commissioning</td>
<td>Enclosed</td>
<td>Dr J Darby</td>
</tr>
<tr>
<td>3.35pm</td>
<td>10.1 Report from Policy and Commissioning Committee</td>
<td>Enclosed</td>
<td>Mr N Bucktin</td>
</tr>
<tr>
<td>3.45pm</td>
<td>10.2 MCP Procurement Update</td>
<td>Enclosed</td>
<td>Mr N Bucktin</td>
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<tr>
<td></td>
<td>10.3 Report from Health and Wellbeing Board</td>
<td>Enclosed</td>
<td>Mr N Bucktin</td>
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<tr>
<td>3.55pm</td>
<td>11. Primary Care Commissioning</td>
<td>Enclosed</td>
<td>Mrs C Brunt</td>
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<tr>
<td></td>
<td>11.1 Report from Primary Care Commissioning Committee</td>
<td>Enclosed</td>
<td>Mrs C Brunt</td>
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<tr>
<td>4.05pm</td>
<td>12. Reflection Time</td>
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<td>4.10pm</td>
<td>13. Exclusion of the Press and Public</td>
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<td></td>
<td>That under the Public Bodies (Admission to Meetings) Act 1960, the public and representatives of the press and broadcast media be excluded from the meeting during the consideration of the following items of business as publicity would be prejudicial to the public interest because of the confidential nature of the business to be transacted.</td>
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<td>14. Date and Time of Next Meeting</td>
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<td></td>
<td>Thursday 12 March 2020</td>
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<td>1pm – 4pm</td>
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<td>3rd Floor Boardroom, Brierley Hill Health and Social Care Centre</td>
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<td>A Glossary of terms is included at the end of the papers</td>
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</tbody>
</table>
### Declarations of Interest

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Surname</th>
<th>Job Title or Relationship with CCG</th>
<th>Declared Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr</td>
<td>Tony</td>
<td>Allen</td>
<td>Non-Executive Director</td>
<td>Non-Executive Director - Shrewsbury &amp; Telford NHS Trust</td>
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<td>Director - TNL Consulting Ltd</td>
</tr>
<tr>
<td>Mr</td>
<td>Matthew</td>
<td>Bowsher</td>
<td>Chief Officer for Adult Social Care - Dudley MBC</td>
<td>None</td>
</tr>
<tr>
<td>Mrs</td>
<td>Laura</td>
<td>Broster</td>
<td>Director of Communications &amp; Public Insight</td>
<td>Director of Shrops Hire Solutions Ltd Communications/Engagement Lead for BCWB STP</td>
</tr>
<tr>
<td>Mrs</td>
<td>Caroline</td>
<td>Brunt</td>
<td>Chief Nurse</td>
<td>None</td>
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<td></td>
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<td>In a significant relationship with a CCG Employee - Dr Richard Gee</td>
</tr>
<tr>
<td>Mr</td>
<td>Neill</td>
<td>Bucktin</td>
<td>Director of Commissioning</td>
<td>Non-Executive governor and Chairman of the Corporation, Heart of Worcestershire College. (A general further education college which provides services for young people with special educational needs and disabilities of the sort commissioned from time to time by the CCG.) Member of Managers in Partnership</td>
</tr>
<tr>
<td>Mrs</td>
<td>Stephanie</td>
<td>Cartwright</td>
<td>Director of Organisational Development, Transformation &amp; Human Resources</td>
<td>In a personal relationship with Chief Executive Officer at Dudley CCG</td>
</tr>
<tr>
<td>Dr</td>
<td>Jonathan</td>
<td>Darby</td>
<td>Clinical Executive Acute &amp; Community Commissioning</td>
<td>Salaried GP - St Margaret’s Well Surgery Medical Advisor for BBC Drama, Birmingham</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Director Manor Abbey Investments Ltd Non-Executive Director for the Royal Wolverhampton Hospitals NHS Trust Shareholder, Future Proof Health Limited (via practice shareholding)</td>
</tr>
<tr>
<td>Dr</td>
<td>Ruth</td>
<td>Edwards</td>
<td>Board Member Kingswinford, Amblecote &amp; Brierley Hill Locality / Clinical Executive for Quality &amp; Safety</td>
<td>GP Partner - AW Surgeries Shareholder, Future Proof Health Limited (via practice shareholding)</td>
</tr>
<tr>
<td>Dr</td>
<td>Purshotam</td>
<td>Gupta</td>
<td>Board Member Dudley &amp; Netherton Locality</td>
<td>GP Partner at Links Medical Practice Shareholder, Future Proof Health Limited (via practice shareholding)</td>
</tr>
<tr>
<td>Dr</td>
<td>Christopher</td>
<td>Handy</td>
<td>Non Exec for Quality &amp; Safety</td>
<td>Chief Executive, Accord Group Visiting Professor at Birmingham City University</td>
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<td>Board Member of: Black Country LEP Board</td>
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<td>- Redditch Co-operative Homes</td>
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<td>- Black Country Consortium</td>
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<td>- Walsall Housing Regeneration Agency</td>
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<td>- Eurohnet</td>
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<tr>
<td>Ms</td>
<td>Deborah</td>
<td>Harkins</td>
<td>Chief Officer for Health &amp; Wellbeing (Director of Public Health)</td>
<td>Employed by Dudley Council Visiting Professor at University Central Lancs Member of council of Association of Directors of Public Health</td>
</tr>
<tr>
<td>Mr</td>
<td>Matthew</td>
<td>Hartland</td>
<td>Chief Operating &amp; Finance Officer</td>
<td>Chief Finance Officer, Walsall CCG Strategic Chief Finance Officer, Wolverhampton CCG</td>
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<td>Director of Dudley Infracare Lift LTD Director of Infracare (Walsall and Wolverhampton) Limited</td>
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<td>Director of Whitbrook Management Company Member of Chartered Institute of Public Finance and Accountancy</td>
</tr>
<tr>
<td>Title</td>
<td>First Name</td>
<td>Surname</td>
<td>Job Title or Relationship with CCG</td>
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<tr>
<td>Dr</td>
<td>David</td>
<td>Hegarty</td>
<td>CCG Chair / Board Member</td>
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<td>Stourbridge, Wollescote &amp; Lye</td>
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<td>Locality</td>
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<tr>
<td>Dr</td>
<td>Tim</td>
<td>Horsburgh</td>
<td>Clinical Executive for Primary</td>
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<td></td>
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<td>Care &amp; LMC Representative</td>
<td></td>
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<tr>
<td>Miss</td>
<td>Karen</td>
<td>Jackson</td>
<td>Partner Agency (Public Health)</td>
<td>None</td>
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<tr>
<td>Mr</td>
<td>Alan</td>
<td>Johnson</td>
<td>Secondary Care Clinician</td>
<td>None</td>
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<tr>
<td>Dr</td>
<td>Mohit</td>
<td>Mandiratta</td>
<td>GP Board Member</td>
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<tr>
<td>Mr</td>
<td>Paul</td>
<td>Maubach</td>
<td>Chief Executive Officer</td>
<td></td>
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<tr>
<td>Mrs</td>
<td>Helen</td>
<td>Mosley</td>
<td>Board Member</td>
<td></td>
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<tr>
<td>Dr</td>
<td>Fiona</td>
<td>Rose</td>
<td>Elected CCG Board Member for SCG</td>
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<td></td>
<td>GP Lead Quality and Safety</td>
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</tbody>
</table>

GP Partner - Wychbury Medical Group
Chairman of Black Country STP Clinical Leadership Group
Partner is Director of Strategy at Worcestershire CCG
Shareholder, Future Proof Health Limited (via practice shareholding)
Shareholder with D C Corporation Ltd
Council member - West Midlands Clinical Senate
Member of LMC
Member of BMA

Salaried GP - Netherton Health Centre.
Member of the Local Medical Committee
Clinical Lead for SWITCH , CYP Drug Service GPSWI
Clinical Lead CYP Commissioning Dudley CCG
Designated Medical Officer Dudley CCG

Salaried GP at Feldon Road Practice
GP Partner at Feldon Practice (with partner based shareholding in Futureproof)

Member of CIPFA
Member of Managers in Partnership
In a personal relationship with Director of HR & OD at Dudley CCG
Chief Executive Officer, Walsall CCG

Director, Wyre Community Trust

GP - Northway Medical Centre
Providing Educational Support to Effective Consulting Ltd on a Consultancy basis
Husband works for Bham City Council in IT
Director of Rose Medical consultancy - providing locum GP support to Future Proof Health Ltd
GP - Castlemeadows Surgery
Sister - Practising GP (Solihull/Norfolk)
MINUTES OF THE MEETING HELD IN PUBLIC ON THURSDAY 14 NOVEMBER 2019
AT BRIERLEY HILL HEALTH AND SOCIAL CARE CENTRE

Members:

Prof C Handy Lay Member for Quality and Safety – Dudley CCG (Chair)
Mr T Allen Lay Member for Governance – Dudley CCG
Mrs C Brunt Chief Nurse – Dudley CCG
Dr R Edwards Clinical Executive – Dudley CCG
Ms D Harkins Chief Officer, Health and Wellbeing (Director of Public Health) – Dudley MBC
Mr M Hartland Chief Operating and Finance Officer – Dudley CCG
Dr T Horsburgh Clinical Executive – Dudley CCG (LMC Representative) *
Mr A Johnson Secondary Care Clinician – Dudley CCG
Mr P Maubach Chief Executive Officer – Dudley CCG
Mrs H Mosley Lay Member for Patient and Public Engagement – Dudley CCG
Dr F Rose GP Board Member – Dudley CCG

Non-Voting Members:

Mrs L Broster Director of Communications and Public Insight – Dudley CCG
Mr N Bucktin Director of Commissioning – Dudley CCG
Mrs J Emery Chief Officer – Healthwatch Dudley

* Dr Horsburgh is also the LMC representative on the Board which is a non-voting role.

In Attendance:

Dr R Gee GP Engagement Lead – Dudley CCG

Minute Taker:

Mrs T Green Business Support Manager – Dudley CCG

CCG116/2019 APOLOGIES

Apologies were received from:

Dr J Darby Clinical Executive – Dudley CCG
Dr P D Gupta GP Board Member – Dudley CCG
Dr D Hegarty Chair and GP Board Member – Dudley CCG
Dr M Mandiratta GP Board Member – Dudley CCG
Mrs E Smith Governance Support Manager – Dudley CCG

CCG117/2018 DECLARATIONS OF INTEREST

Members were asked to disclose any interest they may have, direct or indirect, in any of the items to be considered during the course of the meeting and to note that those Members declaring an interest would not be allowed to take part in the consideration or discussion or vote on any questions relating to that item.

No declarations of interest were made at this point.
Prof Handy congratulated Mr Maubach, on behalf of the Board, of his recent appointment to the position of Accountable Officer across the four Black Country CCGs.

Mrs Emery was welcomed back as a Board member.

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**CCG118/2019** MINUTES FROM BOARD HELD ON 12 SEPTEMBER 2019

The minutes of the Board meeting held on 12 September 2019 were agreed as being a true and accurate record.

Resolved:  
1) The Board accepted the minutes from the Board held on 12 September 2019 as a true and accurate record

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**CCG119/2019** MATTERS ARISING FROM BOARD HELD ON 12 SEPTEMBER 2019

**CCG057/2019**  
Quality and Safety Committee to consider the recommendation within the Capsticks Report and bring a further update to the November Board  
A report was expected at CQRM which had been deferred to December. An update which had been received from Mary Sexton, advised that the Capsticks report had been divided across three action plans which was due to be presented in full at the December CQRM in terms of progress.

**CCG073/2019**  
Board Members to advise Mrs Broster of topics they wish to be covered for future Feet on the Street  
Topics had been received from Board members which included Childhood Immunisations that was being covered later in the agenda, Personal Health Budgets and Me Festival which would be covered in the New Year. It was agreed to close the action however Board members were encouraged to continue to send topics to Mrs Broster.

**CCG087/2019**  
Ms Harkin to share the Scams and Financial Abuse Prevention report with Mrs Mosley  
This action had been completed and the report was shared with PPGs.

**CCG108/2019**  
Secondary Care Prescribing to be a joint objective for the CLT meeting with DGFT  
Conversations had taken place with DGFT which was in two parts; one being the half year review in terms of the financial position and what the full scope of the pressures there is from secondary care; the second being a wider discussion which relates to DGFT’s financial position and how that will be managed.

**CCG110/2019**  
Mr Bucktin to provide an update on the Learning Disability Service, particularly in relation to the autism pathway  
A group had been established between commissioners and the two main providers to look at the pathway which was ongoing.

With regards to personal health budgets, it was reported that there was a Black Country target for the number of Personal Health Budgets that should be in place. At the end of quarter 2 Dudley had 434 Personal Health Budgets in place against a target of 220 which accounted for over 38% performance against the Black Country performance.

**CCG112/2019**  
Metrics to be put in place to be considered by the Integrated Assurance Committee on a regular basis to highlight areas of concern, and an update to be received at November Board  
It had been established that there was a metric to use for children that would be reviewed on a monthly basis at Integrated Assurance Committee and any exceptions would be reported to Board. It was agreed to close the action.

**CCG113/2019**  
The Board to receive a further report for consideration once analysis had been produced in conjunction with Dudley CVS  
Meetings had taken place with the Local Authority and Dudley CVS. Analysis regarding the pressures in the voluntary sector was awaited but this was ongoing and a report would be brought back to the Governing Body in January.

**CCG115/2019**  
All Board members to take a forward look in diaries for the remainder of the year and advise Mrs Smith of any dates where Committees will not be quorate
An email had been sent on 11 November to Board members asking for responses to Emma Smith. It was agreed to close the action

Resolved:
1) The Board noted the updates from matters arising

PUBLIC VOICE

CCG120/2019 QUESTIONS FROM THE PUBLIC

Mrs Mosley advised that no questions had been received from the public.

A prospective Parliamentary candidate who sat in the public gallery posed a question to the Board with regards to a recent Ombudsman’s decision in relation to a prospective constituent’s care package and the offer of compensation. The question asked was ‘following a recent Ombudsman report for Mrs B, in which the Local Authority and CCG were criticised for offering delays in her care package which the CCG had to apologise to the family for and pay compensation, what learning had been put in place to stop this happening again in future, and how could the public be reassured that the learning has been actioned?’

Prof Handy advised that the Board only responded to questions from the public that had been received prior to the Board, in writing, but as the question had been put forward, the Board requested that the question was submitted through the Dudley CCG website where a full response would be made.

Resolved:
1) The Board noted that no questions had been received from the public, prior to the Board
2) The Board noted that a question would be received through the Dudley CCG website, from the prospective Parliamentary Candidate within the public gallery, and that a full response would be made

CCG121/2019 FEET ON THE STREET: CHILDHOOD IMMUNISATIONS AND VACCINATIONS

Following Feet on the Street, Mrs Broster reported that there had been a mixed view from people on having information for childhood immunisations. Work was taking place on promoting childhood immunisations and getting it back into the GP practices. It was recognised that not all countries were as privileged as England with regards to immunisations and vaccinations and although Dudley was above the national average, there was a decline in numbers and a renewed focus to understand what some of the barriers were, was being undertaken with the Public Health Team.

A presentation had been taken to the Integrated Assurance Committee regarding immunisations and how the figures could be improved. It was noted that since the commissioner of the vaccination service had changed, there had been a decline in the uptake rate but data analysis was being carried out and put into the PCAT tool and the PCNs had been made aware it would be available. Work had been carried out and identified the decline wasn’t due to refusal alone, it was also a combination of the childhood information system, appointments and waiting lists, but work was ongoing to rectify this which would include local immunisation co-ordinators being embedded within Primary Care Networks.

Resolved:
1) The Board received the Feet on the Street presentation

CCG122/2019 PUBLIC UPDATE

Mrs Broster spoke to this item to update Board members with Communications and Engagement Issues.

#Me Festival
Approximately 300 students and 50 teaching staff were due to attend #Me Festival. A number of engaging activities had been arranged, including a totem pole to showcase five steps to wellbeing within schools that would be transported across the borough. All Board members were encouraged to attend.

Listening Exercise
A listening exercise had taken place across the Black Country and West Birmingham CCGs on the creation of a single CCG and feedback had been received from staff and public representatives. It was highlighted that relationships was a key theme coming from the listening exercises. The themes from the exercise were being analysed and would be presented to the Transition Board on 14 November 2019.
Black Country Voices – Citizens Panel
NHS England had awarded funding to the Black Country and West Birmingham STP to set up an online Citizen’s Panel to be surveyed in terms of benchmarking people’s opinions. 355 members had been recruited and would be invited to take part in online surveys every 8-10 weeks on issues which would influence the Black Country and West Birmingham. The aim was to have it in place as a system to start by the next financial year.

Healthwatch Dudley
Jayne Emery had been appointed back to Healthwatch Dudley as the Chief Officer and would be spending the next few months looking at priorities. Healthwatch Dudley was in a Tender process that was ongoing with the intention for a new contract to be in place by 1 April 2019. The Board asked if they could receive a briefing on the impact of the local system. Mrs Broster agreed to work with Ms Harkins and present it to the Policy and Commissioning Committee.

With regards to the Citizens Panel, Board asked how members had been recruited and it was reported that an external provider had been used which would cease at the end of March 2020. It was noted that a discussion needed to take place on how the resource could be provided at a Black Country level as the work aligned with CCG activities therefore it was felt important to obtain the resource.

It was highlighted that the Thrive into Work Task and Finish Group had dissolved and the programme was under review. The Board noted this and that it would be discussed further in the private section of the Board.

Resolved:
1) The Board received the report for assurance
2) Mrs Broster to liaise with Ms Harkins to present a briefing to the Policy and Commissioning Committee on the impact to the local system with regards to the tender process for Healthwatch Dudley and the Voluntary Sector

CCG123/2019 CHAIRMAN AND CHIEF EXECUTIVE OFFICER REPORT

Mr Maubach spoke to this item.

Purdah
The Board were reminded that Purdah was in place and the public papers had been reviewed to ensure they were consistent with Purdah. Discussions needed to be factual and not political and the CCG were not able to make statements or comments that could be considered to favour one political party to the other.

Announcements
The Board were informed of recent appointments that had been made across the system:

- Jeremy Vanes, first Chair in Common of Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust Boards
- Cath Knowles, Interim Director of Children’s Services, Dudley MBC
- Kate Green, Deputy Chief Executive, Dudley CVS
- Jayne Emery, Chief Officer, Healthwatch Dudley

Statement from Paul Maubach, newly appointed Joint Accountable Officer
Mr Maubach took the opportunity of thanking Helen Hibbs and Andy Williams for the tremendous work they had done as the Accountable Officers for their respective CCGs over the last seven years. Mr Maubach had presented to all staff across the four CCGs on some of his expectations and set out what the next steps were over the next few months. Joint away days would be put in place for all staff over the next month to start the conversation on how to move to a place where one team works across one system but working in five places, Sandwell and West Birmingham being a system of two places. Work would also need to be continued with the GP practices and the Local Authority across the five places. In addition, work needed to be carried out on how the Boards would work collaboratively. Mr Maubach thanked Board members for their continued support.

CCG Listening Events
The Black Country and West Birmingham CCGs had recently carried out events to gain views of the staff and stakeholders on the future structure of the CCGs. A discussion was due to be held at the Transition Board and it was hoped that a first set of recommendations would be presented to the January Board.
Joint Governing Body Development Session
A joint Governing Body Development Session was due to take place on 4 December with the other Black Country and West Birmingham CCGs. This would be the first opportunity to look at some of the issues being faced across the system going into the next financial year.

STP Quarterly Stocktake Meeting
A STP quarterly stocktake meeting took place on 8 October where it was reinforced that the system needed to ensure performance targets were achieved and the STP reduced variation in performance.

Prevention Concordat for Better Mental Health
The Health and Wellbeing Board was now a Better Mental Health Consensus signatory for better mental health which covers a range of objectives on how to improve and promote better working for people with mental health.

With regards to Mr Maubach becoming the Accountable Officer across the Black Country CCGs, the Board raised their concern that the CCGs would lose senior leadership time which could have an impact. The comment was noted. However, Mr Maubach advised that this would be considered as part of how the structure would be developed in order to maintain place based, governance arrangements.

Resolved:
1) The Board noted the report for assurance

STRATEGY

CCG124/2019 NEW MODEL CONSTITUTION AND GOVERNANCE HANDBOOK

Mr Bucktin spoke to this item in the absence of Mrs Smith, to ask the Board for agreement of the proposed changes made to the Constitution outlined in the paper. In August 2018, NHS England shared with CCGs a proposed new model constitution. This was developed to ensure that it was up to date for the current context and the commissioning landscape; to address gaps, issues and concerns including consistency as raised by regions and CCGs; and to address the large constitutions that have evolved in a way that was not envisaged at the time of authorisation.

To support the changes to the constitution, NHS England proposed that a supporting Governance Handbook was created to ensure that necessary detail and information was not lost. This document will be required to be published on the CCG’s website supporting the new Constitution but will not require NHS England approval if any changes are made, which allows greater flexibility.

There were two particular changes highlighted in the paper which outlined the strengthened process for proposing changes to the Constitution and also a proposal for changes in terms of the quorum of the Governing Body which will enable the CCG to manage Governing Bodies in Common in the future. The information had been shared with the GP membership who were asked to submit their comments by 23 October. No responses had been received therefore the Governing Body were being asked for their approval for submission to NHSE.

The Board noted that the Remuneration & HR, Primary Care Commissioning and Audit and Governance Committees could not operate as ‘Joint Committees’ only as Committees in Common. The standard wording of the New Model Constitution reflects the types of collaborative arrangements for CCGs and further details with regards Joint Committees and Committees in Common can be articulated further in the Governance Handbook.

Discussion took place in relation to Page 7, bullet point H and if the points that were highlighted in yellow were additional. It was reported that the new model constitution had removed specific detail with regards how statutory duties are discharged as they were all sufficiently captured in the Scheme of Reservation and Delegation. If required, further detail with regards statutory duties can be provided in the Governance Handbook.

Noting the above discussion, the Board agreed to the proposed changes for submission to NHSE for approval.

Resolved:
1) The Board agreed the proposed changes made to the Constitution for submission to NHS England for approval
Mr Maubach asked Board members to note the ratified minutes from the meetings held on 8 August 2019 and 12 September 2019, for assurance.

Resolved:
1) The Board noted the ratified minutes for assurance

INTEGRATED ASSURANCE

Dr Edwards spoke to this item to advise the Board of key issues discussed at the Integrated Assurance Committee held on 24 September 2019 and 22 October 2019.

Integrated Assurance Operational Group
The Operational Group reviewed 13 indicators which were escalated to the Committee and were incorporated within the paper. There were two indicators which the Operational Group felt should be escalated further to the Board which related to Mental Health and delays in patients entering treatment, and similarly for the provider where there was an issue with monthly access to psychological therapies. This was being monitored weekly and suggested it should meet the recovery targets.

DUDLEY GROUP OF HOSPITALS NHS FOUNDATION TRUST

CQC
The CQC inspection had been published following the inspection in January/February 2019 and progress is monitored on a monthly basis. Satisfactory progress was being made against the breaches.

Urgent and Emergency Care
It was reported that pressures remained in the local system which related to flow into the hospital. Ambulance conveyance had reduced considerably since March but ‘walk-ins’ had increased. An external review of ED was being undertaken and discussions were taking place with key stakeholders and a plan was being produced for NHSE/I to support winter preparation.

Sepsis
Progress was being made against the metrics. It was noted that capacity had been increased within the Sepsis Practitioner team.

SAFEGUARDING VULNERABLE PEOPLE

Looked After Children
There had been an increase in health checks for Looked After Children. The Designated Doctor had also been appointed to.

TRANSFORMING CARE PROGRAMME (TCP) UPDATE
A discussion would be taking place in the private section of the Board, but it was reported that the programme was working to trajectory however a number of acute admissions had been made in Dudley.

The Board asked for some assurance as to whether DGFT were making progress with the CQC action plan. It was reported that the Trust submitted the action plan to CQC at the end of August when it was reported they had made progress against 54 ‘must do’s and were down to 13.

Mrs Brunt provided more detail with regards to the ED External Review that was being undertaken. It would be focusing on a range of issues that influence the Trust’s performance and where their operational priorities are with managing admissions and flow through the hospital. An externally facilitated team were located at the Trust. A weekly call was in place to understand progress and priorities around finance which was found to be useful. One of the risks operationally, was if the Trust had not got a handle on the dynamic nature of admissions and discharges of bed base of the organisation, the CCG could not be assured they would have a handle on their capacity at any one point in time. It had been reported that there was a considerable amount of data available and analysis was being carried out on what the issues are and explanations on why the situations exist and how to move them...
forward. A review would take place to bring a level of shared understanding within different workstreams with a timeframe of 10 weeks. At the time of Board, it was week 4 and good progress was being made.

With regards to the Urgent and Emergency Care report that was being produced for NHSE/I, the Board asked that if the Urgent and Emergency Centre was making a loss, it should be reinforced within the report that there needed to be a recommendation on how the loss can be brought back to a breakeven position that the CCG were satisfied with. Mrs Brunt advised that the Trust had some thematic areas that could mitigate the risks and they would be clear on making the recommendations to the CCG and owning them across the system and within DGFT.

In relation to the lack of assurance in terms of the Trust’s capacity, it was recommended that it should be included on the Risk Register until a resolution is reached and the risk it creates across the system. This needed to be addressed as a matter of urgency and it was noted that a meeting was taking place with the Regulators in late November and would be discussed further. Mrs Brunt advised that she had raised the issue with the Trust and how the level of risk would be validated. An assurance visit was planned for the 29 November where it was anticipated that the findings would feed into that and to get the Regulators sighted on the recommendations being made.

Mrs Brunt agreed to discuss the detail and inclusion of the risk at the next Integrated Assurance Committee, with the support of Geraint Griffiths, on the Trust’s capacity and the risk it creates across the system.

With regards to TCP, the Board were advised that two in-patients had been discharged and therefore the position was back to five and not seven, as identified within the report.

Resolved:
1) The Board received the report for assurance
2) Mrs Brunt to liaise with Mr Griffiths and discuss at the next Integrated Assurance Committee, to include a risk on the Risk Register which related to the Trust’s capacity and the risk it creates across the system

AUDIT AND GOVERNANCE

CCG127/2019 REPORT FROM AUDIT AND GOVERNANCE COMMITTEE

Mr Allen spoke to this item, highlighting the decisions made under delegated authority at the Audit and Governance Committee held on 19 September 2019.

Internal Audit
The Committee received two internal reports for assurance, these were Stakeholder and Communication Audit Report and the Business Continuity Audit Report. The Board were reassured that the Committee continued to receive good reports from internal auditors.

Key Indicators
It was noted that there were two indicators that were rated as amber. The first being around the boundary changes which could not be reflected until April 2020. The second related to the IG Toolkit and that steps had been put in place to ensure the toolkit requirements were achieved next year.

The Board were advised that the amount of assurance received at the Committee was significant.

Resolved:
1) The Board received the Board for assurance and noted the decisions taken under delegated authority

CCG128/2019 BOARD ASSURANCE FRAMEWORK AND RISK REGISTER

Mr Allen spoke to this item, to update the Board on the combined Board Assurance Framework (BAF) and Risk Register as at 5 October 2019.

Board members were asked to consider any changes to be made to those risks which were accountable to them. The Board agreed that all the risks would remain unchanged, noting that Risk 13 would be discussed further in the private session, which related to clinical leadership. For ease of reference, the risks were:

Risk 13: Failure of the governing body to demonstrate appropriate leadership/clinical leadership may result in poor strategy and implementation, and thereby fail to meet statutory and regulatory responsibilities.
**Risk 112:** There is a risk that Governance arrangements between organisations (that are part to the STP) are either insufficient or inconsistent. This may lead to inadequate governance and insufficient transparency which could create unintended financial risk, inconsistent decision making or misalignment of strategic direction and implementation.

**Risk 150:** ‘There is a risk that change of leadership in local system organisations will impact on system delivery, particularly in relation to loss of local knowledge’.

**Risk 151:** ‘There is a risk that the CCG fails to meet its statutory duties in respect of the delivery of high quality care to the population of Dudley’.

**Risk 152:** ‘There is a risk that the pace of change in the transformation of the system will not be aligned to the views of the public. This may result in the CCG moving too quickly to allow time for adequate involvement or not moving quickly enough to meet public expectations’.

**Risk 156:** ‘There is a risk that Dudley CCG could be exposed to financial and reputational risk if it fails to comply with the requirements of the General Data Protection Regulations. The CCG could receive potential fines of up to €17m or 4% of annual turnover for failure to comply, or face other enforcement action from the ICO including warnings, enforcement notices, undertakings or audits.’

**Risk 162:** ‘There is a risk that if the CCG does not have appropriate preventative controls in place to reduce the likelihood of fraud occurring within the organisation. This may leave the CCG vulnerable with a potential financial or reputational impact.

Mr Allen suggested having a refresh on the risks at a later date to determine whether the action is to manage the issue rather than contemplating the risk.

**Resolved:**
1) The Board received the report for assurance and approved the recommendations made by the Audit and Governance Committee to the Governing Body, noting that no changes were to be made to the risks accountable to the Governing Body

**FINANCE AND INVESTMENT**

**CCG129/2019 REPORT FROM FINANCE AND INVESTMENT COMMITTEE**

Mr Hartland spoke to the item, summarising the key issues discussed by the Finance and Investment Committee held on 12 October 2019.

It was noted that the October Committee was inquorate and as a consequence, November would be a formal Committee as decisions needed to be made that were required to be made in October.

**Statutory Financial Duties**

The Board were assured that the CCG were reporting to achieve financial balance at year end. There had been movement in terms of spend and the forecast against the budget was approximately £8m. This was predominantly in three areas; high cost drugs and prescribing expenditure, acute contracts and mental health contracts. It was highlighted that the reserves which the CCG hold were being utilised to maintain the position but it added additional risk to manage between now and year end. A half year review is undertaken and a deep dive on prescribing for primary and secondary care would be carried out. The outcome of the review would be discussed at the November Committee and would be reported back to the Board at its meeting in January. Although there were overspends, cost pressures and risks, processes were in place to fully understand the position and to mitigate actions moving to the next financial year.

In terms of investment, the STP LTP strategy had been endorsed by NHSE/I as a strong strategy which would put the STP in a better position to be allocated funds for the investments that we wish to make.

Mr Hartland updated the Board on the financial positions of the providers and reported that the Mental Health Trust were forecast to breakeven. DGFT were reporting financial pressures to achieve a breakeven position at the end of the financial year but there was a risk in that position so they may be in a year end position where they would be off target for their control total which could have a consequence next year.
A discussion had been held with the Regulators where it was suggested that a financial review of the Trust’s position should be instigated to understand the position and to work with them to find solutions.

Resolved:
1) The Board received the report for assurance
2) The Board were assured on Dudley CCG’s financial position, noting the financial position of Providers

POLICY AND COMMISSIONING

CCG130/2019 REPORT FROM POLICY AND COMMISSIONING COMMITTEE

Mr Bucktin spoke to this item asking the Board to note matters considered by the Policy and Commissioning Committee held on 18 September 2019.

Better Care Fund (BCF) 2019/20
The Committee received and approved the Better Care Fund Plan for 2019/20. The Plan had been submitted to NHSE and had received full assurance.

QIPP Programme 2019/20
The programme was on track to being achieved. It was reported there was a gap for next year so ongoing discussions were being held with Clinical Leads.

STP Wide Eating Disorder Specification
The Committee continue to approve a set of service specifications on a STP wide basis in relation to Mental Health. The Committee approved the Eating Disorder Service Specification.

Resolved:
1) The Board received the report for assurance

CCG131/2019 REPORT FROM MCP PROCUREMENT PROJECT BOARD

Mr Bucktin spoke to this item asking the Board to note matters from the MCP Procurement Project Board held on 14 October 2019.

Organisational Form
It was noted that the approach being taken was to develop the MCP as a NHS Trust. From a procurement perspective, the pre-qualification questionnaire would need to be reviewed which was expected to be completed by the end of January 2020.

Integrated Support and Assurance Process (ISAP)
Discussions had taken place with the national team on how progress could be made now that organisaitonal form was clear. Documentation had been submitted that deal with the first three key lines of enquiry for checkpoint 2. Feedback was expected imminently and as progress is made through the remainder of the regulatory process, the documentation would be submitted at the appropriate time

Strategic Outline Case (SOC)
The SOC supports the proposal to have a NHS Trust and had been submitted to NHSE/I. Meetings would start to take place in relation to feedback.

The Board were encouraged by the progress that was being made however the resource to deliver the MCP was highlighted, acknowledging there was already pressure in the system.

With regards to an anticipated start date of 1 October 2020, the Board asked for some clarification around this. Mr Bucktin advised that the creation of the new organisation would be dependent on the ‘merger’ of the Mental Health Trust and Black Country Partnership which was anticipated to be completed on 1 April 2020. As a result of the merger, there would be a NHS Trust that could be re-designated as the Dudley MCP NHS Trust which would provide a limited range of the MCP services from that date. It would not be able to provide a full range of services utilising the national form until all the regulatory processes had been concluded. The current timescale for that was expected to be early/late summer. Once all the processes had been completed the full contract would commence from 1 October 2020.
The Board asked about renaming the organisation and it was reported that the national language being used was ICP (Integrated Community Provider) and the MCP would be the first ICP in the country so consideration needed to be given as to whether ICP is used rather than MCP.

Resolved:
1) The Board received the report for assurance

CCG132/2019 REPORT FROM HEALTH AND WELLBEING BOARD

Mr Bucktin spoke to this item asking the Board to note the matters considered by the Health and Wellbeing Board held on 19 September 2019.

The Health and Wellbeing Board had focused on three areas that were associated with the wider determinants of health and wellbeing. These being poverty, early years and violence prevention. Plans were in place to address these three fundamental issues.

It was mentioned that the work around violence prevention and poverty were trying to take a co-production approach by listening to the stories of the people who are impacted and to make it an important part of the strategy moving forward. Workshops were planned to take place for poverty in December and February which the Board were encouraged to contribute to.

Dr Horsburgh attended a SEN/D Board where a discussion took place with regards to restructuring the Children’s Improvement Board. Assurance was needed on how the restructuring of the Improvement Board would continue to feed to the Health and Wellbeing Board.

Mrs Brunt advised that a decision had been made to recommend the Improvement Board would ‘step down’ and agreed it was about the whole system improvement and having a refresh of membership and governance but treating it as an ongoing issue. The restructuring was about recognising continuous improvement being made across the system with all partners engaged. It was suggested having a structure to understand how the group feeds into the Health and Wellbeing Board but it was reported that there were discussions being held by the Health and Wellbeing Executive that oversees and manages the system and once the decision had been made by the Health and Wellbeing Board, structures would be updated accordingly. It was proposed therefore that a new structure would be circulated through the Health and Wellbeing Board report once it was available in the New Year.

Resolved:
1) The Board received the report for assurance

PRIMARY CARE COMMISSIONING

CCG133/2019 REPORT FROM PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)

Mrs Brunt spoke to this item asking the Board to note the matters and decisions taken at the Primary Care Commissioning Committee held on 27 September 2019.

Primary Care Contracting
The Committee received assurance from the Primary Care Operational Group that there were no contractual breach notices and that once contractual variation had been received.

The monitoring process for contracts had been agreed.

Primary Care Interpretation Services
The Committee approved the re-procurement and direct award of primary care interpretation services which came with an approximate saving of £40,000 per annum.

Financial Position
The Committee received assurance with regards to its financial position. Assurance was also received that each PCN was fulfilling its requirements for the provision of extended access appointments and the provision of additional clinical pharmacists. The Committee also agreed a proposal regarding Social prescribing Link Workers which covers a range of services.
Black Country and West Birmingham STP Primary Care Strategy

The Committee made a recommendation that the Board approve the STP Primary Care Strategy subject to comments being made at the STP to have an Executive Summary. As part of the Board papers a hyperlink was sent to view the Strategy however this had failed to work. It was agreed that an email would be circulated to Board members which would include the Strategy and the set of appendices asking for comments to be received within seven days. Due to this, delegated authority was requested to Prof Handy and Mrs Brunt for approval to be made.

Resolved:
1) The Board received the report for assurance
2) The Primary Care Strategy and appendices to be circulated on 8 November 2019, asking for comments
3) The Board agreed that delegated authority be given to Prof Handy and Mrs Brunt, for approval

REFLECTION TIME

The Board felt the meeting had been conducted efficiently.

With regards to the Integrated Assurance Committee report, the question was raised as to whether the content and detail was sufficient. It was noted that Walsall CCG presented theirs differently which related to access, efficiency, outcomes and patient experience targets. Consideration would be given as to whether Dudley’s Integrated Assurance Committee report should be adjusted accordingly.

EXCLUSION OF THE PRESS AND PUBLIC

That under the Public Bodies (Admission to Meetings) Act 1960, the public and representatives of the press and broadcast media be excluded from the meeting during the consideration of the following items of business as publicity would be prejudicial to the public interest because of the confidential nature of the business to be transacted.

DATE AND TIME OF NEXT MEETING

Thursday 9 January 2020
1pm – 5pm
Boardroom, Brierley Hill Health and Social Care Centre

MINUTES ACCEPTED AS A TRUE AND CORRECT RECORD

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<td>Signed</td>
<td>Date</td>
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### CCG057/2019 (May 2019)

**Capsticks Review for Dudley Group NHS Foundation Trust**

- **Action to Be Taken:** Quality and Safety Committee to consider the recommendations within the Capsticks Report and bring back to the July Board for assurance

- **Action For:** Mrs Brunt

- **Update:**
  - July 2019 – An action plan had been requested at CQRM which would be available in August
  - **Update 07.08.19:** The CCG haven’t yet received the Capsticks action plan as promised and at the last CQRM meeting it was confirmed that the Trust committee reviewing progress of the action plan had been dissolved. DGFT representative stated that the action plan would be incorporated in the DGFT wide improvement plan rather than as a separate document and arrangements would be made for this to be presented at the August 2019 CQRM – further update information will be included after the August CQRM
  - **Update 12.09.19:** Assurance given by DGFT that issues raised were part of their OD programme. Continues to be resistance from individuals to do the programme that is being overseen by Mary Sexton. Plan to go through the Trust internal processes and a further update to be provided at November Board

- **Completed:** ONGOING
<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>AGENDA ITEM</th>
<th>ACTION TO BE TAKEN</th>
<th>ACTION FOR</th>
<th>UPDATE</th>
<th>COMPLETED</th>
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<td></td>
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<td><strong>Update 14.11.19:</strong> The report was due to be presented in full at the December CQRM in terms of progress</td>
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<tr>
<td>CCG113/2019 (September 2019)</td>
<td>Relationships with Voluntary Sector</td>
<td>The Board to receive a further report for consideration once analysis had been produced in conjunction with Dudley CVS</td>
<td>Mr Bucktin</td>
<td>Analysis awaited from Dudley CVS. Expected – December 2019</td>
<td>ONGOING</td>
</tr>
<tr>
<td>CCG122/2019 (November 2019)</td>
<td>Public Update</td>
<td>Mrs Broster to liaise with Ms Harkins to present a briefing to the Policy &amp; Commissioning Committee on the impact to the local system with regards to the tender process for Healthwatch Dudley and the Voluntary Sector</td>
<td>Mrs Broster/ Ms Harkins</td>
<td><strong>Update 14.11.19:</strong> Meetings had taken place with the Local Authority and Dudley CVS. Analysis regarding pressures in the Voluntary Sector was awaited and a report to be presented to Board in January</td>
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<tr>
<td>CCG126/2019 (November 2019)</td>
<td>Report from Integrated Assurance Committee</td>
<td>Mrs Brunt to liaise with Mr Griffiths to include a risk on the Risk Register which related to the Trust’s capacity and the risk it creates across the system, and discuss at the next Integrated Assurance Committee</td>
<td>Mrs Brunt</td>
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</table>
Introduction
This report is presented with the aim of keeping Board Members up to date with important Communications and Engagement issues and ‘hot topics’.

It is also produced with the specific aim of further strengthening the patient voice at our board meetings by including sections dedicated to feedback from our Patient Participation Groups, Patient Opportunity Panel (POPs) and Healthwatch.

Feet on The Street

This month we bring you a live version of Feet on the Street. Kates Hill Primary School students were as keen as mustard to come and meet the board and tell you about why the Mefestival is so important and how it has made a difference to them and their school.

Patient Opportunity Panel (POP) Meeting – the group met in November and heard from Andrew Hindle, Commissioner for Integration at Dudley CCG, around updates with end of life care and palliative care across the borough. Andrew told the group about the services we commission as a CCG and work across care homes all to improve experiences of patients, their families and carers, this was followed by Anne Horder, Lead for End of Life and Bereavement at Dudley Public Health who talked to the group about bereavement and grief. Anne updated the group on the work that was taking place around the borough to offer support to people going through bereavement. The group had a very frank and open conversation following the two presentations.

Dudley Voices for Choice (DVC) – the team worked with DVC to develop an easy read version of the Integrated Care Team Patient Review Data Sharing leaflet. The leaflet provides information to patients who have been identified as needing a patient review with the Integrated Care Team. DVC use photo symbols as this is the preferred communication method for local patients with learning disabilities. Once the leaflet was drafted, it was tested on the spot with members of the group who made a couple of tweaks but understood what the leaflet was about.
MeFestival 2019 – this was the CCG’s 6th annual Mefestival and the biggest and busiest to date. Over 275 children and 55 teaching staff from 18 schools took part in events and activities provided by over 100 workshop hosts around the 5 ways to wellbeing. Workshop hosts included students from Pedmore High School and Halesowen College delivering activities and we were joined by some schools whose students have special educational needs. On the day students learned how to do CPR, understood what cyberbullying was and took part in theatre workshops with Loudmouth and Bully4U and communication with Vamos masked theatre. The VIP tent saw heaps of activities including the Young Health Champions supporting public health’s Community Explorers with Rate My Place, KicFM with the graffiti wall, Mary Stevens Hospice with memory jars and the Let’s Get Active tent hosted Active Black Country and the Park Activators with fencing sessions.

The totem pole proved to be popular with it being taken away in a school mini bus at the end of the day for their impending inspection and has since been on tour to different schools around the borough as an assembly item or part of a wellbeing day. We are busy planning a teacher’s network event for late January to share resources and learning.

By far the biggest hit on the day were our 4 legged furry friends. We were very honoured to be joined by Kai and Jyn courtesy of Matt and the West Midlands Fire Dogs.
Dudley Borough Healthcare Forum (HCF) – The December HCF took place at Queens Cross Network. Participants enjoyed a Christmas themed event with mince pies and Christmas music. Jo, the health coach from Lion Health joined in to do some exercise snacks – seated or light movement to help stay active and fit. We were also joined by Just Straight Talk (JST), a community project based in Coseley. JST made pom poms with the group and attached messages to them for the group to either take home or distribute. JST have been using the pom poms as a way to talk about social isolation and loneliness. Merry Maggie gave a quick introduction to laughter yoga and finally the group took part in a Christmas quiz which was organised by the team and compered by Dr Steve Mann. The quiz tested their local and festive knowledge.

Harmonisation of clinical policies across the STP - Previous work had taken place to harmonise policies across the wider STP to ensure fair, consistent and equitable access to different treatments. Three draft clinical policies were consulted on:

- Subacromial pain
- Image guided therapeutic intra-articular joint injections with corticosteroids with/without local anaesthetic
- Image-guided high volume intra-articular injections (40mls+) of saline with or without corticosteroid and/or local anaesthetic.

The draft policies have been through a period of engagement and have been shared widely with patients and wider stakeholders including GP membership for views. Feedback has been obtained through a questionnaire and opportunities to attend public meetings. The consultation ran from 2nd September through to 13th October. The recommendation based on feedback is that the three draft policies be agreed. This will go to CCG Board on 9th January and to a CCG Policy and Commissioning Committee for consideration before any final decision is made.

Black Country Voices - As part of enhancing local engagement and obtaining views from a representative demographic population, NHS England awarded the Black Country and West Birmingham Sustainability Transformation Partnership funding to set up an online citizens' panel. The citizens’ panel will be known as ‘Black Country Voices’ and will be live by April 2020.

Members of this panel will represent demographic populations and communities. Black Country Voices will complement existing methods of engagement and provide additional views and feedback from those individuals who aren’t normally engaged with or haven’t taken part in health based engagement. Black Country Voices will be used as an engagement tool for the STP programme of work where consultation is required to influence the outcomes of service redesign or improvements.

The table below summarises the target for recruitment in each locality based on population data sourced from census data and how many panel members have been recruited to date.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Target</th>
<th>Actual</th>
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<tbody>
<tr>
<td>Dudley</td>
<td>349</td>
<td>427</td>
</tr>
<tr>
<td>Sandwell</td>
<td>360</td>
<td>523</td>
</tr>
<tr>
<td>Walsall</td>
<td>310</td>
<td>313</td>
</tr>
<tr>
<td>West Birmingham</td>
<td>194</td>
<td>127</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>286</td>
<td>297</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,500</strong></td>
<td><strong>1,687</strong></td>
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</table>
To widen our demographics and representation, an online application form to join Black Country Voices will be available and individuals who join the panel online or through a form filled out at engagement events, will be coded differently. This will enable feedback from the demographically sourced members of the panel to be separated when analysing feedback data from a survey.

The notice for an election was made on Wednesday 6th November 2019 from which date, and including, polling day we entered into a pre-election period (PURDAH). Therefore our promotional activity, was limited during this time.

We have continued to promote messages from the Black Country and West Birmingham STP Urgent and Emergency Care Communications Plan in line with the national Help Us Help You campaign.

Social Media Activity - The table below details activity across the CCG social media pages for Nov/Dec 2019. Topics of posts included:

- Norovirus
- MEFestival
- GP Extended Access
- Help Us Help You Winter messages

<table>
<thead>
<tr>
<th></th>
<th>No of Posts</th>
<th>Reach/Impressions</th>
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<td>Facebook</td>
<td>114</td>
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<tr>
<td>Twitter</td>
<td>112</td>
<td>63.6k</td>
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</table>

Your Tweets earned 63.6K impressions over this 50 day period
Proactive and Reactive Media Activity - The table in appendix 1 gives a breakdown of recent media activity for the CCG.

The advertising total has been calculated as £43,398.53 with the majority of this relating to coverage around the Forging a Future awards, GP Extended Access, High Intensity User Service and the Frailty Assessment Service.

Communications and Engagement – Media Monitoring – November & December 2019

<table>
<thead>
<tr>
<th>Title/weblink</th>
<th>Summary</th>
<th>Release Date</th>
<th>Coverage (with links where available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rewarding Heroes</td>
<td>Media Story</td>
<td>01.11.2019</td>
<td>Stourbridge News</td>
</tr>
<tr>
<td>'Falls' service on award shortlist</td>
<td>Media Story</td>
<td>15.11.2019</td>
<td>Express &amp; Star</td>
</tr>
<tr>
<td>Service to cut A&amp;E visits from “frequent callers” in the Black Country a Success</td>
<td>Press Release</td>
<td>20.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Dr Doreen Tipton says Get the Flu Jab</td>
<td>Press Release</td>
<td>20.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Flu Fighters campaign launched to protect youngsters</td>
<td>Press Release</td>
<td>20.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Black Country mental health employment service to expand support to local people</td>
<td>Press Release</td>
<td>20.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Service to cut A&amp;E visits from frequent callers in the Black Country a Success</td>
<td>PR Coverage</td>
<td>21.11.2019</td>
<td>Black Country Radio (Web)</td>
</tr>
<tr>
<td>Think Self Care for Life: Think the right health service</td>
<td>Press Release</td>
<td>22.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Frailty Assessment Area Relocated</td>
<td>Press Release</td>
<td>26.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Winners of community awards to be announced this week</td>
<td>Media Story</td>
<td>26.11.2019</td>
<td>Dudley News, Stourbridge News</td>
</tr>
<tr>
<td>Countdown to Forging a Future for All awards</td>
<td>Media Story</td>
<td>26.11.2019</td>
<td>Dudley, Halesowen &amp; Stourbridge News</td>
</tr>
<tr>
<td>Finalists announced for Forging a Future for All Awards 2019</td>
<td>Media Story</td>
<td>28.11.2019</td>
<td>Dudley, Halesowen &amp; Stourbridge News</td>
</tr>
<tr>
<td>&quot;Lack of belief&quot; over Dudley’s special educational needs system</td>
<td>Media Story</td>
<td>28.11.2019</td>
<td>West Midlands Express &amp; Star</td>
</tr>
<tr>
<td>Be aware of Norovirus</td>
<td>Press Release</td>
<td>28.11.2019</td>
<td>Link</td>
</tr>
<tr>
<td>Hospital unit moved to help most frail patients</td>
<td>PR Coverage</td>
<td>29.11.2019</td>
<td>Express &amp; Star</td>
</tr>
<tr>
<td>Boost for patients as GP access is extended</td>
<td>PR Coverage</td>
<td>05.12.2019</td>
<td>Express &amp; Star</td>
</tr>
<tr>
<td>No Trust in System</td>
<td>Media Story</td>
<td>05.12.2019</td>
<td>Dudley &amp; Stourbridge News</td>
</tr>
<tr>
<td>GPs offering extended access appointments</td>
<td>PR Coverage</td>
<td>07.12.2019</td>
<td>Express &amp; Star</td>
</tr>
</tbody>
</table>
#Mefest

In November Healthwatch Dudley teamed up with Dudley Young Health Champions to listen to the views of children at #Mefest, a Dudley CCG led annual celebration of wellbeing for local children.

Community Health Action Groups have been meeting across Dudley borough as part of a Dudley Council Public Health led campaign. Local people have been coming together to talk about and find solutions to important issues where they live.

#Mefest gave us a fantastic opportunity to get children and young people involved in the conversation!

We shared top issues identified by adults with 100 young festival goers aged between 9 and 11. Children worked in groups to rate their importance and add their own ideas. Each group then discussed their own top issue in more detail to give us a better understanding of some of the things that matter most to them.
The results!

Children told us their top issues from the list were:
1. Being able to see a doctor
2. Crime and police
3. Emotional and mental health
4. Safety in parks

‘Being able to find out about local activities’ and ‘things for young people to do’ were surprisingly the least two popular choices on the day.

Additional things that children said were important to them included:
- Family and friends
- Pets
- Bullying
- Helping other people
- Good education and jobs
- Sports and being active

Health and wellbeing

We wanted to understand why being able to see a doctor and emotional and mental health were such high priorities for the children who took part. They told us:
- Doctors are really important because they keep everyone healthy
- When my little sister was poorly my mom couldn’t get an appointment and we had to go to hospital
- We need more doctors, bigger hospitals and more time
- I get embarrassed when I see my doctor so an answer sheet to point to would help when I feel awkward

We asked children who told us emotional health was important to them what they do to keep healthy. They said:
- Less screen time and getting more sleep
- I cuddle my pets, read a book or go for a walk when I feel stressed
- Meditation and listening to music is calming
- Eating fish and vegetables keeps our minds healthy
- Having someone at home to talk to
- Try not to be alone and tell someone your feelings
- I try to exercise and keep active
- We don’t really talk about this at school but we should

Crime and safety

We asked a group who chose safety in parks what things they could think of to keep themselves and their friends safe.

The group shared ideas about looking out for each other and their belongings and telling someone where they are or if they see something that worries them.

One child said:

‘carrying a knife would make me feel safer’

It was reassuring to be able to explore the statement with the wider group by asking ‘what would happen if... you fell over, got into a fight and lost, got caught carrying a knife.’

By the end of the short session the whole group were in agreement that carrying a knife would not make any of them feel safe.
Next steps...

This is just the start of a really important conversation about what matters most to young people about their safety and wellbeing.

Views captured at #Mofast will feed into a Community Health Action Group report.

Healthwatch Dudley will support Dudley Young Health Champions to further explore some of the ideas shared and to dig deeper into issues raised with a wider group of young people in the coming months. We will ensure any outcomes are shared with appropriate partners.

Healthwatch Dudley / Dudley Young Health Champions
03000 111 001 - hello@healthwatchdudley.co.uk
We continue to work with our providers to monitor the experience of patients using services. These are reported regularly to the CCG Quality and Safety Committee.

The infographic below illustrates a summary of the key indicators of experience at The Dudley Group FT.

There has been an overall decline in response rates and percentage recommend for Friends and Family Test. DGFT are scoping use of new tool Envoy for coding FFT feedback to improve data quality issues. Working on implementing the changes to FFT that come into effect from 1st April 2020.
Dudley & Walsall Mental Health Trust:

The trust remains below the national average for the Friends and Family Test percentage of patients who would recommend the service and response rate in Q2.

Black Country Partnership Foundation Trust:

Community Services continue to perform above the National Average for percentage recommend, however below for response rate. Inpatient services improved in Q2 and performed above National Average for both response rate and percentage recommend.

Ramsay Healthcare:

In-patient response rate has improved in Q2, percentage recommend for both inpatients and outpatients continue to perform above national average.

Malling/Urgent Care:

In Q2 both response rate and percentage recommend for Malling decreased.

Primary Care:

NHS England have not provided data to CCG’s on Primary Care complaints for the last two quarters. This is due to an upgrade to the complaints system CRM affecting the reporting functionality.

CCG Complaints:

Below is a summary of the CCG KO41A returns:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Organisation Name</th>
<th>Total Brought Forward</th>
<th>Total New</th>
<th>Total Resolved</th>
<th>Number Upheld</th>
<th>Number Partially Upheld</th>
<th>Number Not Upheld</th>
<th>Total Carried Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 18/19</td>
<td>DUDLEY CCG</td>
<td>19</td>
<td>17</td>
<td>22</td>
<td>12</td>
<td>1</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Q3 18/19</td>
<td>DUDLEY CCG</td>
<td>14</td>
<td>25</td>
<td>19</td>
<td>7</td>
<td>3</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Q4 18/19</td>
<td>DUDLEY CCG</td>
<td>21</td>
<td>23</td>
<td>22</td>
<td>7</td>
<td>3</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Q1 19/20</td>
<td>DUDLEY CCG</td>
<td>20</td>
<td>14</td>
<td>20</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Q2 19/20</td>
<td>DUDLEY CCG</td>
<td>13</td>
<td>29</td>
<td>29</td>
<td>9</td>
<td>6</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>

From the 11th November 2019, oversight for complaints and resource to manage complaints transferred from the Communications and Engagement team to Quality and Safety team within the CCG.
**DUDLEY CLINICAL COMMISSIONING GROUP BOARD**

**Date of Board:** 9 January 2020  
**Report:** Outcome of the ‘Future Form of the Black Country and West Birmingham CCGs’ Listening Exercise  
**Agenda item No:** 6.1

<table>
<thead>
<tr>
<th><strong>TITLE OF REPORT:</strong></th>
<th>Outcome of the ‘Future Form of the Black Country and West Birmingham CCGs’ Listening Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PURPOSE OF REPORT:</strong></td>
<td>This report has been composed to present to Governing Bodies of the 4 CCGs following the December Transition Board. Governing Bodies to receive the report on the outcome of the Listening Exercise for assurance relating the activities undertaken</td>
</tr>
<tr>
<td><strong>AUTHOR OF REPORT:</strong></td>
<td>Deborah Rossi, (former) Transition Director &amp; Jayne Salter-Scott, Head of Engagement and Communications at SWBCCG</td>
</tr>
</tbody>
</table>
| **MANAGEMENT LEAD:** | Paul Maubach, Accountable Officer  
Black Country and West Birmingham CCGs |
| **CLINICAL LEAD:** | |
| **KEY POINTS:** | A listening exercise has been conducted by the 4 CCGs in the Black Country & West Birmingham CCGs to involve stakeholders in the exploration of their future form |
| **RECOMMENDATION:** | For the Governing Body to be assured of the extensive engagement activity undertaken; to be informed of the stakeholder feedback |
| **FINANCIAL IMPLICATIONS:** | None |
| **WHAT ENGAGEMENT HAS TAKEN PLACE:** | Staff, GP Membership and specified external public stakeholders connected to the 4 CCGs of the Black Country and West Birmingham |
| **ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:** | None |
| **ACTION REQUIRED:** | ✓ Assurance |
FUTURE FORM LISTENING EXERCISE
ENGAGEMENT FEEDBACK

October 2019
1. Background

In January 2019, The NHS published their 10-year strategy called *The NHS Long Term Plan* [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) this detailed a new model of care for the 21st century. The plan outlined how people would get more control over their own health and more personalised care when they need it, defining the priorities of care quality and outcomes improvement for the decade ahead.

The NHS plans to provide more joined up coordinated care and *The NHS Long Term plan* outlines how after 3 years of testing alternative care models through integrated care ‘Vanguards’ they are taking their learnings to redesign community services everywhere, to achieve person centred care supported by people managing their own health. A key element being community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices, resulting in fully integrated community-based healthcare.

As well as defining a more joined up community service, *The NHS Long Term Plan* defines how local NHS organisations will increasingly focus on population health, on prevention and health inequalities, and importantly moving to integrated care systems everywhere. NHS have stated that Integrated Care Systems (ICS) are central to the delivery of the long-term plan and define the role of an ICS is to bring together local organisations to redesign care and improve population health. The plan placed an emphasis on collaboration stating that Clinical Commissioning Groups (CCGs) will become more strategic, leaner organisations. And that typically there will be one CCG per Sustainability and Transformation Partnership (STP)/ Integrated Care System (ICS) area by March 2021.

This new NHS strategy is significant to Clinical Commissioning Groups (CCGs). Locally four separate CCGs exist independently and collaborate with system partners across the Black Country and West Birmingham within a Black Country and West Birmingham Sustainability and Transformation Partnership (STP). In addition, for Sandwell and West Birmingham, who additionally partner within the Birmingham Solihull (BSOL) STP.

This new strategic direction from the NHS has necessitated that the leadership within the 4 Black Country and West Birmingham CCGs look at their own strategic direction. Importantly, to consider how they can work together to focus on collaborating to design care, to focus on the outcomes of improvements to population health, on prevention and health inequalities, with the aim being to enable the local population to live healthier for longer.

See table below – NHS England and NHS Improvement overview of the levels up to and including Region, with population sizes within an Integrated Care System (ICS)

| Neighbourhood, Place, System, Region, and the purposes of what is carried out at each level. |
ICSs carry out tasks at the appropriate geographical scale – NHS E & I

<table>
<thead>
<tr>
<th>Level</th>
<th>Population size</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbourhood</td>
<td>~50k</td>
<td>- Integrated multi-disciplinary teams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Strengthened primary care through Primary Care Networks – working across practices and health and social care enabled by Network-Contract DES</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Proactive role in population health and prevention</td>
</tr>
<tr>
<td>Place</td>
<td>~250-500k</td>
<td>- Typically, council / borough level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Integrated hospital, council &amp; primary care teams/services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Develop new / redesign models for locality / local level</td>
</tr>
<tr>
<td>System</td>
<td>5 km</td>
<td>- System strategy &amp; planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Develop governance and accountability, arrangements, contracts, system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Implement strategic change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Manage performance and collective financial resources</td>
</tr>
<tr>
<td>Region</td>
<td>5-10m</td>
<td>- Agree system objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Hold system to account</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Support system development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Innovation and Improvement</td>
</tr>
</tbody>
</table>

Each level performs specific functions under the following common headings:
1. Leadership, engagement and workforce
2. Population health management
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources
Future Organisation of the Black Country and West Birmingham CCGs

In January 2019, a paper titled ‘Future Organisation of the Black Country CCGs’ was written by the three Accountable Officers responsible for the 4 Clinical Commissioning Groups in the Black Country and West Birmingham.

The report acknowledged the following in relation to the longer-term position of the Black Country and West Birmingham CCGs

The general consensus of the group is that it will be necessary for our CCGs to formally come together in order to establish a single commissioner leadership, working on behalf of all the CCGs, within the future Black Country ICS.

We recognised that we must not lose the local work and local relationships that we have built up and that having commissioning which is both relevant and close to local provision in each of our areas will continue to be important in the Black Country. This is especially true for our place-based arrangements including our work to date with local authorities through the various Better Care Fund arrangements. However, on a STP/ICS footprint we will be increasingly required to take a strategic approach to the commissioning of acute services and to develop a role in assurance and oversight of the whole system.

As the STP/ICS develops, it will have an increasing need for management resources and many of the programmes of work that are being mandated by NHS England are being measured on an STP and not CCG footprint. We need to work with our teams to ensure that they are aligned to this new way of working and that the STP/ICS resources are as closely aligned to the shared CCG resources as possible. This will avoid duplication and keep administration costs to the minimum required.

Paul Maubach, Dr Helen Hibbs and Andy Williams, the Accountable Officers of the CCGs at the time, each submitted this paper to their respective CCGs Governing Body and requested approval for

- The three phased approach to improving collaboration between our CCGs, including the appointment of a single Accountable Officer and a single CCG team in 2020/21
- The establishment of a Black Country and West Birmingham Transition Board.

The following is the extract from their report setting out a 3-phase approach:

Phase one:

During 2019/20 the CCGs will continue to prioritise the development of our local placed-based arrangements and our working in partnership in our local systems, local councils and providers. We will also need to collaborate with each other in order to ensure that there is alignment between the way in which our local systems develop where this both appropriate and possible; with a clear understanding of where there are significant differences and – if those differences are likely to present future difficulties – what mitigations might need to be developed to enable closer working in the future.

We will also continue to collaborate through our joint working with our Joint Commissioning Committee and as part of our Black Country and West Birmingham STP.

We will expect the Sandwell and West Birmingham review to reach a conclusion during this time as it clearly has a significant bearing on the future partnership arrangements between the CCGs in the Black Country.
Phase two:

During April 2020/21 we will strengthen our formal collaboration (between the 3 or 4 CCGs depending on the outcome of the Sandwell & West Birmingham position) by appointing a single Accountable Officer and a single CCG team working across the three/four CCGs.

This process will also incorporate the integration of STP resources and capabilities with the single CCG team to ensure full alignment and minimal duplication between the CCGs and the STP.

To be clear: our proposal for 2020/21 is to maintain four CCGs with one Accountable Officer and one CCG team because it is important to maintain our identity with our local places. It is not our proposal to establish a single Black Country CCG.

Phase three:

This will then enable the full working of a Black Country ICS incorporating a single commissioner from April 2021. As part of this, the four CCG Governing Bodies will have to agree the mechanism by which they collaborate to enable the Accountable Officer and CCG team to work as one, with one voice, on joint matters that relate to the Black Country ICS agenda and responsibilities.

This paper was duly considered within the private sessions of each of the four Black Country Governing Bodies, and in principle approved. This led to the formation of the Black Country & West Birmingham Transition Board in the early part of 2019.

Staff Communication

In order to keep staff appraised of what was happening an earlier communication was sent to all staff on Monday, 17 December 2018, which was followed up by staff briefings in each CCG, led by each Accountable Officer. The staff brief stated:

*We are agreed that we want to achieve a shared vision of an Integrated Care System (ICS) for the Black Country by April 2021, and as a consequence we are developing a 3 phased approach working towards a single ICS and local place-based provider arrangements; with shadow arrangements in 2020/21; and with 2019/20 as our transition year. This vision of the ICS in 2021 is consistent with the timetable that has been agreed with Birmingham to work through the future of West Birmingham.*

*We recognise that one of our core strengths is the strength of our places, and the relationships which have been built between individual local authorities and CCGs. We affirm that even in the long-term we see a strong role for placed-based commissioning and joint-working with local authorities. However, we also recognise that in areas such as workforce, developing our digital capabilities, and improving our acute services, there is value in us working together as a system.*

*Over the next few months we will be establishing a Transition Board to lead this process, supported by a Programme Director and team. In line with this timeline, we will be engaging in a shared dialogue with all our partners, local communities and you, our staff, across our four places.*
2. Introduction

Regulatory Context

*The Long-Term Plan* describes the activities that will take place at each of the ‘levels’. CCG’s collaborating at System level with Providers in an Integrated Care System. With system holding a system control total, implementing strategic change, taking on responsibility for operational and financial performance and population health management.

Understanding *The NHS Long Term Plan* and how the commissioning environment will continue to evolve is shaping the way that CCGs will operate in future.

*The NHS Long Term Plan* sets out an intention for Integrated Care Systems (ICSs) to cover the whole country by April 2021. It states that: ‘Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level... CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.’

The plan says that by 2020/21, individual CCG running cost allowances will be 20% lower in real terms than in 2017/18 and CCGs may therefore wish to explore the efficiency opportunities of merging with neighbouring CCGs. It is in this context that the Black Country and West Birmingham CCGs have taken steps to explore their future form. There are legal frameworks guiding these steps. Each CCG Constitution sets out the arrangements for seeking the views of GP Members in any decision of this nature including whether a vote is required. Section 14Z2 of the Health and Social Care Act 2012, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions. It is also acknowledged that there are many other stakeholders who have an interest in
any CCG constitutional change of this nature and these were mapped out (See Appendix 1 – Stakeholder Map)

The latest NHSE Guidance states that CCGs must demonstrate how a merger would be in the best interests of the population that the new CCG would cover. The guidance details the steps which CCGs would need to take if they were considering a formal merger of CCGs and these include the extent to which the CCGs have sought the views of stakeholders and how they have been taken in to account. The Transition Board determined the starting point in this context would be to design a listening exercise

The Black Country and West Birmingham Transition Board

The Black Country and West Birmingham Transition Board was formed at the beginning of 2019. The membership at the beginning comprising of the 4 Chairs and the 3 Accountable Officers together with a Lay Representative of each CCG.

When the Transition Board first met, it was important to define the Terms of Reference, and to have each CCG Governing Body approve these.

The terms of Reference set out the purpose of the Transition Board as follows:

- To support the CCG Governing Bodies in developing proposals for the establishment of a single CCG team from April 2020 to be agreed by the Governing Bodies.
- To develop and monitor the implementation of a milestone plan that will lead to the establishment of a single CCG team across the CCGs in line with proposals agreed by the Governing Bodies. This plan should be aligned to the timing of the production of the STP long-term plan and will include undertaking an options appraisal on whether a CCG merger would be beneficial.
- To reflect on comparative progress by each CCG in the development of their local placed-based arrangements with the intent of identifying any implications that may need to be taken account of in the plan for establishment of the single CCG team.
- To ensure that STP/ICS development is taken into account in the work of the transition board.
- To establish and enact a communications plan to ensure consistency of approach across all the CCGs in engaging with CCG staff and other stakeholders on the future plans for the CCGs

The Terms of Reference (TOR) set out how the Transition Board would operate the meeting and chairing arrangements, which reflect that of the Joint Commissioning Committee; the voting rights being one for each member; and how it would make recommendation to the Governing Bodies.

Why a Listening Exercise? - To listen and understand before acting.

This was a focused exercise undertaken with the intention to listen to what people had to say, hence the name given to the engagement work. The listening exercise was designed to establish the views of stakeholders within each CCG around the future form of the CCGs within an ICS; it was not designed or intended to be a formal consultation with stakeholders. This engagement was not attempting to address the organisational design or development of the single CCG team. Equally, the listening exercise was not proposing to make changes to existing patient services. What the listening exercise has enabled is for all members of staff, public stakeholder groups and the entire GP Membership to engage with the CCG Governing Bodies.
It is a valuable piece of work and this report demonstrates the commitment of the Transition Board to be transparent and to share the insight gained from the Listening Exercise.

3. Engagement Approach and Methodology

It is important to ensure the correct people are involved at the right stage of any proposed changes. Stakeholder participants to the listening exercise were identified. (See Appendix 1 - Stakeholder Map). In addition, the reasons why these groups were selected, and the aims of the engagement were captured. (See Appendix 2 – Stakeholder Groups – Aims and Reasons)

The guiding principle of our messaging is to be straightforward with our dialogue, designed so that we are not overly simplistic, patronising or defensive, promoting respect and recognising the experience and importance of involvement of our audiences.

The knowledge and insight gained from the listening exercise is to be used to shape key messages in any future engagement that follows.

The key communication and engagement priorities we established were:

- To communicate the case for any change across the Black Country and West Birmingham
- To seek views of stakeholders on any proposal before decisions are made to ensure all factors have been considered
- To understand what the barriers / unforeseen consequences may be that would need to be considered
- Engaging local stakeholders to build a vision for the future, ensuring that they are involved in decision making; and
- Adherence to legal duties and to follow the Gunning Principles:
  a. To seek views when proposals are still at a formative stage
  b. To give sufficient reasons for proposals to permit ‘intelligent consideration’
  c. To allow adequate time for consideration and response
  d. Views expressed must be conscientiously taken into account

The 4 CCG’s approach was the same. To facilitate the listening exercise a presentation was designed. The same content was shared with all groups, with each CCG contributing additional local information that explained the local and national context in which change is being considered. (See Appendix 3 – Listening Exercise Presentation)

The presentation covered an outline of the options that have been considered by The Transition Board, (See Appendix 4 – Options Future Form) what the case for change might include for a move towards a single CCG what some of the challenges might be in forming a single CCG.

To support the discussions held and enable us to report on the views of stakeholders, we asked people to consider the following with regard to future CCG arrangements:

- What do you value from the current CCGs?
- What would good look like to you in terms of future CCG arrangements?
- Do you have any concerns in terms of future CCG arrangements?
- How might these concerns be resolved?
- What questions would you want answered before you could make a decision?

Four Staff events were held, supported by Human Resource colleagues, staff were offered the opportunity to attend any of the locations regardless of their normal place of work. 355 staff
participated in one of the listening exercises. Staff were encouraged to share their views and concerns and as with all groups, provide any supplementary feedback within the sessions.

Five external stakeholder events were held in each ‘Place’ led by members of the Communications and Engagement Teams, with a total number of 74 attendees from across a range of representative groups.

The groups invited to attend the external stakeholder events were as follows:

- Patient representatives
- Representative from governors at local acute, community, mental health trusts
- Health and Well Being Board colleagues
- Health and Adult Social Care colleagues
- Overview and Scrutiny Committee colleagues
- Healthwatch colleagues
- Voluntary and Community Sector colleagues
- Local ward Councillors
- Statutory Sector Partners e.g. local councils, other CCGs
- GP colleagues from other CCGs
- Other key influential partners in place

Seven Members events were held for GP members led by Primary Care colleagues across the whole footprint of the Black Country and West Birmingham CCGs, with 155 individuals contributing their insight and concerns.

Each individual piece of feedback has been collated using a feedback form. (See Appendix 5 – Feedback Template Forms). The responses are grouped by stakeholder and by CCG location. (See Appendix 6 – Individual Feedback by CCG / Stakeholder Group.

4. Engagement Feedback

Table depicting the number of attendees at each event

<table>
<thead>
<tr>
<th></th>
<th>Dudley</th>
<th>Walsall</th>
<th>Wolverhampton</th>
<th>Sandwell &amp; West Birmingham</th>
<th>Total number of attendees by Stakeholder Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>50</td>
<td>45</td>
<td>80</td>
<td>180</td>
<td>355</td>
</tr>
<tr>
<td>GP Members</td>
<td>70</td>
<td>46</td>
<td>30</td>
<td>9</td>
<td>155</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>8</td>
<td>5</td>
<td>10</td>
<td>51</td>
<td>74</td>
</tr>
<tr>
<td>Total number of Attendees at each CCG event</td>
<td>128</td>
<td>96</td>
<td>120</td>
<td>240</td>
<td>584 Attendees in Total</td>
</tr>
</tbody>
</table>
Common Themes across the CCG’s

The shared common themes across the groups are that relationships have taken time to nurture and need to be retained and that a local voice and presence is very important.

GP members are enthusiastic about keeping the financial envelope with their CCG and retaining a voice and influence. They would like to protect the progress they have made with their Primary Care Networks (PCN’s) and want to keep their local Primary Care commissioning arrangements that they have helped develop for their local population.

GP members in Dudley feel especially supported by their CCG and SWB members are passionate about holding onto West Birmingham.

As well as local relationships, CCG staff value their culture, identity and organisational heritage. There are concerns regarding job security, office location and staff benefits. Dudley staff thought loss of morale and the stability of the MCP were risks.

Local relationships and local voice were a concern for stakeholders and patients. They did not want to lose what they did well as a local healthcare economy and wanted to be engaged with at every step of the way.

<table>
<thead>
<tr>
<th>CCG Staff</th>
<th>Similar Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• We have good team relationships within the CCG’s, and we do not want to lose them</td>
</tr>
<tr>
<td></td>
<td>• Keep the identity and culture of the CCG’s</td>
</tr>
<tr>
<td></td>
<td>• Keep the relationships with local providers, parents, carers, voluntary sector</td>
</tr>
<tr>
<td></td>
<td>• Hold onto the organisational intelligence &amp; memory</td>
</tr>
<tr>
<td></td>
<td>• CCG’s reputation (which has taken years to build) may be lost</td>
</tr>
<tr>
<td></td>
<td>• Confusion on what is meant by a single management team</td>
</tr>
<tr>
<td></td>
<td>• Worry about redundancy, changes of role, pay banding and the 20% cut</td>
</tr>
<tr>
<td></td>
<td>• Location of offices (everyone wants to stay where they are)</td>
</tr>
<tr>
<td></td>
<td>• Keeping staff benefits (training, development, flexible working and progression opportunities)</td>
</tr>
<tr>
<td></td>
<td>• Every CCG is proud of their achievements and see other CCG’s as performing less well</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Differing themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dudley</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP members</th>
<th>Similar Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Want to keep the staff that have a relationship with (We know who to contact)</td>
</tr>
<tr>
<td></td>
<td>• Keep the CCG as it is, we like things the way they are</td>
</tr>
<tr>
<td></td>
<td>• Merging will dilute our success</td>
</tr>
<tr>
<td></td>
<td>• We do not want to lose the 7 years of relationships we have built with partners as a CCG</td>
</tr>
</tbody>
</table>
• Keeping the funding within the CCG – there is a fear across the board that other CCG’s do not manage their finances as good as “we” do
• Fears of losing influence, voice and control
• These changes are a threat to the emerging PCN’s
• A feeling by all CCG’s that “we” are unique
• Want to keep their local LES/DES/ Primary care commissioning arrangements

Differing themes

<table>
<thead>
<tr>
<th>Dudley</th>
<th>SWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do not want to lose good support for GP members from the CCG</td>
<td>• Merger/reorganisation is a big distraction and unproductive • A strong feeling that we want to keep West Birmingham</td>
</tr>
</tbody>
</table>

Of the GP Membership events held, Walsall utilised Locality Events, holding one in each – North, South, East and West. This resulted in a high level of attendance with 39 different GP Practices of their 52 Practices represented, and 46 people in total. This represents 75% of their GP Voting Membership

Dudley achieved a 63% member representation with GPs from 27 different practices of their total 43 Member Practices

Wolverhampton had 30 people attend, representing 13 different Practices, from their total of 40 Member Practices, this equates to 32%

Sandwell and West Birmingham (SWB) reported a very high level of engagement despite the low number of attendees with 10% of their Practices present at the Members event. 9 GPs present from 8 different Practices, from a total Membership of 81. It should be noted that different circumstances surround the SWB cohort of GPs, and interestingly all 5 West Birmingham PCN’s attended.

Stakeholders and Patients

<table>
<thead>
<tr>
<th>Similar Themes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• We value our relationships and trust locally that has taken time and effort to build- and want to keep these</td>
<td></td>
</tr>
<tr>
<td>• Keep communicating with us</td>
<td></td>
</tr>
<tr>
<td>• Keep the CCG finances for our CCG</td>
<td></td>
</tr>
<tr>
<td>• Listen to the voice of the patient/public</td>
<td></td>
</tr>
<tr>
<td>• Keep good relations with Local Authority and the VCS</td>
<td></td>
</tr>
<tr>
<td>• Do not want to prop up other CCGs who haven’t managed so well in terms of finance and performance</td>
<td></td>
</tr>
<tr>
<td>• Concerned we will lose influence</td>
<td></td>
</tr>
<tr>
<td>• Bigger is not seen as better</td>
<td></td>
</tr>
<tr>
<td>• Resources need to be protected.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Differing themes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
Of those Public stakeholders invited, 10 attended in Wolverhampton, 8 in Dudley, 5 in Walsall and 51 in Sandwell and West Birmingham. From the comments made within the Public groups, there was confusion that any change in future form would mean a change in service provision, and that this could directly affect patients.

Following the events held with external stakeholders, two written pieces of communications were received within the CCGs. In each case, the individual concerns and questions raised were discussed at Executive level and individually responded to by the CCG involved.

Paul Maubach met with the senior representatives of the organisations who had raised concerns to Sandwell and West Birmingham CCG, to listen to their concerns and provide a response to the issues raised. Clarity was given around the purpose and context of the engagement events held and confirmation provided that these were part of a listening exercise and not a formal consultation.

Wolverhampton CCG received a letter from a member of the public involved with public participation groups, concerned that a proposed merger of CCGs was taking shape without the involvement of the public. It was confirmed that city council representatives, local patient participation groups and disease specific groups had been invited to the listening exercise. With members from some of these groups attending and contributing to the external stakeholder event. Clarity was provided on why the events had been held; confirming that the engagement exercise was designed to listen to local voices around the future form of the CCGs and was not an element of formal consultation about a merger.

5. Findings and Sample Comments

Measurement of communications and engagement outcomes took place throughout the process to ensure that we remained aligned to the delivery to our goals. Evaluation allows us to: improve the effectiveness of our activities, adapt our approach as situations change, and allocate our resources appropriately. This evaluation can then be summarised in to findings.

Effectiveness of the communications and engagement activities were measured by:

- The number of stakeholders who engage in the events/ submit views
- The overall number and range of responses;
- The number of survey response aligned to the demographic profile of the Black Country and West Birmingham

Across all CCGs in all groups, there was a strong and recurring emphasis on local identity, including relationships, reputation, organisational culture and intelligence, knowing who to go to and a focus on the local population. There has been a real sense of pride in what has been achieved locally which people are keen not to lose sight of. ‘recognise CCGs plus points and bring others up to the same level rather than bring everyone down one level, e.g. performance currently each CCG specialising in one area’.

Strongly expressed was a feeling that ‘their own’ CCGs could end up taking on baggage from other CCGs who were perceived as failing financially or lacking in performance or standards. ‘why should we prop up CCGs who haven’t managed so well?’

Again, all groups thought there was uncertainty around a single CCG. The terms single management team and single management structure have been used interchangeably, ‘what do we mean by single management team’ and people are asking for clarity on what a new vision could look and feel like and what it would mean for all concerned. Asking how would it work and what is the vision? The options that were presented as part of the paper were seen as mostly already discounted with only a couple of viable ones. ‘what are the risks and benefits of the options – we need more information’
A solution for this could be the desire for strong, clear and visible leadership. Many cited this as being key to success with concerns that a smaller leadership team could be diluted and almost invisible. ‘Importance of leadership visibility and access – will leaders in a single management team know all of their team members – staff are more than just a number’.

It was acknowledged that change could offer opportunities for better collaboration, staff engagement and provide training, development and possibly promotion.

Timing was also an issue. How quickly would changes be taking place and how would this affect staff that were already earmarked for other organisations such as the MCP? ‘are the timeframes realistic and will timescales be communicated at each stage’ and ‘how will the MCP affect the change process’

Some staff also felt that the listening exercise was just lip service. What decisions were they being asked to make, what could they influence, and would it make a difference anyway because ultimately the vote would be with members if it went to a formal consultation? ‘concern I don’t really have any influence over decisions’

Stakeholder groups focussed on ensuring that they are given a voice ‘be clear on structures and where patients have influenced local service design’ and listened to and it was clear that they valued their relationships locally. They felt they were held in high esteem and had spent time building networks and relationships. It was felt that if the CCG became too big it could lose sight of what mattered locally and there could be a disconnect. ‘too big loses focus’

Members recognised that they not only worked differently within all CCGs but localities in some areas also had different ways of working. There were concerns over diluting their voice and the influence they had but also recognition that as a wider voice they could have more influence over secondary care. There was concern that GP could become even more disenfranchised and disenchanted and this would lead to an increase in GPs retiring early when we already have a diminishing workforce. Members also appreciated good clinical leadership.

Questions were raised around the voting process, power and influence being taken from local stakeholders and the importance of the local relationship.

6. Conclusion

Engagement and feedback within the Listening Exercise was well received and appreciated and from this viewpoint, it can be judged as a successful program of engagement. Meetings were held in good
and therefore, any formal engagement process will be well served from the information this exercise provides.

It is worth noting that although the same message has been delivered to all stakeholders, that there is a requirement to tailor future content for the relevant audience, providing the right overview with level of context and detail of information to reflect the needs of the stakeholder groups. Different groups have mixed the messaging within the listening exercise with other issues they are currently focused on. Answering the all-important ‘why’ is different for each stakeholder group.

There is no single overwhelming preference for any one single option, from the discussions held within many groups, a definite interest was expressed in exploring those options that achieved a single commissioning voice, through exploration of a streamlined governance structure and a single operational management team, but did not create a single CCG. The strong concerns expressed over locality, led contributors to seek a solution where local identity and ‘Place’ would be retained, but with the benefits of close collaboration.

Whilst it is evident that with all 4 CCGs performing well it is also clear from comments made within the meetings that there is an acknowledgement and acceptance that the CCGs would be better served in the future through closer collaboration and a clear interest exists in what this might look like and how it can be achieved.

**7. Next Steps**

Since the agreement to proceed with the plans outlined in the ‘Future Organisation of the Black Country CCGs’ paper and the formation of the Transition Board, the four CCGs have been working more closely together, supporting the work of the Transition Board, enabling the progression of the aims set out in the ‘Future Organisation of the Black Country CCGs’ paper.

Following the appointment of a Single Accountable Officer, Paul Maubach, work is now being undertaken to develop the plans to create a single CCG team. This work will be developed and undertaken by the Human Resources Team supporting the Accountable Officer. It is accepted that this can only happen after the appointment of a Deputy Accountable Officer and a single HR Director for the whole of the Black Country and West Birmingham is in place. It is recognised by The Transition Board how important effective communication is, and staff and relevant stakeholders will be kept informed during this period of change.

Work to support the development of the 3-phase plan set out by the Accountable Officers in their paper *(Future Organisation of the Black Country CCGs)* is on-going.

The 4 Governance teams are working together exploring options around the future governance arrangements. The work supported by Lay Members will ensure the CCGs align committee structures to effectively deliver on their statutory duties whilst supporting the operational requirements of the organisations to work closely as a single CCG team.

The Directors of Commissioning in the 4 CCGs are carrying out a detailed evaluation of the local models of care. The intent being to identify those areas of commissioning that potentially would be suited to commission singularly and strategically across the whole Black Country and West Birmingham footprint. This evaluation work will include looking at how commissioning can effectively deliver the health and care needs of the local population through the placed-based commissioning arrangements.
This work supports the overarching goals of focusing on the outcomes of improvements to population health, on prevention and health inequalities.

Senior leaders of Communications & Public Insight designed a detailed communications and engagement plan, to support and inform the Transition Board with the best approach to communicate with stakeholders. All Governing Bodies agreed the approach proposed in the plan, to undertake informal engagement in the form of a ‘Listening Exercise’.

The CCGs take their statutory responsibility to involve seriously. Ensuring that we feedback on the outcome of the Listening Exercise is an essential part of the process and our statutory duty. The table below, highlighted by type of partner sets out how we intend to assure ourselves and our stakeholders that we have listened and heard what they choose to share with us and how we will us the insight gathered to prepare for the next steps.

It was agreed at Transition Board that a single feedback report be created and that this shared with all stakeholders, regardless of which group they represented, so each of the participants and invitees are seeing the whole picture and the same information.

Table of how we will share the Listening Exercise Feedback Report across 4 CCGs

<table>
<thead>
<tr>
<th>Type of Partner</th>
<th>Dudley</th>
<th>Sandwell &amp; WB</th>
<th>Walsall</th>
<th>Wolverhampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>Direct Email/Members News</td>
<td>Staff News / Intranet</td>
<td>Staff Newsletter / Intranet</td>
<td>Staff News</td>
</tr>
<tr>
<td>GP Members</td>
<td>Members News</td>
<td>Members News</td>
<td>GP Newsletter</td>
<td>GP Bulletin</td>
</tr>
<tr>
<td>Wider Stakeholders</td>
<td>Stakeholder Bulletin/ Direct Email/Website</td>
<td>Stakeholder Bulletin/ Direct Email/Website</td>
<td>Direct email / Website / Patient Participation Liaison Group</td>
<td>Direct Email/Website</td>
</tr>
</tbody>
</table>

The Transition Board recognise the need for on-going dialogue and engagement with the stakeholders of the CCGs. A report will be provided to Governing Bodies from the Transition Board for them to determine the next steps. The commitment to engage is shared across all 4 CCGs and future plans will be designed to involve audiences. This will take many forms and might include:

- Face-to-face discussions
- Newsletters
- Bulletins
- Articles in Members News or equivalent publications
- Briefings
- Meetings
- Surveys/questionnaires
- Intranet/Website
- A forum for Q&A’s linked to members areas on CCG websites
- Member Ballot Event(s)
Glossary of Terms

**Better Care Fund (BCF)** - The Better Care Fund is a pooled budget announced by the Government back in 2013. The initiation of the Better Care Fund is to shift resources into social care and community services from the NHS budget in England, to keep people out of hospital.

**Clinical Commissioning Group (CCG)** – Clinical Commissioning Groups are NHS organisations set up by the Health and social Care Act 2012 to organise the delivery of NHS services in England.

**Commissioning** – Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

**Integrated Care System (ICS)** – Integrated Care Systems bring together providers and commissioners to help break down the barriers between primary care, secondary care and social care

**Mutually Agreed Resignation Scheme (MARS)** - Mutually Agreed Resignation Scheme is a form of voluntary severance and has been developed with the aim of increasing the flexibility to organisations as they need to address periods of change and service redesign, considering the financial circumstances in which they operate.

**Multispecialty Community Provider (MCP)** – A Multispecialty Community Provider is a new approach to out of hospital health and care services. It is a way of the health and care system works together to meet the future needs of the local population and deliver the effective, seamless care.

**Primary Care** – Primary Care is usually the first-place people go to when they have a health problem and includes a wide range of professionals such as, GPs, Pharmacists.

**Primary Care Networks (PCNs)** – Primary Care Networks were introduced as part of The NHS Long Term Plan. GPs can join up to form local networks, each with between 30’000 and 50’000 patients. The stated aim is to create fully integrated community-based health services for their local population.

**Secondary Care** – Secondary Care simply means being care of by someone who has expertise in whatever the problem might be. It is where most people go when they have a health problem that cannot be dealt with in primary care because it needs more specialist knowledge, skills or equipment than a GP has. It is often provided in a hospital setting.

**Sustainability and Transformation Partnership (STP)** - Sustainability and Transformation Partnerships are areas covering England, where local NHS organisations, local councils drew up shared proposals to improve health and care in the area they serve.

**The NHS Long Term Plan (LTP)** - *The NHS Long Term Plan*, also known as the NHS 10 Year Plan, is a document published by NHS England early this year, which sets out its priorities for healthcare over the next 10 years and shows how NHS funding will be used.

**Vanguards** – In 2015, NHS England set up a ‘Vanguard Programme’ to lead the development of new ways of working, known as models of care. It was a way of transforming and integrating health and social care.
Appendix 1- Stakeholder Map
### Appendix 2 – Stakeholder Groups - Aims and Reasons

<table>
<thead>
<tr>
<th>Category</th>
<th>Why</th>
<th>Aim</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients, carers and public</td>
<td>Apart from legal and statutory duties to engage with the public and patients, it is clear that better and more realistic options are developed when they are influenced by this important group</td>
<td>Involve local people in the programme, making sure all options are tested and feedback is shown to have influenced their development and choice of potential solution</td>
<td>• Patients&lt;br&gt;• Public&lt;br&gt;• Carers&lt;br&gt;• Healthwatch&lt;br&gt;• Patient Groups&lt;br&gt;• PPGs</td>
</tr>
<tr>
<td>GP membership</td>
<td>They must be involved in developing the options for change co-creating new ones. They are also hugely influential with patients and the public. CCGs are also membership organisations</td>
<td>To gain their support for and understanding of the potential changes taking place. Ensure member practices also support changes from a commissioning perspective.</td>
<td>• CCG member practices&lt;br&gt;• Local Medical Council (LMC)</td>
</tr>
<tr>
<td>Opinion formers</td>
<td>Politicians, both national and local, have a duty to protect the interests of their constituents and so need to be kept informed and updated regularly. The media also need to be kept informed of progress.</td>
<td>To keep opinion formers aware of the proposed changes, attempt to mitigate any politically sensitive issues, and to provide them with a narrative they can support, e.g. in conversations with constituents</td>
<td>• MPs&lt;br&gt;• Councillors (leaders, chairs)&lt;br&gt;• Council Chief Execs&lt;br&gt;• Health and Wellbeing Boards&lt;br&gt;• Public Health leads&lt;br&gt;• Health Scrutiny&lt;br&gt;• Print and online media</td>
</tr>
<tr>
<td>Staff and unions</td>
<td>Changes to the way health and care services are delivered could affect roles and ways of working. Lay members should be involved in potential changes</td>
<td>Informing and updating staff on developments and giving them the opportunity to be involved from the start of the programme</td>
<td>• CCG workforce (wider workforce, managers, executives, lay members)&lt;br&gt;• Trade Unions</td>
</tr>
<tr>
<td>Wider health and care economy</td>
<td>Health systems are linked, and changes in one part of the health system could have a dramatic impact on others</td>
<td>Updating senior stakeholders at organisations in the local and surrounding area that might be affected by potential new organisational structure</td>
<td>• BCWB STP&lt;br&gt;• Neighbouring STPs&lt;br&gt;• NHSE / NHSI&lt;br&gt;• Providers&lt;br&gt;• Vol sector Councils&lt;br&gt;• MLCSU&lt;br&gt;• AGCSU</td>
</tr>
</tbody>
</table>
The future for CCGs in the Black Country and West Birmingham

Listening Exercise

Insert presenter name and title
Current position

- We currently have 4 CCGs in the Black Country and West Birmingham serving 1.2 million people
  - NHS Dudley Clinical Commissioning Group (320,000 population)
  - NHS Sandwell and West Birmingham Clinical Commissioning Group (574,690 population)
  - NHS Walsall Clinical Commissioning Group (274,000 population)
  - NHS Wolverhampton Clinical Commissioning Group (285,000 population)
- A collective budget of over £2 billion
- The 4 CCGs manage contracts with our main Hospital, Community, Mental Health and Primary Care providers
- There are 5 Local Authorities
  - Dudley Metropolitan Borough Council
  - Walsall Metropolitan Borough Council
  - Sandwell Borough Council
  - Wolverhampton City Council
  - Birmingham City Council
- We have 1 Sustainability and Transformation Partnership with 18 partner organisations
Background and context

- NHS Long Term Plan published January 2019
- Real focus on collaboration, moving away from market, competition and transacting
- ‘...CCGs will become more strategic, leaner organisations…’
- ‘...Typically there will be one CCG per STP/ICS area by March 2021…’
- Integrated Care Systems are the policy focus
Changes to commissioning

- Greater **commissioning influence** created through a larger scale organisation
- **Population health management** principles
- Continue to promote **partnership working** with local Government, NHS providers and other partners
- Support **Primary Care Networks** to develop
- Refocus **clinical leadership and input**
- Develop **place based models of care** to focus on improving health outcomes for people in each of the 5 places
Future model for the system

**People**
People empowered to look after their own health and each other.

**Neighbourhood**
Services wrapped around 30-50,000 GP neighbourhoods

**Place**
Our five places support the integration of health and care services focused around the patient. This includes acute, community mental health, local authority and voluntary sector services.

**System**
Partnership sets the vision, strategy and pace of system wide development. It will oversee the delivery of the Partnership and ensures effective collaborative working.

**Region**
NHS England & NHS Improvement working together to directly commission some services at a national and regional level, including most specialised services. (Midlands)
Place Based Care

Our health and care needs are changing, with more people living longer often with multiple long term conditions. Partnerships are being formed in each of the 5 places, between the NHS, local government and the third sector to integrate care and better meet health and care needs now and in the future.
Place Based Care

This slide outlined the local place based care unique to each CCG to describe how local accountability will work in each place.

Each CCG to add own slide
Primary Care Networks

- Also published in January, £4.5 billion extra (nationally) for primary care over 5 years to fund 20,000 additional staff.
- Two main aims –
  - bringing GP Practices together in networks so they can support each other and increase resilience
  - Create an infrastructure for the alignment of community health resources
- In the Black Country and West Birmingham we have 34 Primary Care Neighbourhood Teams
- In xxxx we have xx of these PCNs which serve a population of around xx,000 each.
The position (Oct 2019)

- The 4 CCGs have already determined that they will have a single Accountable Officer and a single Management Team

- The option we have considered are:
  - Option 1 - No change to current status – Individual SMT and Governing Bodies with separate management and governance structures maintained, ICC formed with no delegated authority and no joint commissioning decisions
  - Option 2 - Joint Committee with Delegated responsibilities and decisions taken at a Black Country/West Birmingham level with individual management teams remaining in place i.e. each Governing Body delegate’s decision making to the Joint Committee
  - Option 3 - Form a shared Executive Management Team but Not a Joint Committee i.e. each CCG maintains separate governance structures
  - Option 4 - Joint Committee with delegated responsibilities from all CCGs with a shared Executive Management Team, Individual governance and sub-committees
  - Option 5 - Form a Federation – continue with separate CCG’s but establish shared management team, governance and decision making.
  - Option 6 - Full Merger of all CCGs and Creation of Single Black Country CCG able to maintain ‘Place/Localities’
  - Option 7 - Merger of Dudley CCG & Walsall CCG – variation of Option 6- merge the two CCG’s who currently share AO and CFO

We now need to determine if we stay as 4 CCGs with more collaboration, merge the 4 CCGs or look at any other arrangement
Key Question for CCGs...

- The questions that we are now exploring, with regard to future CCG arrangements are,
  - What do you value from the current CCGs?
  - What would good look like to you in terms of future CCG arrangements?
  - Do you have any concerns in terms of future CCG arrangements?
  - How might these concerns be resolved?
  - What questions would you want answered before you could make a decision?

- The feedback you give us during this listening period will be considered by the CCG Governing Bodies and the Transition Board which brings representatives from each CCG together.

- The Governing Bodies of the 4 CCGs want to hear your views to inform their decision on whether to move to a formal consultation process.
What do we think the main benefits might be of moving to a single CCG?

**Patients:**
- Single commissioning policies so reduced ‘postcode lottery’
- Less fragmentation of NHS organisations
- Reduced variation in quality of care
- Ability to drive improved care from providers

**Staff:**
- Larger organisation more resilience and reducing duplication
- Builds on work already in place, removes uncertainty for staff

**CCG Organisations:**
- Increased financial resilience
- 20% reduction in management costs spend

**Partners:**
- Strategic focus for commissioning, easier to engage at Black Country and West Birmingham Level
- Maintain the opportunity to engage at Neighbourhood (PCN) & Place (ICS)
- Supporting the move to an Integrated Care System

**Member Practices:**
- Consistency of offer for patients in terms of Access to Primary Care
- Consistency of policy position for patients
- Consistency of training, development and support for practices
What do we think the main issues might be of moving to a single CCG?

- How would we ensure any change doesn’t negatively impact on ‘business as usual’ performance?
- How would we retain local knowledge and insight to best serve local population need?
- How would we work with partners in each of the 5 places?
- How would we support our GP Membership in each place?
- How would we support staff through any changes?
- How would we ensure public accountability, openness and influence of decisions taken?
- How would we ensure that people still know who to contact (relationships)?
- How would it impact on local outcomes and priorities for each community?
Options and Processes

- There is **predefined national policy**
- Your views now will **inform** whether a **consultation happens**
- **This is your opportunity to tell us:**
  - What do you **value** from the current CCGs?
  - What would **good** look like to you in terms of future CCG arrangements?
  - Do you have any **concerns** in terms of future CCG arrangements?
  - How might these concerns be **resolved**?
  - What **questions** would you want **answered** before you could make a decision?
- Decision to merge CCGs is for **NHS England**
- **Help us to respond to your questions/ concerns/ issues**
Questions
Appendix 4 - Summary of Options – Future Form

The Transition Board has so far considered several options these are as follows:

- **Option 1**
  No change to current status – Individual SMT and Governing Bodies with separate management and governance structures maintained, JCC formed with no delegated authority and no joint commissioning decisions

- **Option 2**
  Joint Committee with Delegated responsibilities and decisions taken at a Black Country and West Birmingham level with individual management teams remaining in place i.e. each Governing Body delegate’s decision making to the Joint Committee

- **Option 3**
  Form a shared Executive Management Team but Not a Joint Committee i.e. each CCG maintains separate governance structures

- **Option 4**
  Joint Committee with delegated responsibilities from all CCGs with a shared Executive Management Team, individual governance and sub-committees

- **Option 5**
  Form a Federation – continue with separate CCG’s but establish shared management team, governance and decision-making

- **Option 6**
  Full Merger of all CCGs and Creation of Single Black Country and West Birmingham CCG able to maintain ‘Place/Localities’

- **Option 7**
  Merger of Dudley CCG & Walsall CCG - variation of Option 6- merge the two CCG’s who currently share AO and CFO
Appendix 5 - Feedback Responses Template

Future of CCGs Listening Events - Feedback Capture Form

Please record feedback, comments and questions raised at each session and return the completed forms to deborah.rossi@nhs.net and laura.broster@nhs.net where possible within 2 days of the event, and no later than 9am on the 25th October 2019 for inclusion in the final report for Board/Governing Bodies.

<table>
<thead>
<tr>
<th>Meeting (Name of Group)</th>
<th>Date of Meeting</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of People Attending</td>
<td>Target Audience</td>
<td>Form completed by:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Feedback given</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What do you <strong>value</strong> from the current CCGs?</td>
<td></td>
</tr>
<tr>
<td>• What would <strong>good</strong> look like to you in terms of future CCG arrangements?</td>
<td></td>
</tr>
<tr>
<td>• Do you have any <strong>concerns</strong> in terms of future CCG arrangements?</td>
<td></td>
</tr>
<tr>
<td>• How might these concerns be <strong>resolved</strong>?</td>
<td></td>
</tr>
<tr>
<td>• What <strong>questions</strong> would you want <strong>answered</strong> before you could make a decision?</td>
<td></td>
</tr>
</tbody>
</table>

Please record any key questions asked and summary responses given.
### Appendix 6 - Individual Feedback by CCG / Stakeholder Group

<table>
<thead>
<tr>
<th></th>
<th>Dudley</th>
<th>Walsall</th>
<th>Wolverhampton</th>
<th>Sandwell &amp; West Birmingham</th>
<th>Total number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
<td>50</td>
<td>45</td>
<td>80</td>
<td>180</td>
<td>355</td>
</tr>
<tr>
<td><strong>GP Members</strong></td>
<td>70</td>
<td>46</td>
<td>30</td>
<td>9</td>
<td>155</td>
</tr>
<tr>
<td><strong>Stakeholders</strong></td>
<td>8</td>
<td>5</td>
<td>10</td>
<td>51</td>
<td>74</td>
</tr>
<tr>
<td><strong>Total number of responses</strong></td>
<td>128</td>
<td>96</td>
<td>120</td>
<td>240</td>
<td>584</td>
</tr>
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</table>

### Common Themes – Dudley

<table>
<thead>
<tr>
<th>Relationships/Communication</th>
<th>Supported &amp; Valued</th>
<th>Place Based</th>
<th>Governance/Finance</th>
<th>Influence</th>
<th>Job Security</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAFF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
<td>Good working conditions</td>
<td>Huge organisational intelligence &amp; memory</td>
<td>Providers acting in an autocratic manner</td>
<td>Regular staff engagement</td>
</tr>
<tr>
<td>Relationships with patient groups</td>
<td>Relationships</td>
<td>How much will the change cost?</td>
<td>What are the risks of being a single CCG?</td>
<td>Concerned I don’t really have any influence over decisions</td>
<td></td>
</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Worry about redundancy</td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
<td>Good working conditions</td>
<td>Huge organisational intelligence &amp; memory</td>
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<td></td>
</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Could be more job opportunities</td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
<td>Good working conditions</td>
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<td></td>
</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Need consistency in HR processes</td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
<td>Good working conditions</td>
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</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Formal consultation if goes ahead needs to be meaningful and demonstrate it has already taken on board comments and be open to influence</td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
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<td></td>
</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Needs to be fair and transparent</td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
<td>Good working conditions</td>
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<td></td>
</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Flexibility around working arrangements if bases are moved</td>
</tr>
<tr>
<td>Relationships with local providers, parents, carers, voluntary sector</td>
<td>Atmosphere &amp; culture</td>
<td>Good working conditions</td>
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</tr>
<tr>
<td>Team relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Flexibility around working arrangements if bases are moved</td>
</tr>
<tr>
<td>GP MEMBERS</td>
<td>Respect members meetings they arrange</td>
<td>Reputation exceeds beyond Dudley boundary</td>
<td>Keeping Dudley funding in Dudley</td>
<td>Would we have more power</td>
<td>Would see an increase in GPs leaving if no local arrangements</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Like that staff have stayed the same</td>
<td>Supportive</td>
<td>Work well together with practices</td>
<td>Share some functions like HR and management etc.</td>
<td>Need fair and effective representation</td>
<td>We need security over finances</td>
</tr>
<tr>
<td>We know who to contact</td>
<td>Trust and respect Dudley CCG</td>
<td>Forward thinking for Dudley people</td>
<td>Losing control of finances</td>
<td>Better influence over secondary care</td>
<td></td>
</tr>
<tr>
<td>We like our CCG</td>
<td>Forward thinking Good support for GPs</td>
<td>There are some positives to a bigger footprint but we like things the way they are</td>
<td>Will there be less people but the same amount of work</td>
<td>Reduction in local influence</td>
<td></td>
</tr>
<tr>
<td>7 years of relationship we have built</td>
<td>Good clinical leadership</td>
<td>We like having one CCG and Trust</td>
<td>Joining neighbouring failing CCGs</td>
<td>CCG in each area. Vote is a must</td>
<td></td>
</tr>
<tr>
<td>We like the familiarity and reliability</td>
<td>Don’t dilute our success</td>
<td>Local knowledge and responsiveness and awareness of local needs</td>
<td>Loss of saving and budget</td>
<td>We need a referendum!</td>
<td></td>
</tr>
<tr>
<td>Good communication</td>
<td>Stay the same</td>
<td>Loss of Dudley identity</td>
<td>Finances and efficiencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We like the weekly newsletter appreciate keeping us informed</td>
<td>Leave things as they are</td>
<td>Flexibility would be lost</td>
<td>Funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value their knowledge and experience</td>
<td>Keep listening</td>
<td>MCP needs to form first</td>
<td>What’s in it for GPs as members?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t want to lose staff in Dudley</td>
<td></td>
<td>Differences in culture</td>
<td>We need to keep a CCG in each area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a local team – it’s important</td>
<td></td>
<td>Impact on local patients</td>
<td>Merged CCG not for me. When can we vote</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digital issues, It’s ok GP’s will work to the letter of their contract not the spirit. That will bring the system to standstill</td>
<td>If GP’s feel disenfranchised by a distant CCG I guess another 10% will retire early. This happened with the transition from PCT to CCG in 2013</td>
<td>Impact on local patients</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consistency in pay banding  
Training & development  
Being slotted into jobs that don’t match our skills
## Stakeholders

| We value our relationship and want our voice to be heard | Don’t lose sight of what the patient wants and use patient experience | Keep the Dudley pound in Dudley | We want our voice listened to |
| Keep communicating with us | Efficient communication between providers | Need transparent and accountable governance | |
| | | What is the role of the CCG if there is a local remit | |
| | | If centralised this could have negative impact on services/providers | |

### Common Themes – Walsall

<table>
<thead>
<tr>
<th>Relationships/Communication</th>
<th>Supported &amp; Valued</th>
<th>Place Based</th>
<th>Governance/Finance</th>
<th>Influence</th>
<th>Job Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong internal relationships</td>
<td>Visibility and accessibility senior leaders</td>
<td>Location of office</td>
<td>Local processes that work well</td>
<td>Access to leaders for decision making – single team will make this harder</td>
<td>Role changes need to be appropriate and staff need to be supported</td>
</tr>
<tr>
<td>String external relationships</td>
<td>Open and transparent process for change</td>
<td>Local knowledge</td>
<td>Concentrate on quality outcomes</td>
<td>Will our relationship with NHSE be better as one organisation – or have we lost 3 voices?</td>
<td>Going into a role that you have no skills for and be used as a basis for no redundancy</td>
</tr>
<tr>
<td>Knowing your teams and who to go to</td>
<td>Workforce happy and resilient and resourced</td>
<td>Organisational intelligence</td>
<td>Outstanding CCG/IAF</td>
<td>Balance of power with acute and others to be maintained</td>
<td>Fear of losing job</td>
</tr>
<tr>
<td>Keep communicating with us – even if nothing to say</td>
<td>Development opportunities</td>
<td>Local reputation – we’ve worked hard for it</td>
<td>Decrease repetition</td>
<td>Will MARS be available</td>
<td>Will MARS be available</td>
</tr>
<tr>
<td>Importance of sitting with and being with team members</td>
<td>Shared values and behaviours</td>
<td>Free/plentiful parking</td>
<td>CSU agreements vary across the 4 CCGs</td>
<td>Consistency in applying banding and A4C as varies greatly across the 4 CCGs</td>
<td>Will terms and conditions of employment be harmonised</td>
</tr>
<tr>
<td>Opportunity to diversify workforce</td>
<td>Support goodwill and working together</td>
<td>Practice based commissioning works well</td>
<td>Consistency in applying banding and A4C as varies greatly across the 4 CCGs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong leadership exhibiting strong values</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviours/values displayed during periods of change</td>
<td>Career development</td>
<td>Local pharmacy works well</td>
<td>Need to define management structure and roles and responsibilities</td>
<td>We are not the decision makers</td>
<td>What do we mean by 20% reduction</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Promotion opportunities</td>
<td></td>
<td>Consider impact on patients</td>
<td>Financial situation of other CCGs</td>
<td>What are risks/benefits – we need more information</td>
<td>Other CCGs pay differently for same role</td>
</tr>
<tr>
<td>Achieving work/life balance</td>
<td></td>
<td>How do we maintain our sense of pride</td>
<td></td>
<td>What are the real options</td>
<td>How will you manage the job process</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Keep my job at my grade</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Being forced into roles I don’t want</td>
</tr>
</tbody>
</table>

**GP MEMBERS**

<table>
<thead>
<tr>
<th>Need full engagement of public health</th>
<th>PCN system is good – GPs feel more informed</th>
<th>Place based care</th>
<th>Just a cost saving exercise</th>
<th>Don’t dilute our voice</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do we develop relationships with a distant CCG</td>
<td></td>
<td>Need strong resources locally</td>
<td>Need clarity over Walsall Together – how will it work and it seems to be going ahead without GP involvement</td>
<td>What are other GP member saying across the CCGs</td>
</tr>
<tr>
<td>Value local relationships How will this benefit patients</td>
<td></td>
<td>Like the local aspect of everything – skills, control and knowledge</td>
<td>This will cost money to set up</td>
<td>We feel we have a strong presence at the moment</td>
</tr>
<tr>
<td>Patient care must be a priority</td>
<td></td>
<td>Local primary care office is important</td>
<td>How do we protect budgets</td>
<td>Local GP voice in the Black Country structure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Different populations have different needs and demands</td>
<td>Need more information on what the structure could look like</td>
<td>Need a proper consultation and the same across the 5 areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>What is the governance around voting</td>
<td>Need autonomy at a local level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial situation of other CCGs</th>
<th>Need to define management structure and roles and responsibilities</th>
<th>We are not the decision makers</th>
<th>What do we mean by 20% reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you manage the job process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep my job at my grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being forced into roles I don’t want</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## STAKEHOLDERS

<table>
<thead>
<tr>
<th>Use the right language when communicating with people</th>
<th>Appreciate the value of the voluntary sector</th>
<th>Population centred – focus on Walsall</th>
<th>Potential impact of general election</th>
<th>Make sure everyone is involved in decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t lose sight of individual care</td>
<td>Appreciate local staff</td>
<td>Volunteers don’t get paid travel expenses so beware if you move meetings to other locations</td>
<td>CCG could grow too big and lose sight of local people</td>
<td>Listen to the voice of the patient/public</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Is it cost saving or working smarter</td>
<td>Clearly articulate how one organisation will link into each of the 5 places</td>
</tr>
</tbody>
</table>

## Common Themes – Wolverhampton

<table>
<thead>
<tr>
<th>Relationships/Communication</th>
<th>Supported &amp; Valued</th>
<th>Place Based</th>
<th>Governance/Finance</th>
<th>Influence</th>
<th>Job Security</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAFF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fantastic working relationships and trust between staff.</td>
<td>Staff are valued and supported – do not want to lose this.</td>
<td>Value our community and partnerships locally.</td>
<td>Keep to retain knowledge</td>
<td>Direct access to approachable leadership is valued.</td>
<td>Concerns about job security and pay banding.</td>
</tr>
<tr>
<td>Want staff to be listened to.</td>
<td></td>
<td>Potential to learn some good practice from other CCG’s.</td>
<td>Outstanding rating as a CCG.</td>
<td></td>
<td>Like the car parking and location in Wolverhampton.</td>
</tr>
<tr>
<td><strong>GP MEMBERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We have good local relationships with the Trust and partners.</td>
<td>Want to keep local relationships</td>
<td>Need to keep our strong financial position and clinical leadership.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>110</strong>                   | | | | | |</p>
<table>
<thead>
<tr>
<th>STAKEHOLDERS</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good partnership working</td>
<td>Volunteers are valued</td>
<td>Local focus which is good for the patient</td>
<td>Propping up other CCGs who haven’t managed so well</td>
<td>Influence is very important</td>
</tr>
<tr>
<td>Good relations with Local Authority</td>
<td>Innovation</td>
<td>Expertise and local knowledge</td>
<td></td>
<td>Wider patient engagement</td>
</tr>
<tr>
<td>Key player in management of behaviour and relationships</td>
<td>Opportunities with collaboration</td>
<td>Organisational intelligence</td>
<td></td>
<td>Concerned we will lose influence</td>
</tr>
<tr>
<td>Accessible and visible leadership</td>
<td>Sharing best practice</td>
<td>Might be difficult to get a grasp across larger footprint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good clinical leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t dilute local relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Common Themes – Sandwell & West Birmingham**

<table>
<thead>
<tr>
<th>Relationships/Communication</th>
<th>Supported &amp; Valued</th>
<th>Place Based</th>
<th>Governance/Finance</th>
<th>Influence</th>
<th>Job Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visible and approachable leadership. Transparent and open communications.</td>
<td>Staff team feel valued and recognised. Staff feel invested in e.g. training opportunities. A culture of positivity and “family”.</td>
<td>Relationships with GP members, partners and patients. Threat of losing local variation; one size does not fit all. Loss of local culture is a risk. Will BSOL swallow up West Bham?</td>
<td>Will the EXEC team reflect all four CCG’s? Will staff be listened to and retain the Staff Council? Opportunities to discuss change.</td>
<td>Concerns over job security and retaining pay bands. Location of the workplace was also a concern. Favouritism to known staff. Fairness to all staff. What is the process for moving staff around? E.g. slot and match?</td>
<td></td>
</tr>
</tbody>
</table>
**GP MEMBERS**

We would like the same staff who we have a relationship with.

- We want to keep West Birmingham.
- We want to keep a local team; staff who we know and have a relationship with.
- What does place based mean? (what stays in place?)
- We need to retain local knowledge.
- We want to keep our Primary Care Commissioning Framework.
- If it’s not broke, don’t fix it.
- Bringing CCG’s together will cut down on management costs.
- A merger is a big distraction and unproductive.
- Some functions can be delivered at scale e.g. HR, strategic commissioning, finance, contracting.
- We don’t want to take on the debts of other CCG’s.

**STAKEHOLDERS**

Patient communication and engagement is very important - A clear strategy is needed.

- View from Birmingham representatives that West Birmingham should be part of Birmingham.
- Want to keep local focus and trusted relationships which may be lost in a bigger structure.
- Bigger is not seen as better.
- Collaboration between Public Health, Social Care etc. needs to be strengthened.
- Resources need to be protected.
- How do we maintain governance through the changes?

End of Report
<table>
<thead>
<tr>
<th><strong>TITLE OF REPORT:</strong></th>
<th>Partnership Board Report</th>
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<tr>
<td><strong>PURPOSE OF REPORT:</strong></td>
<td>To note matters considered by the Partnership Board at its meeting on 27 November 2019</td>
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<tr>
<td><strong>AUTHOR OF REPORT:</strong></td>
<td>Mrs S Cartwright – Interim Managing Director (MCP Development Team)</td>
</tr>
<tr>
<td><strong>MANAGEMENT LEAD:</strong></td>
<td>Mrs S Cartwright – Interim Managing Director (MCP Development Team)</td>
</tr>
<tr>
<td><strong>NON-EXECUTIVE LEAD:</strong></td>
<td>Prof C Handy – Non-Executive Director</td>
</tr>
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</table>
| **KEY POINTS:** | 1. Agreement to improve alignment of workforce development with local education.  
2. Proposals for alleviating pressure on the emergency care system.  
3. Update on progress of implementation of the MCP. |
| **RECOMMENDATION:** | That the matters considered by the Partnership Board be noted. |
| **FINANCIAL IMPLICATIONS:** | None arising directly from this report. |
| **WHAT ENGAGEMENT HAS TAKEN PLACE:** | None |
| **ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:** | None |
| **ACTION REQUIRED:** | Decision  
Approval  
✓ Assurance |
1.0 INTRODUCTION

1.1 To note matters considered by the Partnership Board at its meeting on 27 November 2019.

2.0 HEALTH AND SOCIAL CARE CAREER EDUCATIONAL PATHWAYS

2.1 The Partnership Board received a very helpful presentation from Mr Williams who attended from the Educational Authority to discuss offering bespoke educational programmes for health and social care staff. The Board agreed that the pathways between workforce development within the NHS/care sector and with the higher educational establishments (local colleges) could be greatly improved to ensure that workforce planning for the future could be mapped with ensuring the appropriate training and courses are available for young people. The Board agreed that there were many career opportunities available for young people within the sector, many of which are likely to be unknown to students who may only see NHS careers as medically based.

2.2 The Partnership Board agreed that further work needed to be undertaken both in terms of planning for the new college and further education developments and also in terms of workforce planning for the Dudley health and care system.

3.0 EMERGENCY CARE CHALLENGES

3.1 The Partnership Board discussed a series of challenges currently being experienced by West Midlands Ambulance service which were presented to the Board by Mr D Wornell, Hospital Liaison Officer for the Ambulance Trust. Mr Wornell explained that ambulance crews can sometimes be with a patient for over 2 hours trying to find the correct pathway to avoid taking them to hospital but are aware that patients are sometimes conveyed to the hospital as there isn’t an alternative. The Board discussed various initiatives that could help including the Trust having read only access to primary care EMIS records in a similar way to the Urgent Care Centre, a dedicated telephone number for the crews to be able to contact GP practices and more use of the single point of access/clinical hub team. The Board noted how helpful it was having Mr Wornell’s attendance and Mr Wornell agreed to attend Partnership Board on a regular basis.

4.0 MCP UPDATE

4.1 Mrs Cartwright updated the Partnership Board on the development of the Integrated Care Provider (Dudley MCP). Mrs Cartwright stated that following a successful meeting with the regional NHS Improvement and NHS England (NHSE/I) teams at the end of September, a Strategic Case for the development of the integrated care provider had been submitted to the national NHSE/I teams on 11 November. The MCP development team are currently awaiting feedback on the Strategic Case which will be shared at the next Partnership Board meeting. The next stage of development will be to submit the full business case for the MCP by the end of March. The business case will describe the intention to use the Dudley and Walsall Mental Health Partnership Trust organisation as the ICP designate from 1 April 2020 when the Trust merges with Black Country Partnerships Trust with the intention to award the ICP contract on 1 October 2020.

Mrs S Cartwright
Interim Managing Director (MCP Development Team)
December 2020
### TITLE OF REPORT:
Black Country Joint Commissioning Committee (BCJCC) Assurance Report

### PURPOSE OF REPORT:
This report provides a summary of business considered at the BCJCC meetings held on 10 October 2019 and 14 November 2019

### MANAGEMENT LEAD:
Mr Paul Maubach, Chief Accountable Officer

### CLINICAL LEAD:
Dr Salma Reehana, Chair – Wolverhampton CCG/Chair Black Country JCC

### KEY POINTS:
- Minutes from the BCJCC meeting held on 10 October and 14 November 2019 for assurance

### RECOMMENDATION:
1) To note the ratified minutes from the meeting held on 10 October and 14 November 2019

### FINANCIAL IMPLICATIONS:
None

### WHAT ENGAGEMENT HAS TAKEN PLACE:
None

### ANY CONFLICTS OF INTEREST DECLARED:
None

### ACTION REQUIRED:
- Decision Approval
  - Assurance
Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 10 October 2019

Members:
Dr Salma Reehana, Chair, Wolverhampton CCG (Chair)
Mike Abel, Lay Member, Walsall CCG
Simon Collins, Specialised Commissioning, West Midlands
Dr Ruth Edwards, Clinical Executive for Integrated Assurance, Dudley CCG
James Green, Chief Finance Office, Sandwell and West Birmingham CCG
Matt Hartland, Chief Finance and Operating Officer, Dudley CCG
Mike Hastings, Director of Operations, Wolverhampton CCG
Julie Jasper, Lay Member, Sandwell and West Birmingham CCG
Steven Marshall, Director of Strategy and Transformation and Deputy Accountable Officer, Wolverhampton CCG
Sharon Liggins, Chief Operating Officer, Sandwell and West Birmingham CCG
Paul Maubach, Accountable Officer, Dudley CCG and Walsall CCG and preferred candidate for Accountable Officer for Black Country CCGs
Alastair McIntyre, Portfolio Director, Black Country and West Birmingham STP
Peter McKenzie, Corporate Operations Manager, Wolverhampton CCG
Helen Moseley, Lay Member Dudley CCG
Peter Price, Lay Member Wolverhampton CCG
Ian Sykes, Chair Sandwell and West Birmingham CCG
Jayne Salter-Scott, Head of Communications, Sandwell and West Birmingham CCG
Manisha Patel, Personal Assistant to Dr Helen Hibbs MBE, Dr Salma Reehana Chair of the Governing Body, Jonathan Fellows Independent Chair of the STP Wolverhampton CCG (note taker)

Apologies:
Laura Broster, Director of Communications, Dudley CCG
Jonathan Fellows, STP Independent Chair
David Hegarty, Chair, Dudley CCG
Dr Helen Hibbs, Accountable Officer Wolverhampton CCG
Dr Anand Rischie, Chair, Walsall CCG
Sally Roberts, Chief Nurse and Director of Quality, Wolverhampton CCG
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG

1. INTRODUCTION

1.1 Welcome and introductions as above.

1.2 Apologies noted as above.

1.3 No declarations of interest were made.

1.4 The minutes of 12 September 2019 were accepted as an accurate record of the meeting. The action log was reviewed and the action log has been updated accordingly.

2. CLG Update

The Committee were presented with the draft minutes of the Clinical Leadership Group meeting from 19 September 2019. In Sally Roberts’ absence, members were asked to pass on any comments directly to Sally Roberts.
3. Matters of Common Interest

3.1 Performance and Assurance Return

Alastair McIntyre presented the STP Performance Report for information. Key points noted were:

- The System Review Meeting had taken place on Tuesday 8 October 2019.
- Urgent Care system continues to be challenged in meeting the 4 hour standard.
- The System Review Meeting had ask that the BCWB STP Urgent Care Board looks at unwarranted variation in UEC, shares best practice and looks to demonstrate greater system level working to resolve delivery challenges.
- There had been an improvement in 2 week breast in Wolverhampton to 22 days which was positive but had deteriorated in Walsall to 28 days due to patients from Wolverhampton being seen there. A plan was in place to address this.
- Mental Health out of area placements was also highlighted at this meeting.
- Steven Marshall gave a brief background on mental health beds throughout the Black Country.

**ACTION: Steven Marshall** - Mr Marshall to bring an update to the next meeting on assessments on out of hour placements which could also be shared with NHSE/I. The update should also include finances with regards to private and NHS funding.

3.1a Urgent Care Board

The agenda and terms of reference were attached for information.

**ACTION: Alastair McIntyre** - Mr McIntyre was asked to review the Terms of Reference to ensure Mental Health representation at the UEC Board meetings.

3.2 Place Based Commissioning Update – Dudley

Paul Maubach presented the Dudley place based commissioning update. The meeting was pleased to hear that the aim is to have the MCP in place by 1 April 2020.

3.3 Brexit Update

Mike Hastings shared a paper for assurance and information. This paper had also been sent to CCGs for sharing at CCG Governing Body Meetings. The paper gave information on:

- EU Exit Preparedness
- Operational Updates
- Medicines, Non-medicines, Freight, MHRA, Non Clinical Good & Services, Social Care, Workforce, Reciprocal Healthcare and cost recovery, Clinical Trials, Research & Networks, Vaccines, Blood and Transport, Data and Regional Update.

The group plan to produce a standard IG proposal and collectively approve and submit. Matt Hartland confirmed that a submission has been made for ETTF funding to support the workstream.

**ACTION: Mike Hastings** - Mr Hastings to share SITREP information and to bring further updates to the JCC if there are major changes.
4. Formally Delegated Areas

4.1 Transforming Care Partnership

Alastair McIntyre provided an update on behalf of Dr Hibbs.

- Moorhouse Consulting were currently providing support until the end of October 2019.
- Transformational funding had been approved by the Board and
- The Board had signed off the restructured governance review.
- The numbers relating to Wolverhampton and NHSE had both improved by 1 each since the report had been produced.
- A meeting had been scheduled for Midlands region with Ray James, National Director on 16.10.19.
- Discussions with Dr Helen Hibbs and Paul Maubach on the recruitment of a TCP Programme Director will proceed outside the meeting with the aim of having support in place from early November.

4.2 Mental Health - Collaborative Commissioning Update

This item was deferred to the next meeting.

ACTION: Steven Marshall - Mr Marshall to bring update to next meeting.

5. CCG Transition Board

A verbal update was given under this item and highlighted:

- Listening Exercises to be undertaken with Stakeholders around the move towards a single CCG.
- Following the assessment and recruitment day held on 25 September 2019, Paul Maubach had been identified as the preferred candidate.
- Work has begun looking to align governance across the CCGs.

6. Risk Register

Alastair McIntyre and Peter McKenzie had met to discuss aligning governance and risk registers across the four CCGs. It was agreed that the four CCG Commissioning Committee risk registers should be combined to form a single commissioning risk register.

7. Feedback from Governing Bodies

There was no feedback to be discussed at this meeting.

8. Update from STP

Matt Hartland updated on the submission of the Long Term Plan. Submissions required by the 27 September 2019 had been completed and the review process was now in place. The draft did require more work until the final submission on 15 November 2019.

Further work is required to close the planning (financial) gap identified in the draft plan. Matt Hartland would be attending the Clinical Leadership Group meeting to ask for support in modelling various scenarios.
James Green spoke of the financial targets that had been set for the Trusts and CCGs which were more challenging than anticipated and more detail had been requested from NHSE/I. Alastair McIntyre, James Green and Matt Hartland are to meet with NHSE to discuss this.

Matt Hartland also wanted to highlight that the misalignment of activity in the SWB Trust and CCG plans needed to be resolved.

10. **Any Other Business**

There were no items to discuss under any other business.

Meeting closed

11. **Date of Next Meeting**

    Thursday 14 November 2019, 09:00-10:30, Board Room, Dudley CCG, Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, West Midlands, DY5 1 RU.
<table>
<thead>
<tr>
<th>No.</th>
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<td>11 July 2019</td>
<td>Sharon Sidhu to draft proposal for submission to each CCG Governing Body to recommend as a key principle policy position, that we seek to harmonise these policies across the Black Country and West Birmingham.</td>
<td>Sharon Sidhu</td>
<td>8 August 2019</td>
<td>Nothing further to update at present.</td>
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<td>11 July 2019</td>
<td>Agreed that BCWB would join the existing SWB and BSOL group and look to greater involvement of Clinicians.</td>
<td>Sharon Sidhu</td>
<td>8 August 2019</td>
<td>Nothing further to update at present.</td>
</tr>
<tr>
<td>162</td>
<td>11 July 2019</td>
<td>A revised paper to each CCG GBs to seek investment and for approval.</td>
<td>Sharon Liggins</td>
<td>14 November 2019</td>
<td>Shared and taken through governance. To be kept on action log.</td>
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<td>172</td>
<td>12 September 2019</td>
<td>The IUC team to be asked ‘what the plan is for a primary care engagement strategy’ Anand Rischie happy to converse with IUC and West Midlands Ambulance Service regarding primary care engagement.</td>
<td>Paul Maubach</td>
<td>14 November 2019</td>
<td>Verbal update required for next meeting. Action to be reallocated to Paul Maubach.</td>
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<td>12 September 2019</td>
<td>26 week choice letter to be brought to attention of Elective Care Board</td>
<td>Neill Bucktin</td>
<td>14 November 2019</td>
<td>A workshop and follow up meeting have taken place in relation to this. Looking to focus on general surgery in the first instance, subject to confirmation that all providers will offer and receive patients. This should be confirmed by 8 November. Specific session to agree the Standard Operating Procedure – 18 November.</td>
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<td>14 November 2019</td>
<td>On agenda</td>
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<tr>
<td>177</td>
<td>10 October 2019</td>
<td>Mr McIntyre was asked to review the Terms of Reference to ensure Mental Health representation at the UEC Board meetings.</td>
<td>Alastair McIntyre</td>
<td>14 November 2019</td>
<td>Completed prior to the board meeting and MH trust representation was present and terms of reference amended</td>
</tr>
<tr>
<td>178</td>
<td>10 October 2019</td>
<td>Mr Hastings to share SITREP information and to bring further updates to the JCC if there are major changes.</td>
<td>Mike Hastings</td>
<td>14 November 2019</td>
<td>Process has since been stood down until further notice (Likely Jan 2020)</td>
</tr>
</tbody>
</table>
Black Country and West Birmingham Joint Commissioning Committee (JCC)

Minutes of Meeting dated 19 November 2019

Members:
Dr Salma Reehana, Chair, Wolverhampton CCG (Chair)
Alastair McIntyre, Portfolio Director, Black Country and West Birmingham STP (part meeting)
Clare Hamilton, EA to Paul Maubach (note taker)
Dr Anand Rischie, Chair, Walsall CCG
Dr Ruth Edwards, Clinical Executive for Integrated Assurance, Dudley CCG
James Green, Chief Finance Office, Sandwell and West Birmingham CCG (part meeting)
Julie Jasper, Lay Member, Sandwell and West Birmingham CCG
Matt Hartland, Chief Finance and Operating Officer, Dudley CCG (part meeting)
Mike Abel, Lay Member, Walsall CCG
Peter Price, Lay Member Wolverhampton CCG
Ian Sykes, Chair Sandwell and West Birmingham CCG
Jayne Salter-Scott, Head of Communications, Sandwell and West Birmingham CCG
Sharon Liggins, Chief Operating Officer, Sandwell and West Birmingham CCG
Steven Marshall, Director of Strategy and Transformation and Deputy Accountable Officer, Wolverhampton CCG

Apologies:
David Hegarty, Chair, Dudley CCG
Dr Helen Hibbs, Accountable Officer Wolverhampton CCG
Helen Moseley, Lay Member Dudley CCG
Jonathan Fellows, STP Independent Chair
Laura Broster, Director of Communications, Dudley CCG
Paul Maubach, Accountable Officer for Black Country CCGs
Sally Roberts, Chief Nurse and Director of Quality, Wolverhampton CCG
Simon Collins, Specialised Commissioning, West Midlands

1. INTRODUCTION

1.1 Welcome and introductions as above.

1.2 Apologies noted as above.

1.3 No declarations of interest were made.

1.4 The minutes of 10 October 2019 were accepted as an accurate record of the meeting. The action log was reviewed and the action log has been updated accordingly.

1.5 Quoracy was queried as Paul Maubach was not in attendance as Accountable Officer. Steve Marshall advised that he is acting as AO for Wolverhampton until December therefore the meeting was quorate.

2. CLG UPDATE

2.1 This paper was accepted for information in the absence of Sally Roberts.
3. PERFORMANCE AND ASSURANCE RETURN

3.1 Alastair McIntyre provided the October performance report that went to the STP board for information. Alastair highlighted the main area for concern as Urgent & Emergency Care.

3.2 Julie Jasper queried that all four Trusts are failing the A&E targets

Action: Alastair McIntyre to circulate to JCC members the summary for the Black Country of the UEC actions in response to ‘Pauline Philip and Dale Bywater letter’ on UEC

3.3 Richard Beeken chairs the U&EC Care Board and also attend the regional board meeting monthly.

Action: Alastair McIntyre to provide a paper on how the U&EC Boards connect with the Place based AEDBs to provide the JCC with assurance that work is being done to share learning and meet the A&E treatment standard.

4. Place Based Commissioning Update

4.1 Ian Sykes provided an update on place based commissioning in Sandwell & West Birmingham. The CCG has agreed to second a programme manager for this work and Ian confirmed that the work is progressing.

4.2 The first board meeting of the two alliances will take place in December 2019.

FORMALLY DELEGATED AREAS

5. TRANSFORMING CARE PARTNERSHIP

5.1 Alastair McIntyre provided an update on TCP across the Black Country & West Birmingham. Alastair confirmed that they are currently eight over the agreed position for year end. Alastair asked that the document provided with the agenda is not to be shared as there is a typo error in it.

5.2 Alastair advised that TCP patient discharges have slowed down over the last quarter but external resource bought in to support this. There is also a programme director in place until the end of March.

Action: Alastair McIntyre to invite the provider to talk about TCP community service and also the new programme director to support this.

Action: Paul Maubach to confirm who is the TCP lead through to end of March 2020.

Action: Alastair McIntyre to breakdown TCP figures by CCGs
6. MENTAL HEALTH

6.1 Steve Marshall provided a paper to propose to change the contracting of mental health beds across the four areas to try and keep out of area bed costs in the Black Country & West Birmingham.

6.2 The proposal requires one contracting authority to work on behalf of the four CCGs ahead of contracting rounds.

Action: Steve Marshall to arrange for Mental Health proposal to be discussed at Governing Body development session on 4 December.

The following left the meeting to join a Long Term Plan STP finance call with NHSE/I

09.45 – Matt Hartland left the meeting

09.50 – James Green and Alastair McIntyre left the meeting

7. CCG TRANSITION BOARD

7.1 All will be in attendance at the transition board therefore an update was not required.

8. FEEDBACK FROM GOVERNING BODIES

8.1 All were provided assurance that the 111/999 transfer went very well and within 24 hours the service was meeting all their targets.

9. UPDATE FROM STP

9.1 No update provided in Jonathan Fellow’s absence.

Action: Salma Reehana to ask Jonathan Fellows if he can attend the JCC to provide an update on the STP.

10. ITEMS FOR INFORMATION

10.1 NHSE/I slides for clinical leaders network were accepted for information only.

11. SUMMARY OF ACTIONS AND ANY OTHER BUSINESS

11.1 Meeting closed

12. Date of Next Meeting

Thursday 12 December 2019, 09:00-10:30, Board Room 2F, Kingston House, West Bromwich, B70 9LD
<table>
<thead>
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<td>Sharon Sidhu</td>
<td>8 August 2019</td>
<td>Nothing further to update at present.</td>
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<td>162</td>
<td>11 July 2019</td>
<td>A revised paper on the respiratory proposal (from Helen Ward) to each CCG GBs to seek investment and for approval.</td>
<td>Sharon Liggins</td>
<td>14 November 2019</td>
<td>Shared and taken through governance. To be kept on action log.</td>
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<td>Mike Hastings</td>
<td>January 2020</td>
<td>Process has since been stood down until further notice (Likely Jan 2020)</td>
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<td>179</td>
<td>14 November 2019</td>
<td>Alastair McIntyre to provide the summary of UEC actions in response to Pauline Philip and Dale Bywater letter on UEC</td>
<td>Alastair McIntyre</td>
<td>12 December 2019</td>
<td>Complete.</td>
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<td>180</td>
<td>14 November 2019</td>
<td>Alastair McIntyre to provide a paper on how the U&amp;EC Boards connect to provide assurance that work is being done to provide A&amp;E targets.</td>
<td>Alastair McIntyre</td>
<td>12 December 2019</td>
<td></td>
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<td>14 November 2019</td>
<td>Alastair McIntyre to invite the provider to talk about TCP community service and also the new programme director to support this.</td>
<td>Alastair McIntyre</td>
<td>12 December 2019</td>
<td>Confirmed Kathryn Hudson and Provider representative will attend to present on 12/12.</td>
</tr>
<tr>
<td>182</td>
<td>14 November 2019</td>
<td>Paul Maubach to confirm who is the TCP lead following Helen’s departure in late November</td>
<td>Paul Maubach</td>
<td>12 December 2019</td>
<td></td>
</tr>
<tr>
<td>183</td>
<td>14 November 2019</td>
<td>Alastair McIntyre to breakdown TCP figures by individual</td>
<td>Alastair McIntyre</td>
<td>12 December 2019</td>
<td>Will be part of presentation for action 181</td>
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<td>184</td>
<td>14 November 2019</td>
<td>Steven Marshall to arrange for Mental Health proposal to be discussed at Governing Body development session on 4 December.</td>
<td>Steven Marshall</td>
<td>04 December 2019</td>
<td>Steven Marshall has liaised with Paul Maubach and is awaiting further information.</td>
</tr>
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<td>185</td>
<td>14 November 2019</td>
<td>Salma to ask Jonathan Fellows if he can attend the JCC to provide an update on the STP.</td>
<td>Salma Reehana</td>
<td>12 December 2019</td>
<td></td>
</tr>
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**DUDLEY CLINICAL COMMISSIONING GROUP BOARD**

**Date of Board:** 10 January 2020  
**Report:** Report from Integrated Assurance Committee  
**Agenda item No:** 7.1

<table>
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<tbody>
<tr>
<td>PURPOSE OF REPORT:</td>
<td>The report contains the agreed escalations from the Integrated Assurance Committee and summarises information on areas of contractual, quality and performance received at the meetings held 26 November 2019</td>
</tr>
<tr>
<td>AUTHOR OF REPORT:</td>
<td>Sue Nicholls, Deputy Chief Nurse and contributions from Integrated Assurance Committee members</td>
</tr>
<tr>
<td>MANAGEMENT LEAD:</td>
<td>Mrs Caroline Brunt, Chief Nurse</td>
</tr>
<tr>
<td>CLINICAL LEAD:</td>
<td>Dr Ruth Edwards, Clinical Executive Lead for Integrated Assurance</td>
</tr>
<tr>
<td>KEY POINTS:</td>
<td>The main areas for focus identified in this report are;</td>
</tr>
<tr>
<td>Escalations from Integrated Assurance Committee</td>
<td>Provider performance indicator (DWMHT access Dudley talking therapies)</td>
</tr>
<tr>
<td>Dudley Group NHS Foundation Trust (DGFT)</td>
<td>Care Quality Commission (CQC) update</td>
</tr>
<tr>
<td></td>
<td>Sepsis Assurance – CQC section 31 progress</td>
</tr>
<tr>
<td></td>
<td>Urgent and Emergency Care Update</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>Dudley Safeguarding People Partnership Board</td>
</tr>
<tr>
<td>Transforming Care Programme update</td>
<td>Learning Disabilities Mortality Review Programme (LeDeR)</td>
</tr>
<tr>
<td>Serious Incidents</td>
<td>Serious incident report – quarter two (attached at appendix 1)</td>
</tr>
</tbody>
</table>

**RECOMMENDATION:** To receive the report together with assurance that the CCG maintains oversight of all contractual quality and performance measures together with indicators within the CCG Integrated Assurance Framework (IAF).

**FINANCIAL IMPLICATIONS:** None to report

**WHAT ENGAGEMENT HAS TAKEN PLACE:** User experience is an essential component of quality assurance and surveillance and as such public views and feedback form part of the triangulation of hard and soft intelligence

**ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:** None to report

**ACTION REQUIRED:** ✓ Assurance
1.0 INTRODUCTION

This report details the key activities of the oversight and improvement actions taken within the CCG and the associated providers in relation to contractual quality and safety and performance assurance. The report contains the agreed escalations from the Integrated Assurance Committee and summarises information received at the meetings held 26 November 2019.

2.0 INTEGRATED ASSURANCE COMMITTEE

Since the previous report to the Governing Body work has progressed significantly to ensure there are robust arrangements in place to support the transition to the establishment of the Integrated Assurance Committee.

The Integrated Assurance Committee is supported by a monthly Integrated Assurance Operational Group (IAOG), which reviews a significant number of indicators within the Integrated Assurance Tool (IAT). Indicators relate to contractual quality and performance measures and also include indicators within the CCG Integrated Assurance Framework (IAF) framework.

Committee has approved delegation to the IAOG to monitor the indicators within the IAT and agree escalation to committee. Wide representation from across the CCG attends IAOG to ensure robust discussions take place and all required actions are considered.

The areas that IAOG deem as requiring escalation to Committee are reported together with a clear descriptor of the actions being taken and/or a recommendation for Committees consideration. Indicators flagged through the IAT are discussed in full at Committee with a clear decision taken regarding escalation to Board.

Out of 39 indicators initially flagged to IAOG for discussion, 9 indicators were flagged to IAC. Detailed discussion was held. This report details those indicator(s) which Committee agreed warranted further escalation to Governing Body. There was one indicator for further escalation;

- IAPT Dudley talking therapies: Access: no more than 15% of patients to have a wait of 90+days between 1st and 2nd treatment

2.1 PROVIDER INDICATORS – DUDLEY AND WALSALL MENTAL HEALTH TRUST

- IAPT Dudley talking therapies: Access: no more than 15% of patients to have a wait of 90+days between 1st and 2nd treatment.

---

![Graph showing IAPT Dudley talking therapies: Access indicator from Jul-19 to Mar-20]
A contract performance notice has been issued to the provider and monthly recovery targets set. The CCG challenged the providers initially submitted remedial action plan (RAP) and following detailed discussion a RAP has now been agreed. Actions confirmed by the Trust include:

- Contacting individuals who have been waiting 10 weeks or longer. Upon contact they will be asked to confirm if the service is still required and opt in as necessary. A patient health questionnaire will be provided for the individual to complete following which a triage and prioritisation exercise will be undertaken.
- Offering online therapies whilst waiting for face to face appointments. This will enable individuals to access the service more quickly
- Where appropriate the use of group workshops will be prioritised. This will enable individuals to access the service more quickly
- A review of the staffing model with recruitment to posts

The Trust ensures that escalation and signposting details are provided to individuals with each communication to ensure that people have access to relevant services should their clinical presentation change.

3.0 DUDLEY GROUP OF HOSPITALS FT

3.1 CQC INSPECTION REPORT

The CCG receives a monthly update of the Trusts progress against the CQC ‘must dos’ and ‘should dos’. The Trust has a robust governance in place which includes a central repository for evidence of implementation and challenge relating to actions that have not been completed within timescale. This is monitored through the Trusts Achieving Excellence Group for which the Trusts Chief Nurse is the executive sponsor. The CCG continues to receive the Trusts monthly CQC submission which details progress against the outstanding section 31 notices.

The CCG participates in the Trusts quality review visits on a monthly basis. The methodology utilised is based on the CQC Key lines of Enquiry. The visits provide the CCG the opportunity to discuss staff and patient experience together with the opportunity to review the implementation of wider CQC actions aligned to the Trusts action plan.

3.2 SEPSIS ASSURANCE – EMERGENCY DEPARTMENT

The Trust continues to monitor compliance against sepsis screening and the administration of antibiotics within 60 minutes. The CCG receives monthly analysis of performance. As identified below the latest dataset indicates the Trust met the agreed target of 90%.

This remains a priority with improvement actions being taken forward which includes an alignment to the NHSE sepsis guidance following discussions with the NHSE national sepsis lead. The Trusts Medical Director is the Executive lead for this work.

3.3 URGENT AND EMERGENCY CARE

Pressures remain within the local urgent care system. The CCG continues to offer system support as appropriate. This includes the management of daily system calls to ensure that there is a cohesive and co-ordinated system response to pressures in urgent care.

Performance against the four hour ED target remains challenging. The Trust has agreed an improvement trajectory with NHSE/I. The improvement trajectory is underpinned by a system improvement plan, monitored by the A&E Delivery Board and through the CCG governance processes.
An external review of ED is being undertaken with senior CCG officers contributing to this piece of work. A joint workshop was held 28th November 2019 and a number of work-streams are being developed and further enhanced. A formal report with findings and recommendations is anticipated in January 2020.

The work of the West Midlands Ambulance Service strategic cell has yielded a reduction in the number of ambulances arriving at the Trust each week however the Trust has reported challenges as a result of ambulances arriving in clusters (>10 per hour). The CCG has commissioned a 2nd Hospital Ambulance Liaison Officer (HALO) as handover delays are lower on days when a HALO is present. This service improves patient experience and is cost effective. There has been a sustained reduction in the length of time for ambulance handovers.

Delayed transfers of care remain within the NHSE/I required trajectory of 3.5% and supportive measures are taken to manage safe and timely discharge.

**WINTER ASSURANCE VISIT**

CCG officers attended the NHSE/I winter assurance visit on Wednesday 27th November 2019. Upon discussion with NHSE/I it was decided that this would a meeting held with Trust and CCG representatives only. Work continues across the system to ensure that the system is prepared for winter pressures overseen by the AE Delivery Board.

**NURSING AND CARE HOME PROVISION**

IAC were informed of a decrease in the number of beds in nursing homes as a result of closures and/or homes that are currently closed or suspended to admissions whilst quality improvement work is progressed. 2 residential care homes are also expected to close which will result in a loss of 55 beds. The CCG are able to spot purchase 24 beds a month as required.

There are challenges to providing new homes including staff retention and training, legislation and funding.

It was agreed at IAC that a review of the market is required in collaboration with the local authority. Nursing and Care home provision was also a focus of the winter assurance visit.

**4.0 SAFEGUARDING VULNERABLE PEOPLE**

**4.1 DUDLEY SAFEGUARDING PEOPLE PARTNERSHIP BOARD**

The inaugural meetings of the Dudley Safeguarding Peoples Partnership Board (DSPPB) and Dudley Safeguarding Childrens & Adults Groups were held in December under the new safeguarding arrangements. Initial meetings have helped to establish the direction of travel for the new arrangements across Dudley and to agree the priorities of the DSPPB. Further updates on agreed priorities will be provided in due course.

**5.0 TRANSFORMING CARE PROGRAMME (TCP) UPDATE**

The Integrated Assurance Committee received a Transforming Care report detailing Dudley CCGs position.

The TCP Board has reviewed and revised its governance model with the new model implemented during December 2019.

The CCG continues to place significant emphasis on the management of the Transforming Care programme. At the time of writing the report the CCG has five inpatients (against a year-end trajectory of four inpatients).

**5.1 LeDeR – LEARNING FROM DEATHS REVIEW**

The LeDeR programme continues with focus on ensuring reviews are undertaken in a timely manner. This has proved challenging due to reviewer capacity however additional capacity has been provided via NHSE. In addition the STP has also advertised for additional capacity to support the programme.
An STP wide learning event is planned for March 2020 to share local lessons learnt arising from the reviews.

6.0 SERIOUS INCIDENT REPORT – QUARTER 2 (July, August, September 2019)

IAC received a report (appendix 1) on the Serious Incidents (SIs) reported by providers of commissioned services in Dudley, including primary care, between 1st July and 30th September 2019. The report detailed the numbers and categories that have been reported.

The report also looks at themes, triangulating data and quality assurance activities undertaken by the Quality and Safety (Q&S) team during quarter 2.

The RCA for the Never Event reported by DGFT during quarter one (wrong site surgery) was reviewed by the Quality and Safety Review Panel and closure agreed on first review. The Q&S team will be arranging follow-up activities through the DGFT Governance team meeting to gain assurance on the implementation of actions during quarter 3.

A further Never Event has been reported by DGFT during quarter three (retained foreign object – post procedure). Representatives from the Nursing and Quality team attended the round-table meeting chaired by the Trust Medical Director. The CCG was assured on the immediate actions implemented by the Trust to prevent a recurrence. The full RCA is expected by the end of January 2020.

7.0 RECOMMENDATIONS

a) The Board is asked to receive the report together with assurance that the CCG through its robust governance arrangements maintains oversight of all contractual quality and performance measures together with indicators within the CCG IAF framework.
1.0 INTRODUCTION

This is a report on the Serious Incidents (SIs) reported by providers of commissioned services in Dudley, including primary care, between 1st July and 30th September 2019. It covers the numbers and categories that have been reported and comments are provided on these.

The report also looks at themes, triangulating data and quality assurance activities undertaken by the Quality and Safety (Q&S) team during Q2.

Exclusions to note

Throughout the report, SIs reported by Dudley & Walsall Mental Health Trust (D&WMHT) and Black Country Partnership FT (BCPFT) are SIs concerning Dudley patients of commissioned services only. Therefore not all SIs reported by these providers are presented.

Deleted SIs at the time of writing the report and SIs reported for services not commissioned by Dudley CCG are excluded from the report e.g. those related to National screening programmes.

2.0 NUMBER AND CATEGORY OF SIs REPORTED DURING Q2 19/20

During Q2 there were 16 SIs reported to the CCG by providers. Nine of the 16 SIs were reported by Dudley Group NHS FT (DGFT), six by D&WMHT and one by Ramsay Healthcare.

The graph below shows a breakdown of the number of SIs reported in each quarter of 19/20 by provider.

2.1 DGFT

The graph below shows a comparison of the number of SIs reported by DGFT in Q1 and Q2 of 19/20 by category.
Across both Q1 and Q2, diagnostic delays were the highest reported category of SIs. The CQC report for DGFT published in July 2019 rated diagnostic imaging services as inadequate and the quality assurance visit in June 2019 provided an opportunity to gain assurance around the Trusts action plan to address concerns raised by CQC.

DGFT have recognised this as a Trust wide issue and considerable work is being put in to identifying and implementing appropriate solutions. The issues relate both to appropriate and meaningful flagging of results to requesters but also ensuring there are robust systems in place for requesters to act upon test results in an appropriate and timely manner.

The Q&S team continue to gain assurances from the Trust around this through various methods including the Clinical Quality Review Meeting (CQRM).

A further comparison has been made between the number of SIs reported by DGFT in each quarter for 18/19 and 19/20.
From the graph it can be seen that there were fewer SIs reported by DGFT in Q1 and Q2 of 19/20 compared to the same quarters of 18/19. The Q&S team has raised this with the DGFT Governance team and are currently awaiting a response.

Finally, a comparison of the incident categories reported by the Trust in Q2 of each year is provided below.

<table>
<thead>
<tr>
<th>Category of SI</th>
<th>Q2 18/19</th>
<th>Q2 19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse/alleged abuse of child patient by third party</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Apparent/actual/suspected self-inflicted harm</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Diagnostic incident</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Maternity/Obstetric incident: baby only</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Medication incident</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pressure ulcer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Slips/trips/falls</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Sub-optimal care of the deteriorating patient</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Surgical/invasive procedure</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Treatment delay</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

2.2 D&WMHT

The graph below shows a comparison of the number of SIs reported by D&WMHT in Q1 and Q2 of 19/20 by category.

The majority of SIs reported by D&WMHT across both Q1 and Q2 were apparent/actual/suspected self-inflicted harm SIs.

The Q&S team continue to monitor these SIs along with gaining assurance on actions taken by the Trust.

There was only one other SI type reported by the Trust during Q2 which was a failure to find a bed for an under 18 year old. At the time this incident was reported the CCG Designated Nurse for Safeguarding Children was aware of the circumstances and assured that actions had been taken to mitigate risks for this patient.
A further comparison has been made between the number of SIs reported by D&WMHT in each quarter for 18/19 and 19/20.

![Graph showing comparison of SIs reported by D&WMHT in 18/19 and 19/20](image)

The number of SIs reported by the D&WMHT in Q1 and Q2 19/20 are similar to those reported in the same quarters of 18/19. It can be seen from the graph that there was a peak in the number of SIs reported by the Trust in Q3. The Q&S team will continue to monitor the number of SIs reported during Q3.

2.3 **BCPFT**

There were no SIs reported by BCPFT during Q2 that involved Dudley CCG commissioned services or Dudley patients.

2.4 **Other Providers**

Below is a summary of the number of SIs reported by other providers of Dudley CCG commissioned services.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramsay Healthcare</td>
<td>0</td>
<td>1 SI reported (Surgical/invasive procedure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malling</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WMAS</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During quarter 3 the team will undertake a data analysis review to identify trends and themes over the past 3 years and to ascertain whether reporting mechanisms are robust.
3.0 NEVER EVENTS

There were no Never Events reported by providers during Q2.

The RCA for the Never Event reported by DGFT in Q1 (2019/7327 – wrong site surgery) was reviewed by the Quality and Safety Review Panel and closure agreed on first review. The Q&S team will be arranging follow-up activities through the DGFT Governance and CCG Q&S team meeting to gain assurance on the completion of the SI action plan during Q3.

4.0 MATERNITY INCIDENTS INVESTIGATED BY THE HEALTHCARE SAFETY INVESTIGATION BRANCH (HSIB)

In February 2019 the HSIB became operational in the West Midlands. The HSIB investigates SIs that meet the Each Baby Counts criteria and the HSIB investigation report will replace the trusts’ SI report. These investigations have a longer investigation timeframe (6 months) and require consent from the family involved before HSIB can investigate.

DGFT have reported two maternity (baby only) SIs that meet the HSIB criteria (one in February 2019 and one in April 2019). At the time of writing this report the RCAs for these SIs have not yet been received.

Concerns regarding the delay in the completion of these investigations and assurances around future cases has been escalated to NHSE/I by the Q&S team with the support of the Trust. The Q&S team continue to monitor these SIs and liaise with the Trust to request updates on the investigations.

5.0 SI MONITORING COMPLIANCE

Monitoring compliance against KPIs is an established process for DGFT. Although the Q&S team collect this data for all providers it is used for information only and does not form part of the contract for providers other than DGFT.

5.1 SIs reported during Q2 19/20

<table>
<thead>
<tr>
<th>% of SIs reported to STEIS in 2 working days</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGFT</td>
</tr>
<tr>
<td>100.0%</td>
</tr>
<tr>
<td>D&amp;WMHT</td>
</tr>
<tr>
<td>100.0%</td>
</tr>
</tbody>
</table>

Compliance with reporting SIs to STEIS within 2 working days is not currently monitored for providers that do not have direct access to this system. This includes Ramsay Healthcare. The SI was reported by Ramsay Healthcare to the CCG six working days after the incident was identified and was reported by the Q&S team to STEIS on the same day as being notified.

5.2 RCAs reviewed during Q2 19/20

During Q2, 19 RCAs were received from providers (nine from DGFT, nine from D&WMHT and one from BCPFT).

<table>
<thead>
<tr>
<th>% of RCAs received within the agreed timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGFT</td>
</tr>
<tr>
<td>66.7%</td>
</tr>
<tr>
<td>D&amp;WMHT</td>
</tr>
<tr>
<td>N/A*</td>
</tr>
<tr>
<td>BCPFT</td>
</tr>
<tr>
<td>N/A*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of RCAs closed on first review</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGFT</td>
</tr>
<tr>
<td>66.7%</td>
</tr>
<tr>
<td>D&amp;WMHT</td>
</tr>
<tr>
<td>100.0%</td>
</tr>
<tr>
<td>BCPFT</td>
</tr>
<tr>
<td>100.0%</td>
</tr>
</tbody>
</table>
6. Of the nine RCAs received from DGFT in Q2, three breached the RCA submission date. Two out of the three that breached had an agreed extension for the RCA submission. The Q&S team continue to.

Three of the nine RCAs received from DGFT were not closed on first review.

5.3 RCA Quality Rating

The Q&S team have redefined the Quality Assurance tool used as part of the RCA Review process which provides a quality rating of the RCA (appendix 1). This has been implemented as part of the RCA review process for DGFT and from Q3 19/20 the team are looking to consistently use this for all providers and will be discussing how this can be incorporated as part of the RCA review feedback.

The table below provides a summary of the quality ratings for the nine DGFT RCAs reviewed during Q2.

<table>
<thead>
<tr>
<th>Good</th>
<th>Fair</th>
<th>Weak</th>
</tr>
</thead>
<tbody>
<tr>
<td>66.7%</td>
<td>11.1%</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

6.0 SUMMARY OF ACTIONS COMPLETED IN Q2 2019/20

There were a number of quality assurance visits undertaken by the Q&S team during Q2 19/20. An update on each of these areas is provided below.

6.1 Pressure ulcer management visit to DGFT

The Q&S Team carried out two visits during September 2019 to DGFT to gain assurance around the Trusts internal processes for the management of pressure ulcers.

6.2 Suicide prevention visit to D&WMHT

A joint visit was carried out with Walsall CCG to D&WMHT in September 2019 to review themes identified from suicide related SIs reported during 18/19. A further visit has been arranged to the Home Treatment Team at D&WMHT to gain assurances around how the service manages high risk patients in the community.

6.3 Falls and neuro observations visit to DGFT

A visit has been planned to DGFT in October 2019 to review themes around falls and neuro observations identified from SIs reported during 18/19.

7.0 PLANNED WORK FOR Q3

The Q&S team have identified the following areas as a focus for Q3:

- Continue to review SIs and patient safety concerns to identify trends and themes.
- Follow up the SI action plan of the Never Event reported by DGFT in Q1 (2019/7327 – wrong site surgery) through the DGFT Governance and CCG Q&S team meeting.
- Carry out a quality assurance visit to the Home Treatment Team at D&WMHT.
- The Q&S team have identified a theme from a number of SIs reported by DGFT around the management of a deteriorating patient over the last two years. There have been many
conversations generally with the Trust around deteriorating patients and sepsis through CQRM and the HCAI & AMR Partnership meeting. The Deputy Chief Nurse will also be participating in a joint visit to the Trust to walk through the sepsis pathway. The Q&S team plan to triangulate all information and agree if further assurance activities are required.

Rebecca Willetts
Quality Assurance Co-ordinator
<table>
<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>Black Country Safeguarding Update (MOU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE OF REPORT:</td>
<td>Safeguarding across the Black Country needs to continue to work collaboratively, whilst maintaining local leadership and representation within the CCG’s as four legal entities, as well as supporting our statutory partners, including each of the Local Authorities. A hub and spoke model arrangement for safeguarding would best facilitate this need, supported by a hosted head of service arrangement to oversee the operational functions, facilitated with a Memorandum of Understanding (MOU) between the CCG’s to ensure robust and appropriate governance. This would not affect existing arrangements of accountability and representation at local boards, which would need to remain to provide strategic leadership with our statutory partners to this important agenda</td>
</tr>
<tr>
<td>AUTHOR OF REPORT:</td>
<td>Michelle Carolan</td>
</tr>
<tr>
<td></td>
<td>Chief Officer Quality</td>
</tr>
<tr>
<td></td>
<td>Sandwell &amp; West Birmingham CCG</td>
</tr>
<tr>
<td>MANAGEMENT LEAD:</td>
<td></td>
</tr>
<tr>
<td>CLINICAL LEAD:</td>
<td></td>
</tr>
<tr>
<td>KEY POINTS:</td>
<td></td>
</tr>
<tr>
<td>RECOMMENDATION:</td>
<td>Note the report and approve the MOU to facilitate a single head of service for Safeguarding across the Black Country, ensuring operational oversight of the safeguarding statutory functions</td>
</tr>
<tr>
<td>FINANCIAL IMPLICATIONS:</td>
<td></td>
</tr>
<tr>
<td>WHAT ENGAGEMENT HAS TAKEN PLACE:</td>
<td></td>
</tr>
<tr>
<td>ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:</td>
<td>None</td>
</tr>
<tr>
<td>ACTION REQUIRED:</td>
<td>Decision</td>
</tr>
<tr>
<td></td>
<td>✓ Approval</td>
</tr>
<tr>
<td></td>
<td>✓ Assurance</td>
</tr>
</tbody>
</table>
INTRODUCTION

The NHS England and NHS Improvement Safeguarding Accountability and Assurance Framework (SAAF) sets out the NHS statutory framework for safeguarding children and adults, to support CCGs in discharging their statutory requirements.

More recently there has also been a requirement for the safeguarding system to respond to the reforms set out in Working Together (2018) which identifies CCG’s as a statutory organisation having increased responsibility and accountability in the safeguarding system. Significant work has been undertaken across the Black Country to implement the reforms, however the challenge for health moving forward is still immense given the backdrop of a changing health landscape, limited resources available and the necessity to ensure that the children and adult’s safeguarding agendas are very closely linked.

The health safeguarding system needs to evolve to meet the new challenges following the introduction of the NHS Long Term Plan (January 2019), which outlines the establishment of Integrated Care Systems’ (ICS’s) by 2021 and it is worth acknowledging the changing landscape of place-based system leadership with the introduction of Primary Care Networks (PCNs). Safeguarding must be considered in these new integrated partnerships.

Currently, CCG’s are responsible in law for the safeguarding element of services they commission. The requirements of this constitutional requirement are laid down within NHSE ‘Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework’ and as commissioners of local health services, CCG’s also need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place.

The Black Country Chief Nurses and Designated Professionals propose that the most effective way of sustaining these requirements across the system would be to develop a model of safeguarding aligned across the Black Country footprint. Work has already been taking place across the STP footprint on what this may look like, led by local Safeguarding leads and a series of work streams considering operational alignment of this work are already underway. A transformational redesign to safeguarding has been achieved in Lancashire and South Cumbria ICS, and the learning from the CCG’s has been shared with us. This has been recognised by NHSE and NHSI colleagues as an area of good practice. A similar approach in the Black Country could incorporate the ability to create a safeguarding structure aligned across the Black Country, whilst still ensuring CCG’s fulfil their statutory requirements for safeguarding within the place.
## Legislation for all

The Crime and Disorder Act 1998  
Female Genital Mutilation Act 2003  
Mental Capacity Act 2005  
Convention on the Rights of Persons with Disabilities 2006  
Mental Health Act 2007  
Children and Families Act 2014  
Modern Slavery Act 2015  
Serious Crime Act 2015  
Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019

<table>
<thead>
<tr>
<th>Safeguarding legislation specific to children</th>
<th>Safeguarding legislation specific to young people transitioning into adults and children in care</th>
<th>Safeguarding legislation specific to adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Act 1989 and 2004</td>
<td></td>
<td>The Care Act 2014</td>
</tr>
<tr>
<td>Promoting the Health of Looked After Children Statutory Guidance 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Social Work Act 2017</td>
<td></td>
<td>Care &amp; Support Statutory Guidance- Section 14 Safeguarding</td>
</tr>
<tr>
<td>Working Together to Safeguard Children Statutory Guidance 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019</td>
<td>Looked After Children: Knowledge, Skills and Competencies of Health Care Staff 2015</td>
<td>Adult Safeguarding: Roles and Competencies for Health Care Staff 2018</td>
</tr>
</tbody>
</table>
Vision for safeguarding across the Black Country

The Chief Nurses, and executive leadership team within the Black Country CCG’s have reviewed and considered the various options and recommend that a combined adult and children safeguarding model is created, which will align the functions of Designated Professionals, and CCG resources. However, although there is a need to continue to be able to work collaboratively, we still need to maintain the local leadership and representation within the CCG’s whilst they exist as legal entities, as well as supporting our statutory partners, including each of the Local Authorities. A hub and spoke model, as depicted in Appendix 1, would best facilitate this need, which would be supported by a hosted head of service arrangement to oversee the operational functions, facilitated with a Memorandum of Understanding (MOU) between the CCG’s to ensure robust and appropriate governance, as detailed in Appendix 2. This would not affect existing arrangements of accountability and representation at local boards, which would need to remain to provide strategic leadership with our statutory partners to this important agenda.

Existing finance arrangements would also remain unchanged, in order for contributions to leach local Board to continue.

The key opportunities envisaged from the proposed model are outlined below:

• Reduce duplication and unwarranted variation
• Opportunity to develop ‘special interest roles’ building resilience and portfolio careers.
• Allows for more flexibility and innovation
• System assurance at both STP /Place level
• Clear leadership and co-ordination across the safeguarding system as well as local place
• Support the dissemination of learning to effect system wide change
• Better position to respond to the increased accountability and responsibility for health as a key safeguarding partner
• System leadership, promoting and building resilience

Recommendation

1. Support the recommendation that there is a single Head of Safeguarding arrangement that works across the Black Country footprint, overseeing the operational functions of the Safeguarding teams. This will not replace accountability of Chief Nurses

2. To note that as part of this next phase of work a memorandum of understanding (MOU) will need to be implemented to allow the head of service access to Safeguarding functions across the Black Country, as well as supporting collaborative working, and to ensure a robust Governance Framework for statutory duties and responsibilities.
Appendix 1
Proposed BC Safeguarding Model

Oversight function in Common reporting to local IAC & GB in Common
Head of Safeguarding For Adults & Children
LeDer & CDOP Coordination
Administration including NHSE returns/STP assurance
LAC function
MASH function equitably distributed across the BC through provider contracts

Walsall Designates
Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

Sandwell Designates
Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

West Birmingham (BSoL hosted team)
Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

Dudley Designates
Local accountability working with LA colleagues to ensure robust local safeguarding arrangements are in place.

Wolverhampton Designates
Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.
Memorandum of Understanding (MOU)

BETWEEN

NHS Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG)

AND

NHS Walsall Clinical Commissioning Group (WSCCG)
NHS Wolverhampton Clinical Commissioning Group (WVCCG)
NHS Dudley Clinical Commissioning Group (DYCCG)

This is an agreement between WSCCG, WVCCG, DYCCG and SWB CCG.

This agreement is valid from 1st April 2020 outlined herein and valid until 31st March 2021 and is for the delivery of the single Head of Service for safeguarding across the Black Country and to ensure oversight of Designated Professionals Safeguarding Service.

1. Purpose and Scope

The purpose of this MOU is to facilitate a single head of service for safeguarding, ensuring oversight and collaboration across the Black Country for each of the aforementioned CCG’s, to continue to deliver and discharge on safeguarding duties.

In particular, the MOU is intended to;

- Provide a clear reference to service ownership, accountability, roles and responsibilities
- Provide a clear, concise and measurable description of the service
2. Background

Each year an amount of monies is available from each CCG to provide designated professional services across the Black Country. The monies provide designated professionals services, including the designated doctors and nurses for children, adult safeguarding, Mental Capacity Act (soon to be LPS - Liberty Protection Safeguards) and the Prevent Lead as outlined within the NHS England Safeguarding Assurance Framework 2015 (as amended).

3. Responsibilities under this MOU

The Black Country CCG safeguarding head of service will;

- As agreed by the each CCG, and as invited by the Local Safeguarding Boards/Partnerships and including the Community Safety Partnerships, be Members of the respective Executive Boards, and sub-committee structures, as appropriate and required, in co-ordination with the Executive and designated professionals’ team, in carrying out their CCG assurance and statutory roles.
- Oversight of the Designated Nurse and Doctor statutory functions for Safeguarding Children and Children Looked After by the Local Authority as outlined within the Working Together to Safeguarding Children 2018 (as amended), and subsequent guidance.
- Oversight of the Safeguarding Adults professional’s role in regards to the CCG strategic functions and duties under the Care Act 2014 in relation to Chapter 14 of the Care and Support Statutory Guidance.
- Oversight of the the Named GP operational and nurse function related to Named professional’s roles by undertaking scopes, information reports and Individual Management Reports from domestic homicide reviews
- Undertake oversight of arrangements for Channel and Prevent case activities for the Black Country
- Permit the head of service for safeguarding to be a member of any of the Safeguarding Assurance Groups established within the Black Country, as appropriate, and will receive papers for information and assurance purposes.
- Share received and approved final safeguarding papers for CCG assurance committees. Schedule of papers is as determined by the Quality Safeguarding Committee.
- Share learning, promote good practice and local initiatives across the Black Country, including Member Practices Safeguarding Leads
- Oversight of arrangements for Black Country Domestic abuse services
4. Exclusion;
   • Chief Nurse representation and accountability at local safeguarding boards (existing arrangements will remain until the Black Country CCG single executive team is finalised).
   • The West Birmingham Locality, which is delivered as a pan Birmingham arrangement via the Birmingham and Solihull CCG hosted team.
   • Child Death Arrangements/ SUDIC related to the CCGs/ Black Country footprint.
   • Named GP for Safeguarding function.

5. NHS Sandwell and West Birmingham CCG will;
   • Host the head of service for safeguarding for the Black Country CCGs.

6. Agreed Costs

Agreed staffing costs for this service will be split across the four CCG’s. This will be issued to Sandwell & West Birmingham as safeguarding recurrent funds transfer.

7. Effective date and signature

This MOU shall be in effect upon the signature of the Accountable Officer for NHS Sandwell and West Birmingham and NHS Walsall CCG, NHS Wolverhampton CCG and NHS Dudley CCG authorised officials.

NHS Sandwell and West Birmingham CCG, NHS Walsall CCG, NHS Wolverhampton CCG and NHS Dudley CCG indicate agreement with this MOU by their signatures.

Signature and dates SWB CCG
Signature and dates Walsall CCG

Signature and dates Wolverhampton CCG
Signature and dates Dudley CCG
Wolverhampton Designates
Local accountability working with LA & police colleagues to ensure robust local safeguarding arrangements are in place.

Dudley Designates
Local accountability working with LA colleagues to ensure robust local safeguarding arrangements are in place.
**DUDLEY CLINICAL COMMISSIONING GROUP BOARD**

**Date of Board:** 9 January 2020  
**Report:** Report from Audit and Governance Committee  
**Agenda item No:** 8.1

| TITLE OF REPORT: | Report from Audit and Governance Committee |
| PURPOSE OF REPORT: | To advise the Board of the key issues discussed and agreed at the Audit & Governance Committee meeting on the 12 December 2019 |
| AUTHOR OF REPORT: | Mr M Hartland, Chief Operating & Finance Officer |
| MANAGEMENT LEAD: | Mr M Hartland, Chief Operating & Finance Officer |
| CLINICAL LEAD: | Dr D Hegarty, Chair |

**KEY POINTS:**

Items received for **assurance** or **approved** under delegated authority at meeting held on 12 December 2019:

- **IG Quarter 2 Report** – presented to the Committee for assurance with a verbal update also provided with latest information.
- **Freedom of Information Quarter 2 Report** – presented to the Committee for assurance
- **BAF & RR** – Update presented under separate agenda item; four risks proposed for closure.
- **Management of Risks** - all risks leads have now attended Committee to provide assurance with regards process.
- **Annual Report and Accounts 2019/20** – Committee received feedback from NHSE Finance Roadshow
- **Dudley New Model Constitution & Governance Handbook** – an update was provided to the Committee
- **Internal Audit** – Latest Audit reports for Quality Arrangements, Procurement Process and Primary Care Commissioning Framework were all given Significant Assurance

A number of other updates were received for information and assurance and these are detailed in the report.

**RECOMMENDATION:**

1) The Board is asked to receive this report for assurance and to note the decisions taken under delegated authority

**FINANCIAL IMPLICATIONS:**

None

**WHAT ENGAGEMENT HAS TAKEN PLACE:**

Not applicable

**ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:**

None

**ACTION REQUIRED:**

- Decision
- Approval
- Assurance
**1.0 INTRODUCTION**
The report summarises the key issues discussed at the Audit & Governance Committee meeting 12 December 2019.

**2.0 KEY INDICATOR SUMMARY**
The following items are indicators of the current position in relation to the main responsibilities and obligations of the Committee as defined in the CCG’s Constitution and the Committee’s Terms of Reference.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Position</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation and Control</td>
<td>Good progress</td>
<td></td>
</tr>
<tr>
<td>CCG Governance Arrangements – Constitution</td>
<td>Changes in relation to boundary changes have been approved by NHS England. These changes can not be reflected until April 2020. New Model Constitution currently being established.</td>
<td></td>
</tr>
<tr>
<td>Scheme of Delegation</td>
<td>Committee approved the proposed changes to the Financial Scheme of Delegation</td>
<td></td>
</tr>
<tr>
<td>Compliance with Prime Financial Policies</td>
<td>No issues</td>
<td></td>
</tr>
<tr>
<td>Board &amp; Committee Effectiveness</td>
<td>Continued progress against Audit Recommendations</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Report and Accounts (ARA) 2019/20</td>
<td>Guidance regarding structure has been shared. Work plan is being developed. Further update at the next Board</td>
<td></td>
</tr>
<tr>
<td>Operational &amp; Risk Management</td>
<td>Risk Management reviews all now complete. Board received refresher training on the 8 August 2019.</td>
<td></td>
</tr>
<tr>
<td>Anti-Fraud and Security</td>
<td>Anti-Fraud and Local Security Management Specialist Work-plans 2019/20 approved. Progress reports being received.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report newly commissioned services</td>
<td>Procurement Strategy &amp; reporting updated to reflect new managing conflicts of interest guidance.</td>
<td></td>
</tr>
<tr>
<td>External Audit</td>
<td>Plan for year ended 31 March 2019 issued.</td>
<td></td>
</tr>
<tr>
<td>Other Policies</td>
<td>Polices reviewed and updated routinely.</td>
<td></td>
</tr>
<tr>
<td>Business Continuity</td>
<td>Plan and Policy updated July 2019 and ratified at Board in September 2019</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Governance</td>
<td>CSU IG staff on-site regularly progressing IG Work-plan and supporting CCG officers.</td>
<td></td>
</tr>
<tr>
<td>Information Governance Group established</td>
<td>IG Steering Group meetings scheduled throughout 2019/20</td>
<td></td>
</tr>
<tr>
<td>Compliance with Data Security and Protection IG toolkit</td>
<td>Toolkit 2019/20 is in progress. Key milestones are in place to ensure toolkit requirements are achieved.</td>
<td></td>
</tr>
<tr>
<td>Information Asset Management structure to be established with IAOs and IAAs identified from CCG staff</td>
<td>IG working with IAOs &amp; IAAs to take forward information asset register update.</td>
<td></td>
</tr>
<tr>
<td>Freedom of Information requests (FOIs)</td>
<td>All responded to within required timescale</td>
<td></td>
</tr>
</tbody>
</table>
3.0 ITEMS DISCUSSED

3.1 Information Governance
The Committee received the Information Governance (IG) Quarter 2 Report for assurance.

This included a summary of Quarter 2 activity (30 September 2019), highlighting that there had been two Data Sharing Agreements (DSAs) developed in this quarter, one in relation to First Contact Practitioner and one relating to the NHS 111 GP Connect service; Data Security Awareness Level 1 training stood at 42% at 30 September (80% as at the 17 December 2019); and that there had been 1 IG incident reported details of which were included in the paper to the Audit & Governance Committee.

With regards the Data Security IG toolkit, the Committee were assured that 69 items out of 106 (65%) had already been uploaded as evidence and the remaining areas would be submitted in the New Year with the last elements being uploaded in March 2020.

3.2 Freedom of Information (FOI)
The Committee received the FOI quarterly activity report for the period 1 July to 30 September 2019 for assurance. The CCG had received 52 requests; there were zero breaches; all FOIs were acknowledged and responded to within 20 days, and the average number of days taken to respond was 8.9 days.

The Committee noted that the FOI Policy was currently under review and a chairs action was taken between Chair and CFO to approve the policy outside of the meeting on behalf of the Committee.

3.3 Board Assurance Framework & Risk Register
The Committee received the Board Assurance Framework & Risk Register as at 5 December 2019 for assurance. It noted any changes that had been made to the risk descriptions, approved two new Risks (163 & 164) to be added to the register and approved the closure of Risk 90, 134, 141 146 & 147.

Risk Management Leads

Further to a previous Internal Audit recommendation, it was agreed that the risk management leads for each Committee would provide an update on the management of their risks and the processes in place.

September - the risk leads for Primary Care Commissioning Committee and Integrated Assurance Committee presented to the Committee and in December the risk leads for Finance & Investment, Policy and Commissioning and Remuneration & HR presented to the members for assurance.

3.4 Dudley CCG – New Model Constitution and Governance Handbook
The Committee noted that following approval from the Governing Body on the 14 November a formal submission had been made to NHS England on the 3 December. NHS England have acknowledged receipt of the CCGs proposed changes and confirmed they would respond before the 28 January 2020.

3.5 Health and Safety Policy
At the time of the Committee the Health & Safety Policy was not available for approval, therefore it is presented to Board as a separate agenda item. The Committee members have been sighted on the policy in advance of the Board however as this is a Board policy it was agreed that it would be presented for immediate approval today.

3.6 Annual Report and Accounts 2019/20 Update
The Committee were informed of 2018/19 feedback and 2019/20 year end preparations in relation to the Annual Report and Accounts for 2019/20 and it was noted that the Head of Financial Management attended the NHSE Finance Roadshow on the 25 November 2019. The Committee were assured that there were minimal changes to the Annual Report format.
3.7 Internal Audit
The Committee received updates on the recommendation tracking report for assurance. It also received the following internal Audit reports for assurance:

- Quality Arrangements – Significant Assurance
- Procurement Processes – Significant Assurance
- Primary Care Commissioning Framework – Significant (Substantial) Assurance

The Committee received for assurance the Counter Fraud Progress Plan.

3.8 Revised Financial Operational Scheme of Delegation
The Committee approved a revised Financial Operational Scheme of Delegation that was in line with Walsall CCG.

3.9 Other Issues
The Audit & Governance Committee considered and received updates and assurance in respect of:

- External Audit Progress Report and Sector update for assurance
- NHS Key Development Briefing Update – September, October and November 2019 for information.
- Counter Fraud Progress Report December 2019 for assurance
- Monitoring compliance with Prime Financial Policies for assurance

4.0 DECISIONS TAKEN UNDER DELEGATED POWERS
- Separate report to Board on BAF & Risk Register
- Approval of the Financial Scheme of Delegation

5.0 DECISIONS REFERRED TO THE BOARD
- The Health & Safety Policy for approval

6.0 RECOMMENDATIONS
The Board is asked to:

1) Receive this report for assurance
2) Note the decisions taken under delegated authority

Mr M Hartland
Chief Operating & Finance Officer
December 2019
**DUDLEY CLINICAL COMMISSIONING GROUP BOARD**

**Date of Board:** 9 January 2020  
**Report:** Combined Board Assurance Framework and Risk Register  
**Agenda item No:** 8.2

<table>
<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>Combined Board Assurance Framework and Risk Register</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE OF REPORT:</td>
<td>To update the Board on the combined Board Assurance Framework (BAF) and Risk Register and present it as at <strong>5 December 2019</strong></td>
</tr>
<tr>
<td>AUTHOR OF REPORT:</td>
<td>Mrs E Smith, Governance Manager</td>
</tr>
<tr>
<td>MANAGEMENT LEAD:</td>
<td>Mr M Hartland, Chief Operating and Finance Officer</td>
</tr>
<tr>
<td>CLINICAL LEAD:</td>
<td>Dr D Hegarty, Chair</td>
</tr>
</tbody>
</table>

**KEY POINTS:**

Update on the combined BAF & Risk Register as at the 5 December 2019:

- No risks are proposed for closure from the Governing Body
- To approve **new** Risk 164
- Whilst there have not been any further changes proposed by Committees, the Board is still required to consider **Risks 13, 112, 150, 151, 152 and 156** as a standing item

**RECOMMENDATION:**

1) The Board is asked to receive the report for assurance and approve any recommendations made by the Audit & Governance Committee  
2) The Board is asked to consider whether any updates to risks **13, 112, 150, 151, 152 and 156** are required

**FINANCIAL IMPLICATIONS:**

None direct. Potential consequence if risks materialise

**WHAT ENGAGEMENT HAS TAKEN PLACE:**

None

**ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:**

None

**ACTION REQUIRED:**

- Decision  
- Approval  
- Assurance
1.0 INTRODUCTION
In accordance with the CCG’s Risk Management Strategy, an extract of the combined BAF and Risk Register for those risks scored 16 and over (which comprise the Board Assurance Framework) plus any risks less than 16 assigned to the Board is presented to the CCG Board. This is based on the position as at **5 December 2019**.

2.0 COMBINED BOARD ASSURANCE FRAMEWORK (BAF) & RISK REGISTER
Those risks with an initial or residual score (after actions having been taken and controls implemented) of 16 or higher and any others assigned directly to the Board are presented in detail at Appendix 1. These risks are also summarised in the table below:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Initial Risk</th>
<th>Residual Risk</th>
<th>Accountable Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>There is a risk that the health and social care economy will fail to engage and work together to implement required service changes</td>
<td>16</td>
<td>12</td>
<td>Policy &amp; Commissioning</td>
</tr>
<tr>
<td>13.</td>
<td>Failure of the governing body to demonstrate appropriate leadership/clinical leadership may result in poor strategy and implementation, and thereby fail to meet statutory and regulatory responsibilities</td>
<td>12</td>
<td>8</td>
<td>Governing Body</td>
</tr>
<tr>
<td>36.</td>
<td>There is a risk that key performance indicator will not be met resulting in the loss of the Quality Premium.</td>
<td>16</td>
<td>12</td>
<td>Policy &amp; Commissioning</td>
</tr>
<tr>
<td>84.</td>
<td>There is a risk that failure to control costs and deliver significant QIPP savings will put the future sustainability of the CCG at risk.</td>
<td>16</td>
<td>16</td>
<td>Finance &amp; Investment</td>
</tr>
<tr>
<td>98.</td>
<td>Future shape of the CCG and consequential impact on staff and delivery.</td>
<td>16</td>
<td>12</td>
<td>Remuneration &amp; HR</td>
</tr>
<tr>
<td>112.</td>
<td>There is a risk that Governance arrangements between organisations (that are party to the STP) are either insufficient or inconsistent. This may lead to inadequate governance and insufficient transparency which could create unintended financial risk, inconsistent decision making or misalignment of strategic direction and implementation.</td>
<td>16</td>
<td>16</td>
<td>Governing Body</td>
</tr>
<tr>
<td>129.</td>
<td>Lack of effective management of waiting list within the ophthalmology department which results in poor patient outcome. Lack of follow up appointment due to process failure.</td>
<td>16</td>
<td>8</td>
<td>Integrated Assurance</td>
</tr>
<tr>
<td>136.</td>
<td>There is a risk that the provision of Primary Care Medical Services are adversely affected partially or fully due to insufficient workforce</td>
<td>16</td>
<td>12</td>
<td>Primary Care Commissioning</td>
</tr>
<tr>
<td>148.</td>
<td>There is a risk that the financial pressure on local providers will put pressure on the CCG in delivering its financial &amp; performance targets.</td>
<td>20</td>
<td>12</td>
<td>Finance &amp; Investment</td>
</tr>
<tr>
<td>150.</td>
<td>There is a risk that change of leadership in local system organisations will impact on system delivery, particularly in relation to loss of local knowledge</td>
<td>8</td>
<td>8</td>
<td>Governing Body</td>
</tr>
<tr>
<td>151.</td>
<td>There is a risk that the CCG fails to meet its statutory duties in respect of the delivery of high quality care to the population of Dudley.</td>
<td>15</td>
<td>12</td>
<td>Governing Body</td>
</tr>
<tr>
<td>Risks 16 or higher (plus risks assigned to Governing Body) as at the 5 December 2019</td>
<td>Initial Risk</td>
<td>Residual Risk</td>
<td>Accountable Committee</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>152. There is a risk that the pace of change in the transformation of the system will not be aligned to the views of the public. This may result in the CCG moving too quickly to allow time for adequate involvement or not moving quickly enough to meet public expectations.</td>
<td>12</td>
<td>8</td>
<td>Governing Body</td>
<td></td>
</tr>
<tr>
<td>153. There is a risk that there are failures of clinical care in the DGFT emergency department (ED) and this will impact on the quality and safety of patient care. Specific issues highlighted by the CQC from December 2017 include: failure to manage the deteriorating patient and sepsis pathways; paediatric care including safeguarding appropriately; timely and appropriate triage and assessment.</td>
<td>25</td>
<td>25</td>
<td>Integrated Assurance</td>
<td></td>
</tr>
<tr>
<td>156. There is a risk that Dudley CCG could be exposed to financial and reputational risk if it fails to comply with the requirements of the General Data Protection Regulation. The CCG could receive potential fines of up to €17m or 4% of annual turnover for failure to comply, or face other enforcement action from the ICO including warnings, enforcement notices, undertakings or audits.</td>
<td>12</td>
<td>4</td>
<td>Governing Body</td>
<td></td>
</tr>
<tr>
<td>157. There is a financial risk that the CCG is unable deliver a 20% reduction in CCG administration costs by 2020/21 in line with those made by NHS England and NHS Improvement through the joint working initiative that key business delivery and the future sustainability of the CCG may be adversely affected.</td>
<td>16</td>
<td>12</td>
<td>Finance &amp; Investment</td>
<td></td>
</tr>
<tr>
<td>161. There is a risk that delayed transfers of care will increase once the Improved Better Care Fund allocation has been fully utilised by the local authority. The CCG will also be expected to contribute towards the recurrent pick up of some schemes to ensure the system maintains its current performance against the DTOC target and BCF objectives.</td>
<td>16</td>
<td>12</td>
<td>Finance &amp; Investment</td>
<td></td>
</tr>
<tr>
<td>162. There is a risk that if the CCG does not have appropriate preventative controls in place to reduce the likelihood of fraud occurring within the organisation. This may leave the CCG vulnerable with a potential financial or reputational impact.</td>
<td>15</td>
<td>10</td>
<td>Governing Body</td>
<td></td>
</tr>
<tr>
<td>164. There is a risk that the urgent care system will not be sufficiently equipped to manage patient flow throughout the winter period. Activity in ED has increased 4.48% in year and bed based services both inside and outside hospital are under considerable pressure.</td>
<td>16</td>
<td>12</td>
<td>Integrated Assurance</td>
<td></td>
</tr>
</tbody>
</table>

### 3.0 RECENT AMENDMENTS TO THE BAF AND RISK REGISTER

The following amendments to risks 16 and over have been made since the Board received the BAF and Risk Register as at 5 September 2019 at its meeting of the 14 November 2019.

**Review & Updates** – Updates were received from the leads for the Primary Care Commissioning Committee; Integrated Assurance Committee; Policy and Commissioning Committee; Finance and Investment Committee and Remuneration & HR Committee.
The Board is requested to review Risks 13, 112, 150, 151, 152 and 156 for which it is directly responsible and update as appropriate.

3.1 Risk Description, related controls, assurances, actions and comments

No changes

3.2 Changes to the Residual Risk Scores

No changes

3.3 New Risks

Risk 164 - There is a risk that the urgent care system will not be sufficiently equipped to manage patient flow throughout the winter period. Activity in ED has increased 4.48% in year and bed based services both inside and outside hospital are under considerable pressure. The Integrated Assurance Committee at their November meeting established this risk.

3.4 Risks Proposed for Closure (Requiring Board approval)

None

4.0 RECOMMENDATIONS

1) The Board is asked to receive the report for assurance and approve any recommendations made by the Audit & Governance Committee

2) The Board is asked to consider whether any updates to risks 13, 112, 150, 151, 152 and 156 are required

5.0 APPENDICES

Appendix 1 – Combined BAF & Risk Register as at 5 December 2019

M Hartland  
Chief Operating and Finance Officer  
December 2019
<table>
<thead>
<tr>
<th>ID</th>
<th>Original Date</th>
<th>Last Update (Committee Date)</th>
<th>Last Update (Risk Register)</th>
<th>Risk Description</th>
<th>Accountability Owner &amp; Team</th>
<th>Accountability Commitment</th>
<th>Risk Description</th>
<th>Accountability Owner &amp; Team</th>
<th>Accountability Commitment</th>
<th>Risk Description</th>
<th>Accountability Owner &amp; Team</th>
<th>Accountability Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>01/06/2015</td>
<td>20/11/2019</td>
<td>20/11/2019</td>
<td>There is a risk that the health and social care economy will fail to engage and delivery. Also the core services still require improvement.</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
</tr>
<tr>
<td>36</td>
<td>01/06/2015</td>
<td>21/03/2019</td>
<td>21/03/2019</td>
<td>There is a risk that the health and social care economy will fail to engage and delivery.</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
<td>Dudley &amp; East Staffordshire CCG</td>
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<td>There is a risk that Local Authority complaints procedure is not effective</td>
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</tbody>
</table>
1. There is risk that the delivery of high quality care to the patient is adversely affected partially or fully due to involvement or not moving quickly to allow time for adequate planning.

2. There is a risk that the CCG moves too quickly to assume responsibility for PPI and Communications function.

3. There is a risk that the pace of change in relation to loss of local knowledge.

4. There is a risk that change of leadership and regular meetings held with provider leadership teams will put pressure on local providers to deliver their performance targets.

5. There is a risk that new members are familiar to be strengthened to ensure Board Member inductions need to be addressed as part of the STP plans.

6. The workforce group ensures that member practice on a monthly basis and plans, The PCOG reviews the sustainability of each practice and unanimously agrees.

7. The CCG provides a primary care workforce plan with the NHSE, DGFT and DWMH, Senior managers in constant conversation and local providers to deliver the statutory responsibilities and investing in the MCP model of care in Dudley Multispecialty Community Partnership (MCP) AHP/CCG workforce group ensures that member practices on a monthly basis and plans, The PCOG reviews the sustainability of each practice and unanimously agrees.

8. Funding, time and resources are available through the integrated framework configured around those key areas. The CCG will lead on developing a joint action plan with external partner organisations (e.g., HEE) to establish future sustainability through the development of retention schemes.

9. The workforce group ensures that member practices on a monthly basis and plans, The PCOG reviews the sustainability of each practice and unanimously agrees.

10. The CCG clinical and partner organisations are managing it effectively to date.

11. The CCG Manager, Dudley Multispecialty Community Partnership (MCP) AHP/CCG workforce group ensures that member practices on a monthly basis and plans, The PCOG reviews the sustainability of each practice and unanimously agrees.

12. There is a risk that the pace of change in relation to loss of local knowledge.

13. There is a risk that change of leadership and regular meetings held with provider leadership teams will put pressure on local providers to deliver their performance targets.

14. There is a risk that new members are familiar to be strengthened to ensure Board Member inductions need to be addressed as part of the STP plans.

15. The workforce group ensures that member practices on a monthly basis and plans, The PCOG reviews the sustainability of each practice and unanimously agrees.

16. The CCG provides a primary care workforce plan with the NHSE, DGFT and DWMH, Senior managers in constant conversation and local providers to deliver the statutory responsibilities and investing in the MCP model of care in Dudley Multispecialty Community Partnership (MCP) AHP/CCG workforce group ensures that member practices on a monthly basis and plans, The PCOG reviews the sustainability of each practice and unanimously agrees.

17. Funding, time and resources are available through the integrated framework configured around those key areas. The CCG will lead on developing a joint action plan with external partner organisations (e.g., HEE) to establish future sustainability through the development of retention schemes.
There is a risk that Dudley CCG could experience severe bed shortages through the 15 month period. There is also risk that the CCG may be adversely affected if the IBCF funding is monitored through the Integrated Contingency Fund (ICF) and if the 15 month period will impact on future sustainability of the CCG. The CCG will be under considerable pressure. 

**Transfer of Care target and BCF delivery**

The IBCF funding is monitored through the Integrated Contingency Fund (ICF). The IBCF is a fund that only NHS organisations that have been designated as high risk can access. The fund is opened and closed by the IBCF Implementation Group, and the Board will be informed of the opening and closing of the fund. The fund is designed to support organisations that are facing financial difficulties and are in urgent need of immediate funding to help them avoid financial collapse. The fund is intended to provide short-term financial support to organisations that are facing financial difficulties and are at risk of becoming unable to meet their financial obligations.

**Base Case**

- Base case is where the CCG controls the funding and uses the fund to support their own urgent care needs.
- The CCG will be assessed by the IBCF Implementation Group and will be given a letter grade based on their performance.

**Potential for Risk**

- Potential for risk is where the CCG is at risk of becoming unable to meet their financial obligations and may require additional financial support from the IBCF.
- The Board will be informed of the potential risk and will be given a letter grade based on their performance.

**Assessment**

- The Board will be informed of the assessment and will be given a letter grade based on their performance.
- The Board will be responsible for approving the funding and will be informed of the funding amount.

**Management**

- Management will be responsible for managing the funding and will be informed of the management plan.
- The Board will be informed of the management plan and will be given a letter grade based on their performance.

**It is critical that Dudley CCG has appropriate plans in place to avoid any risk of becoming unable to meet their financial obligations**.

**Implications**

- Implications are the potential consequences of the risk not being managed.
- The Board will be informed of the implications and will be given a letter grade based on their performance.

**Additional Information**

- Additional information is any other information that may be relevant to the risk.
- The Board will be informed of the additional information and will be given a letter grade based on their performance.

**Audit and Governance**

- Audit and Governance will be responsible for reviewing the risk and will be informed of the review.
- The Board will be informed of the review and will be given a letter grade based on their performance.

**Action Plan**

- Action plan is the steps that will be taken to manage the risk.
- The Board will be informed of the action plan and will be given a letter grade based on their performance.

**Monitoring and Evaluation**

- Monitoring and Evaluation will be responsible for monitoring the risk and will be informed of the monitoring.
- The Board will be informed of the monitoring and will be given a letter grade based on their performance.

**Evidence of False Positive**

- Evidence of false positive is any evidence that suggests the risk is not present.
- The Board will be informed of the evidence and will be given a letter grade based on their performance.

**Group and Audit and Governance**

- Group and Audit and Governance will be responsible for monitoring the risk and will be informed of the monitoring.
- The Board will be informed of the monitoring and will be given a letter grade based on their performance.

**Weekly Update**

- Weekly update is the weekly report that is provided to the Board.
- The Board will be informed of the weekly update and will be given a letter grade based on their performance.

**Monthly Update**

- Monthly update is the monthly report that is provided to the Board.
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**Quarterly Update**

- Quarterly update is the quarterly report that is provided to the Board.
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**Annual Update**

- Annual update is the annual report that is provided to the Board.
- The Board will be informed of the annual update and will be given a letter grade based on their performance.

**Evidence Base**

- Evidence base is the evidence that supports the risk.
- The Board will be informed of the evidence base and will be given a letter grade based on their performance.

**Source**

- Source is the source of the information that is provided to the Board.
- The Board will be informed of the source and will be given a letter grade based on their performance.

**Risk**

- Risk is the risk that is being managed.
- The Board will be informed of the risk and will be given a letter grade based on their performance.

**Risk and Assurance**

- Risk and Assurance will be responsible for monitoring the risk and will be informed of the monitoring.
- The Board will be informed of the monitoring and will be given a letter grade based on their performance.

**Monthly Oversight and Assurance Meeting**

- Monthly Oversight and Assurance Meeting is the meeting that is held monthly to monitor the risk.
- The Board will be informed of the meeting and will be given a letter grade based on their performance.

**Quarterly Return**

- Quarterly Return is the quarterly report that is provided to the Board.
- The Board will be informed of the quarterly return and will be given a letter grade based on their performance.

**Basic**

- Basic is the level of risk that is being managed.
- The Board will be informed of the basic and will be given a letter grade based on their performance.

**Responsibility**

- Responsibility is the person or group that is responsible for managing the risk.
- The Board will be informed of the responsibility and will be given a letter grade based on their performance.

**Action**

- Action is the action that will be taken to manage the risk.
- The Board will be informed of the action and will be given a letter grade based on their performance.

**Evidence**

- Evidence is the evidence that supports the action.
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**Control**

- Control is the control that is being managed.
- The Board will be informed of the control and will be given a letter grade based on their performance.

**Influence**

- Influence is the influence that is being managed.
- The Board will be informed of the influence and will be given a letter grade based on their performance.

**Significant**

- Significant is the significance of the risk.
- The Board will be informed of the significance and will be given a letter grade based on their performance.

**Risk and Assurance**

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# Revised Health & Safety Policy

**Date of Board:** 9 January 2019  
**Report:** Revised Health & Safety Policy  
**Agenda item No:** 8.3

<table>
<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>Revised Health &amp; Safety Policy</th>
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<tr>
<td>PURPOSE OF REPORT:</td>
<td>To provide the latest version of the Dudley CCG Health &amp; Safety Policy for review and approval</td>
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<tr>
<td>AUTHOR OF REPORT:</td>
<td>Mr Jim Young, Head of Quality Assurance</td>
</tr>
<tr>
<td>MANAGEMENT LEAD:</td>
<td>Mr Matthew Hartland, Chief Operating and Finance Officer</td>
</tr>
<tr>
<td>CLINICAL LEAD:</td>
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**KEY POINTS:**

- Updated to reflect Dudley MBC as the Competent Person
- Updated to reflect changes in committee structures and responsibilities
- Revised and simplified some of the key responsibilities for Accountable Officer, H&S Co-ordinator, employees and managers
- Removed appendix listing various legal requirements as adherence to all relevant legislation and guidance is already implied and stated as required elsewhere within the policy; glossary appendix also removed as more appropriate to provide required detail in the relevant procedural documents

It is recommended that a more in-depth review of this policy is undertaken as part of the wider Black Country CCGs work; this would be expected to be completed within the next 12 months.

**RECOMMENDATION:**
The Board is asked to:

1) Approve the revised policy
2) Agree a further review within 12 months in association with the development of Black Country-wide CCG systems and processes

**FINANCIAL IMPLICATIONS:**

None

**WHAT ENGAGEMENT HAS TAKEN PLACE:**

Discussion with Competent Person; although no major change to existing responsibilities these will be highlighted to staff via H&S forum and relevant team brief meetings as part of implementation

**ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:**

None identified

**ACTION REQUIRED:**

- Decision
- Approval
- Assurance
### Version History

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<th>Date</th>
<th>Amendment History</th>
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<td>V1.0</td>
<td>April 2014</td>
<td>Approved by Committee</td>
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<tr>
<td>GB/QS/080/V1.0</td>
<td>January 2017</td>
<td>Formatting in line with CCG Standard and unique identifier</td>
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<tr>
<td>GB/QS/080/V2.0</td>
<td>March 2017</td>
<td>Full re-write by Arden &amp; GEM CSU</td>
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<tr>
<td>GB/QS/080/V3.0</td>
<td>December 2019</td>
<td>Amendment to reflect new competent person authority, clarification of some responsibilities and removal of appendices</td>
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### Reviewers

This document has been reviewed by:

<table>
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<tr>
<th>Name</th>
<th>Date</th>
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<tr>
<td>Rebecca Bartholomew</td>
<td>April 2014</td>
<td>Chief Quality &amp; Nursing Officer</td>
<td>V1.0</td>
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<tr>
<td>Trisha Curran</td>
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<td>Interim Chief Nurse</td>
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<tr>
<td>Paul Lowe</td>
<td>February 2017</td>
<td>Corporate Assurance Manager – Arden &amp; GEM CSU</td>
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<td>Jim Young</td>
<td>February 2017</td>
<td>Head of Quality Assurance</td>
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<td>Emma Smith</td>
<td>April 2017</td>
<td>Governance Support Manager</td>
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<td>Caroline Brunt</td>
<td>May 2017</td>
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<td>Jim Young</td>
<td>December 2019</td>
<td>Head of Quality Assurance</td>
<td>V3.0</td>
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<tr>
<td>Jane Locke</td>
<td>December 2019</td>
<td>Principal Health &amp; Safety Officer – Dudley MBC</td>
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<tr>
<td>Caroline Brunt</td>
<td>December 2019</td>
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### Approvals

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<tr>
<td>V1.0</td>
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<td>V2.0</td>
<td>Governing Body</td>
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NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

### Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

### Related Documents

These documents will provide additional information:

<table>
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<tr>
<th>Document Title</th>
<th>Where</th>
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<tr>
<td>Induction Policy</td>
<td>CCG intranet</td>
</tr>
<tr>
<td>Risk Management Framework</td>
<td>CCG intranet</td>
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<tr>
<td>Safeguarding Adults – Multi-Agency Policy &amp; Procedures for the West Midlands</td>
<td>CCG intranet</td>
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<tr>
<td>Safeguarding Children Policy</td>
<td>CCG intranet</td>
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<tr>
<td>Health and Safety COSHH Procedure</td>
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<tr>
<td>Health and Safety Electrical Procedure</td>
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<tr>
<td>Health and Safety Fire Procedure</td>
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<td>Health and Safety First Aid Procedure</td>
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<td>Health and Safety New and Expectant Mothers Procedure</td>
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<td>Health and Safety Violence and Aggression Procedure</td>
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1 Dudley Clinical Commissioning Group – Statement of intent

1.1 This policy reflects our commitment to create an environment and culture where Health and Safety at work is a prime consideration in all areas of activity. The successful implementation of this policy requires cooperation from all members of staff and any visitors to our controlled premises who undertake work on behalf of the CCG.

1.2 Our Board and its Chief Executive Officer are ultimately responsible for the compliance with Health and Safety Legislation. The Chief Nurse has the delegated responsibility for implementation of this policy and ensuring the Board is kept fully informed on health and safety issues that arise as and when appropriate. Directors and managers will be personally accountable for the health and safety performance of areas within their responsibility.

1.3 To assist in achieving these aims, the organisation in particular recognises it has a responsibility to:

- Provide and maintain safe and healthy working conditions and ensure that all processes and systems of work are designed to take account of health and safety and are properly supervised at all times.

- Provide information, instruction, training and supervision to all employees to enable the safe performance of work activities.

- Ensure that the premises we occupy are compliant and fit for purpose and the equipment we provide meets with the minimum legal requirement, making available all necessary safety devices and protective clothing/equipment.

- Ensure adequate arrangements are maintained to enable and encourage staff to identify and report hazards and risks so that we can all contribute to creating and maintaining a safe working environment.

- Ensure that all employees are aware of their legal obligation to take reasonable care for their own health, safety and welfare and of other persons who may be affected by their acts and omissions at work.

1.4 This Policy will be regularly monitored to ensure that the objectives are achieved. It will be reviewed and if necessary revised in the light of legislative or organisational changes.

SIGNED: DATE:

NAME: POSITION:
2 Legislative requirements of Health & Safety

The Health and Safety at Work, etc. 1974 and other specific legislation places general Health and Safety duties on the CCG as an employer. Specifically, under the Management of Health and Safety at Work Regulations 1999 there is a duty to make suitable and sufficient assessments of the risk to the Health and Safety of employees and other persons arising out of or in connection with any of the Council's activities. This obligation will be discharged through the CCG’s management system.

In order to carry out its responsibilities, Dudley CCG will make effective arrangements to provide, so far as is reasonably practicable:

- safe and healthy systems of work
- a safe and healthy environment
- safe and healthy places of work and access thereto
- safe plant, machinery and equipment
- safe methods for the handling, use and storage of materials and substances along with safe disposal
- sufficient information, instruction, training and supervision to enable all employees to identify and deal with hazards at work and contribute positively to their own health and safety
- suitable and sufficient welfare facilities

3 Organisational Responsibilities for Health and Safety

Under the Health and Safety at Work, etc. Act 1974 and other specific legislation the CCG, its managers and employees have legal obligations placed upon them with regards to Health, Safety and Welfare of persons at work and the protection of other persons against risks to their Health and Safety in connection with CCG activities.

Responsibilities within this Policy are designed to enable the CCG to achieve and maintain suitable standards for Health and Safety, and to establish accountability within its management structure for the CCG’s Health and Safety performance.

This section sets out who is responsible for specific actions.

3.1 Accountable Officer

To meet its responsibilities, the CCG places the overall executive responsibility for its Health and Safety performance with the Accountable Officer who will:

- take an active interest in the management of Health and Safety and the deliverance of the Policy
- ensure that there is an effective Policy in place for Health and Safety matters, supported as appropriate by effective procedures
- ensure that sufficient funds are available to Directorates to adequately manage their Health and Safety risks
- ensure that necessary resources are made available for the Policy and its Procedures to be carried out effectively
- ensure that Health and Safety risk management issues are properly addressed by the Governing Body

3.2 Chief Nurse

The Chief Nurse has the delegated responsibility for implementation of this policy including:
ensuring the Governing Body is kept fully informed on health and safety issues that arise as and when appropriate
ensure that the Governing Body are regularly updated on the implications arising from new Health and Safety legislation, Codes of Practice and their application to the various activities of the CCG
actively supporting all persons to whom Health and Safety duties have been assigned

3.3 Senior Management Team

Senior managers and Directors have delegated responsibility from the Accountable Officer to ensure this policy and associated procedures, protocols, guidance and management systems are fully understood, applied and resourced within their areas of responsibility. They should also provide leadership by example and proactively promote responsible attitudes towards health and safety by:

- Ensuring that suitable and sufficient risk assessments are undertaken, records made as required and significant risks reduced to an appropriate level
- Ensuring the requirements of the health and safety management system are fully embedded within their teams
- Ensuring health and safety is always considered at the planning stage when making any changes that may affect the health, safety or welfare of staff
- Ensuring the reporting and investigation of all accidents/incidents to identify learning or improvements needed to improve safety
- Monitoring the effectiveness of the health and safety system in their area of responsibility
- Ensuring that Line Managers are accountable for health and safety in areas of their control and compliance is reviewed at annual appraisal
- actively support all persons to whom Health and Safety duties have been assigned

3.4 Director for Human Resources (HR) and Organisational Development (OD)

The Director for HR and OD will assist the Accountable Officer on employment and industrial relations issues. They will be responsible for oversight of the development of job descriptions which highlight health and safety responsibilities, and will be the lead for work related sickness absence.

The Director for HR and OD will be responsible for the procurement of the organisation’s Occupational Health Service, as well as any other relevant employee support systems deemed a requirement for maintaining the wellbeing of staff.

3.5 Line Managers / staff in supervisory positions

All staff in supervisory positions are responsible and accountable to senior management for the carrying out of effective Health and Safety matters appropriate to their function. It is recognised that they are in a special position to influence Safety attitudes and firmly encourage active participation by employees under their control.

Staff with supervisory responsibilities must therefore:

- ensure that all persons under their control have been made aware of and understand the CCG Policy and Procedures
- ensure all employees under their control are sufficiently competent to undertake their duties or are subject to a development plan to ensure the necessary skills, knowledge, training and experience are acquired
- ensure that all persons under their control - including temporary/voluntary workers, visitors and contractors - are adequately trained and instructed in their duties and work procedures, and have received sufficient information on fire precautions, first aid arrangements, accident reporting and emergency procedures
- know and understand their Health and Safety responsibilities and are aware of the location all relevant Safety documents issued by the CCG
• ensure that the work arrangements conform to all legal and other Health and Safety requirements ensuring adequate protection for both employees and non-employees
• carry out inspections and report to senior management the results of routine inspections of the workplace, in particular potentially serious hazards which require decisions at a higher level
• consult with the H&S Co-ordinator when matters arise requiring additional expertise or knowledge
• undertake and actively monitor risk assessments of all the significant risks within their service area to allow the implementation of appropriate risk controls to address the risks identified

3.6 All Employees

All employees have a duty to carry out their work with due regard for the Health and Safety of themselves, other employees, and the general public and to observe Health and Safety requirements relevant to their activities.

Employees will:

• co-operate with the CCG and its management so as to enable them to carry out their statutory duties and responsibilities effectively
• report to their supervisor hazards and near miss incidents which could result in injury
• report all accidents, however minor, from which an injury is sustained or property, plant or equipment is damaged
• co-operate in the investigation of accidents or incidents with the object of preventing a recurrence and with any statutory duty placed on the CCG
• undertake their duties in accordance with their training, instruction and CCG Policy
• use all machinery, equipment, substances and safety devices provided in accordance with training and instruction received
• attend all training courses and briefing sessions required by their manager and CCG Policy
• have a legal duty to inform their managers if they currently have a medical condition which can affect their ability to perform their work related tasks
• notify their Line Manager if they are likely to require assistance in the event of an emergency evacuation of the premises

3.7 Competent Person

Dudley CCG have appointed the Dudley Metropolitan Borough Council Corporate H&S Team as their ‘competent person’ (as defined in Regulation 7 of the Management of Health and Safety at Work Regulations 1999) to assist the CCG to comply with the relevant statutory provisions. This team is responsible for providing:

• Competent advice and guidance for managers on their legal obligations and best practice
• Access to online Health and Safety resources
• Assistance with Health and Safety Action Planning and development
• Assistance with the production of health and safety policies and procedures and policy development
• Assistance of development of generic risk assessments, guidance notes, safety alerts and information
• Attend health and safety meetings in an advisory capacity
• Assistance with identifying health and safety training
• Guidance and support for any other H&S-related matters if required

3.8 Health and Safety Co-ordinator

The CCG will appoint a Health and Safety Co-ordinator whose duties will include:

• Provide day to day operational H&S advice to staff
• Provide support and guidance in the development of risk assessments, and be responsible for ensuring key corporate risk assessments are undertaken as required e.g. fire risk assessment
• Co-ordination of the health and safety management system and monitoring its overarching effectiveness in meeting the CCG’s needs
• The production and maintenance of this policy and associated health and safety procedures, protocols and guidance
• Carrying out health and safety inspections appropriate to the role and co-ordinating inspections where more specialist knowledge is required
• Ensuring that any health and safety issues raised during audits, risk assessments and the incident reporting process are addressed and, where appropriate, added to the relevant risk register
• Ensuring appropriate and timely reporting of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents to the local enforcing authority
• Providing recommendations and reports as and when required, including an annual H&S report
• Be the main liaison with the Competent Person
• Attend relevant meetings related to the health & safety of Dudley CCG staff
• Producing a local Fire Procedures document and ensuring this is accurate and up to date
• Appointing a sufficient number of Fire Wardens and Evacuation Chair Assistants, and ensuring that people in these roles receive an appropriate level of training
• Liaising with appropriate authorities in the co-ordination of regular fire drills
• Being aware of any staff or visitors who have Personal Emergency Evacuation Plans (PEEPs)
• Working with landlords and other relevant parties to ensure that fire safety equipment is tested according to the appropriate schedule

3.9 Security Specialist

The CCG will engage a local security management specialist whose responsibilities will include:

• Investigation of violence & aggression and security incidents as necessary, in accordance with CCG policies and procedures
• Providing conflict resolution training and other personal safety related training to front line staff, as identified by line managers
• Reporting to the Counter Fraud and Security Management Service (CFSMS) incidents of physical assault and other security related statistics

3.10 Health and Safety Representatives

Where there are Trade Union appointed representatives, they will assist and work with managers to promote and develop measures to ensure the health, safety and welfare of staff. In the absence of any Trade Union appointed representatives, the CCG will offer a formal consultation pathway with appropriately elected/appointed staff.

3.11 Occupational Health Service

To support its health and safety responsibilities, the CCG will commission an Occupational Health service for use by their staff. The service will undertake suitable health surveillance on request in order to preserve and enhance the health of the CCG’s employees, and to advise the CCG on all matters relating to the health of employees at work.

3.12 All Other Persons

All other persons shall observe the CCG’s safety rules and any instructions relating to safety given by an employee on behalf of Dudley CCG.
3.13 Committees and Groups

3.13.1 Audit Committee
This committee will be responsible for corporate Health and Safety risk management and approval of this policy.

3.13.2 Health & Safety Forum
This group reports to the Q&S Committee and will make recommendations based on the ongoing management of the CCG’s Health and Safety Management System.

3.13.3 Staff Forum
Health & Safety will be a standing agenda item for the Staff Forum meetings.

4 Arrangements for Health and Safety

This section contains the detail of what we are going to do in practice to achieve the aims set out in our Statement of Intent.

The CCG has a suite of procedures and guidelines to support the arrangements for Health and Safety. These are available to all staff via the corporate intranet.

4.1 Risk Assessments

A full programme of risk assessments will be conducted in accordance with Dudley CCG’s Risk Management Policy. Any corrective actions identified will be added to the Health and Safety Action Log and, where appropriate, to the Risk Register.

Additional assessments will take place, when necessary, in respect of the following:

- Lone Workers
- Working at Height
- Young Persons
- New and Expectant Mothers
- Manual handling
- Control of Substances Hazardous to Health (CoSHH)
- Violence and aggression

4.2 Assurance

Internal audits will be carried out and any non-conformances will also be added to the Health and Safety Action Log.

4.3 Consultation with Employees

The CCG will ensure Health and Safety Representatives are appointed in accordance with the Safety Representatives and Safety Committee Regulations 1977 and, where there is no recognised Trade Union representation, in accordance with the Health and Safety (Consultation with Employees) Regulations 1996.

Staff will be informed of health and safety issues via the following methods:

- Induction & integration programme
- Health and safety noticeboard
- The corporate intranet
- Staff bulletins
- Staff Forum minutes
They have the opportunity to raise health and safety concerns via:

- The health and safety representatives
- Their Line Manager
- Staff appraisal process
- Staff forums

4.4 Safe Equipment

Dudley CCG will ensure that wiring and electrical equipment (including portable appliances) are tested regularly in accordance with the appropriate regulations.

Display Screen Equipment (DSE) self-assessments should be conducted by all employees at induction and managers should ensure that any reasonable adjustments are made where necessary. The assessment should be repeated in the event of any significant changes to the role or the environment, or if the employee feels they are experiencing any discomfort which could be attributed to the workstation settings. The CCG offers assistance with the cost of sight tests and corrective vision equipment where appropriate.

The CCG will also ensure that any equipment needed for specialist tasks meets the minimum safety standards and is maintained in accordance with the manufacturer's instructions and any relevant health and safety guidelines or regulations.

4.5 Safe Environment

The CCG will ensure that any necessary assessments are undertaken to ensure its premises are healthy and safe places to work. These will include tests and, where appropriate, management plans for asbestos, legionella and any other environmental hazards specified by law or regulations.

4.6 Information

The Health and Safety Law poster is displayed on the Health & Safety noticeboard. Health and safety advice and guidance is available from the Competent Person.

4.7 Health and Safety Training

All new staff and trainees will complete their induction & integration programme within the first three months, which will include basic health and safety issues. They should also complete the Health and Safety Awareness training module on the CCG intranet within the first week. This is a mandatory training module which should be repeated every year, supplemented by annual face to face training.

4.8 Accidents, Incidents and Near Misses

All accidents, incidents, near misses, unplanned events and cases of work-related ill health are to be reported immediately through the CCG's incident reporting system (see the Incident Reporting Procedure for more detail). RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable incidents must be reported to the local enforcing authority within the appropriate timescale.

4.9 First Aid

Dudley CCG has an appropriate number of trained first aiders at each site and an appropriate number of suitably stocked first aid boxes. First aid posters are clearly displayed giving contact details of the first aiders and locations of the nearest first aid boxes.
4.10 Emergency Procedures – Fire and Evacuation

Each of the CCG’s premises will have its own set of Fire Procedures whose implementation will be the responsibility of the local Fire Co-ordinator. The Fire Procedures will contain the following:

- Roles and responsibilities of:
  - Fire Co-ordinator
  - Fire Wardens
  - Evacuation Chair Assistants
  - Managers
  - All staff
- Evacuation assembly points
- Firefighting equipment and uses

There is also a separate Personal Emergency Evacuation Plan (PEEP) Procedure and Risk Assessment for employees and visitors who may require assistance in the event of an emergency evacuation.

A fire alarm testing program is in place, provided by the landlord of the building.

Fire extinguishers are tested regularly by the landlord of the building.

4.11 Monitoring

Internal audits will be conducted to monitor the effectiveness of the CCG’s health and safety management system and to ensure that the CCG remains compliant with all relevant health and safety legislation. The performance of the health and safety management system will be reported regularly to the Audit Committee and the Policy itself will be reviewed every two years, or sooner should national or organisational requirements demand it.

In this way, the CCG will demonstrate that it is doing everything that is reasonably practicable to manage health and safety issues, discharge its statutory duties and meet its corporate objectives.

5 Equality Statement

Dudley CCG aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

In carrying out its functions, Dudley CCG is committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which Dudley CCG is responsible, whether internal or on behalf of customers, including policy development, review and implementation.

All Dudley CCG policies can be provided in audio, large print, Braille or other formats and languages, if requested, and an interpreting service is available to individuals who require it.
**TITLE OF REPORT:** Finance & Investment Committee Report

**PURPOSE OF REPORT:** To advise the Board of key issues discussed at the Finance, Performance and Business Intelligence Committee on 28 November 2019 and to report the latest financial performance information available, this relates to November financial information.

Due to the number of apologies the November Committee was not quorate and the Governing Body are asked to ratify the decisions made by those Committee members present.

Items presented to Governing Body are those included in papers circulated to Committee members.

**AUTHOR OF REPORT:** Mr M Hartland, Chief Finance and Operating Officer  
Mr J Smith, Head of Financial Management – Corporate

**MANAGEMENT LEAD:** Mr M Hartland, Chief Finance and Operating Officer

**CLINICAL LEAD:** N/A

**KEY POINTS:**
- The CCG expects to meet all financial duties in 2019/20.
- The CCG is reporting a year to date underspend of £7,815,648 for November 2019 and expects to achieve its year end control total of £12,817,000 as agreed with NHS England (NHS E). This reflects the in-year surplus increase of £1,100,000 as requested by NHS E to support the wider NHS financial position.
- The Policy and Commissioning Committee (P&CC) is forecast to overspend by £9.5m against its delegated budget. Estates utilisation savings and the release of Reserves under the remit of F&I Committee are mitigating the reported overspend.
- Committee received updates on the Board Assurance Framework & Risk Register.
- Reports from the IT Strategy Group and Estates Strategy Group were received.
- Committee endorsed the revised Treasury and Cash Management Policy.
- Update from December Committee – proposed changes to membership of Terms of Reference

**RECOMMENDATION:**
The Board is asked to:
- receive the report for assurance
- note the decisions taken under delegated authority
- ratify the decisions made by Committee on 28 November, due to the Committee being inquorate.
- Approve the proposed amends to the Terms of Reference

**FINANCIAL IMPLICATION:** As outlined in report and key points above

**WHAT ENGAGEMENT HAS TAKEN PLACE:** None

**ANY CONFLICTS OF INTEREST:** None

**ACTION REQUIRED:** ✓ Approval  
✓ Assurance
1.0 INTRODUCTION
The report summarises the key issues discussed by the Finance & Investment Committee on 28th November 2019 and the latest period’s financial information.

Items presented to Governing Body are those included in papers circulated to Committee members. Due to the number of apologies the November Committee was not quorate and the Governing Body are asked to ratify the decisions made by those Committee members present.

Following the new committee restructure performance against key performance indicators will form part of Integrated Assurance Committee update.

2.0 KEY INDICATOR SUMMARY
The table below identifies the CCG’s latest performance against key financial indicators for 2019/20. This represents November financial information. It is followed by an explanation of key issues where required.
3.0 STATUTORY FINANCIAL DUTIES

The CCG has an annual budget at November 2019 of £518.39m. This reflected the notified allocation from NHS E and CCG anticipated allocations. At this point in time, the CCG was underspent by £7.82m and is forecast to achieve a surplus on its Revenue Resource Limit of £12.82m meeting the control total agreed with NHS E.

Capital budgets, cash limits and the CCG’s programme and administration expenditure targets are all expected to be achieved.

At a summary level there are three distinct areas of expenditure within the CCG, for which budget responsibility has been delegated to appropriate Committees. These are commissioning expenditure (Policy & Commissioning Committee – P&CC), running/staffing costs and reserves (Finance and Investment Committee – F&I) and primary care commissioning/membership development (Primary Care Commissioning Committee - PCCC).

Whilst the Finance and Investment Committee retains oversight of the financial position of the organisation and advises the Board regarding any mitigating actions that may need to be taken, the clinical and management leads of appropriate Committees are responsible and accountable for financial performance of their delegated portfolio.

3.1 Financial Position by Committee

The table below identifies the financial position to date by Committee;

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<thead>
<tr>
<th>Committee</th>
<th>Annual Budget £m</th>
<th>Year to date Budget £m</th>
<th>Year to date Actual £m</th>
<th>Year to date Variance £m</th>
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<tr>
<td>Policy &amp; Commissioning Committee</td>
<td>438.6m</td>
<td>292.4m</td>
<td>298.3m</td>
<td>5.9m</td>
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<td>10.7m</td>
<td>5.0m</td>
<td>(5.7m)</td>
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<td>Primary Care Commissioning Committee</td>
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<td>32.1m</td>
<td>31.9m</td>
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<td>Surplus</td>
<td>12.8m</td>
<td>7.8m</td>
<td>-</td>
<td>(7.8m)</td>
<td>(12.8m)</td>
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<tr>
<td>Total</td>
<td>518.4m</td>
<td>343.0m</td>
<td>335.2m</td>
<td>(7.8m)</td>
<td>(12.8m)</td>
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3.2 Policy & Commissioning Committee

Based on month 8 (November), the Policy & Commissioning Committee (P&CC) is forecast to overspend against its delegated budget by £9.5m.

This is predominantly in three main areas:
- High Cost Drugs and Prescribing Expenditure
- Acute Contracts
- Mental Health Contracts

The latest committee position has been discussed at the P&CC and rectification plans are being developed and will be presented back to F&I committee for assurance. Plans will continue to be monitored and reviewed for each of the overspending items above (excluding FNC where the rate is nationally agreed) until full assurance is gained.

The forecast overspending described above at this point does not result in a breach of the CCG’s financial duties.

3.3 Finance & Investment Committee

The Finance and Investment Committee, including reserves is forecast to underspend against its delegated budget by £9.3m.

To mitigate the £9.5m overspend reported against P&CC the CCG is required to utilise its reserves. It is imperative that rectification plans are fully implemented to mitigate any further financial risk.
F&I committee receives an overview of CCG financial performance by committee and has discussed the latest financial position at its meeting in November.

3.4 Primary Care Commissioning Committee

The Primary Care Commissioning Committee (PCCC) is forecast to achieve a small surplus against its delegated budget.

The latest financial position has been discussed at PCCC and have given F&I committee assurance it will manage and achieve financial balance at year end.

It is vital that spending is robustly managed during the year in order to meet the CCGs duty to achieve the control total set by NHS E.

This will be achieved by:–

- Development of rectification plans in relation to main overspending areas should they arise.
- Continual reviews of all discretionary spend.
- Continued adoption of robust financial governance measures.
- Progress with the achievement of 2019/20 QIPP schemes and develop additional schemes to mitigate the risk of any shortfall in achievement of original plans.

The Board will be kept informed of progress.

4.0 QIPP

The CCG QIPP target for 2019/20 stands at £17.88m, equating to 3.5% of the CCG’s total resource allocation. The forecast achievement against these plans is £17.89m which is on target for 2019/20.

The main QIPP schemes in 2019/20 are emergency admissions from care homes, inpatient rehabilitation, prescribing and activities to be delivered through the RightCare programme such as MSK.

In respect of future reporting, Commissioning Development Committee and Primary Care Commissioning Committee will receive detailed reports of the schemes. Finance, Performance and Business Intelligence Committee will have the role of reviewing and holding the other committees to account on the overall delivery of the QIPP programme.

5.0 ITEMS DISCUSSED AT FINANCE & INVESTMENT COMMITTEE

5.1 Combined Board Assurance Framework and Risk Register

The risks assigned to the Committee were reviewed and accepted.

5.2 20% Running Costs Reduction

A report on the CCG’s plan to achieve a 20% reduction in Running Cost by March 2021 as required by NHS E was received by the committee for assurance.

The plan had been constructed that met the target and was likely to change following the appointment of a single Black Country and West Birmingham Accountable Officer, plans would be updated and presented to Board as part of the Budget Book for 2020/21.

5.3 Treasury and Cash Management Policy

An updated Treasury and Cash Management Policy was presented and approved at the November Committee, Ratification is required from Governing Body due to the Committee being inquorate and is presented as an Appendix to this report.

The main changes to the policy related to the update of job titles to reflect changes in financial responsibilities within the finance team.

5.4 Contracts Update

Committee received a progress update on all contract renewals, terminations and extensions that were due during the financial year 2019/20.
5.5 Ratification of decisions taken by the F&I Committee on 28 November 2019
The Finance and Investment Committee was not quorate on 28 November. Following the Committee, it was agreed that Governing Body would be asked to endorse those items requiring approval and are appended to the report.

6.0 REPORTS FROM GROUPS ACCOUNTABLE TO THE COMMITTEE

6.1 IT Strategy Sub-Committee
The Committee received an update on the issues discussed by the IT Strategy Group and noted good progress on implementing projects within the strategy. The main issues for the Board to note were the GP IT desktop refresh had been delayed due to issues with Windows 10 roll out and with the new HSCN network links; the move from TQuest with ICE was progressing well; a working group was being established to understand Primary Care interoperability requirements and priorities and committee were informed that the project related to video conferencing in General Practice had been reinstated following renewed interest from GPs.

As a result of slippage in NHS E for schemes applying for ETTF funding this financial year there was an opportunity for the CCG to bid for additional funding with the pathology links provided via ICE being put forward as a potential scheme.

6.2 Estates Strategy/Operational Group
The Committee received an update on the issues discussed by Health Economy Estates Groups and discussed a number of items in relation to the current year work programme as part of the Health Infrastructure Strategy. The main issues for the Board to note are the securing of Estates and Technology Transformation Funding (ETTF) for the reconfiguration of space at Three Villages; the Kingswinford premises scheme following a meeting with NHS E had been identified as a pilot scheme in their ‘new for old’ programme; The Limes practice had disappointingly indicated their intention to withdraw from the Lye project rendering the scheme unviable and the project to improve the use of Ridge Hill continued.

7.0 UPDATE FROM DECEMBER COMMITTEE
Following the Committee held on the 19 December 2019, a change to membership was proposed to the Terms of Reference for the Finance & Investment Committee so that future meetings would be quorate. The membership currently is:

- One must be the Chair or Vice Chair
- One must be a Secondary Care Clinician or Director of Commissioning
- One must be the Chief Operating and Finance Officer (or Nominated Deputy)

The Committee proposed to change the quorum to:

- One must be chair, vice chair or Secondary Care Clinician
- One must be Director of Commissioning or Director of Primary Care
- One must be Chief Finance and Operating Officer or nominated deputy

As the Committee was not quorate the Board is asked to approve the proposed changes.

8.0 RECOMMENDATION

1) The Board is asked to receive the report for assurance and to ratify the decisions made by Committee on 28 November, due to the Committee being inquorate.
2) The Board is asked to approve the proposed changes to the Terms of Reference for the Finance & Investment Committee,

Mr M Hartland
Chief Finance and Operating and Officer
December 2019

Appendix 1 - Treasury and Cash Management Policy
Treasury and Cash Management Policy
AMENDMENT HISTORY

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<th>VERSION</th>
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<td>1 Nov 2016</td>
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REVIEWERS
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<tr>
<td>Sue Johnson</td>
<td>November 2016</td>
<td>Deputy Chief Finance Officer</td>
<td>D1.0</td>
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<tr>
<td>Kelly Holland</td>
<td>November 2019</td>
<td>Financial Accountant</td>
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<tr>
<td>James Smith</td>
<td>November 2019</td>
<td>Head of Financial Management</td>
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APPROVALS
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N.B: the version of this policy posted on the intranet must be a PDF copy of the approved version.

DOCUMENT STATUS
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS
These documents will provide additional information:

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<td>HMT Managing Public Money</td>
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1.0  POLICY OVERVIEW

1.1  Introduction

Clinical Commissioning Groups (CCG’s) have a statutory duty to remain within their Cash Limit, and cannot draw down cash beyond that. NHS England issue a maximum cash drawdown (MCD) each year to the CCG to achieve this. Cash must be managed efficiently to ensure that the CCG has adequate cash for its needs for the whole year.

1.2  Purpose

The purpose of this policy is to ensure compliance with the treasury management requirements.

1.3  Who This Policy Applies To

The policy applies to all staff, including temporary staff and contractors to the CCG and reflects controls at Shared Business Services (SBS).

1.4  Key Principles

The objectives of the treasury management policy are to support the CCG’s strategic and business objectives and to safeguard and properly account for the use of public money.

1.5  Legal Considerations

HMT Managing Public Money.
2.0 THE POLICY

2.1 Statement of Audit Requirement and Financial Control

2.1.1 The system control objectives for the cash and bank function are as follows:

- Segregation of general ledger detail is adequate
- Segregation of duties is adequate
- Adequate physical security exists

2.1.2 Management recognises that the key controls listed above can only be achieved through adherence to a system of internal controls (including Shared Business Services) and accounting procedures. The cash and bank function takes into account the following

- Segregation of duties is adequate within the ledger system
- Adequate physical security exists on those accessing the system
- Receipts are accounted for properly, promptly and in full
- Payments are accounted for properly, promptly and in full
- Payments are authorised by a responsible officer
- Cash limit drawdown forecasts are appropriate
- Adequate and timely management information is generated in respect of past and future expenditure
- Bank accounts and cash balances are regularly reconciled
2.2 **Introduction and National Framework**

2.2.1 Clinical Commissioning Groups (CCG’s) have a statutory duty to remain within their Cash Limit, and cannot draw down cash beyond that. NHS England issue a maximum cash drawdown (MCD) each year to the CCG to achieve this. Cash must be managed efficiently to ensure that the CCG has adequate cash for its needs for the whole year.

2.2.2 Ineffective draw down of cash throughout the year is uneconomical for the Treasury, and where the Department of Health deems a CCG is at fault, a penalty can be imposed on that CCG.

2.2.3 CCGs are expected to manage their cash position in accordance with the following principles:

- CCGs cannot drawdown more than its notified Maximum Cash Drawdown (MCD)
- The annual MCD, year to date draw down and remaining draw down available will be notified to CCGs on the Cash reports issued each month by NHS England
- The MCD will be adjusted to reflect adjustments to resource limits – in particular to reflect adjustments to the NHS England Cash Limit resulting from the outcome of the annual cash forecast exercise and Spring Supply exercise
- CCGs should make payments to suppliers within standard terms and conditions
- CCGs should raise invoices in a timely manner and recover cash from debtors within their standard terms and conditions

2.2.4 Cash management cannot be undertaken in isolation from resource management. Both need to be planned and managed throughout the year. There are Treasury rules that apply to the total cash available to the Department of Health. The Department cannot draw more cash from Treasury than the financing requirement approved by Parliament. This strategy draws on a key document HMT Managing Public Money in the NHS which identifies a cash management framework and good practice in the NHS.

2.2.5 The calculation of total cash available to the CCG, is the sum of the following:

- net resources per approved resource allocation for the financial year
- capital allocation for the financial year
- any cash loans or repayments
- non-cash items (new provisions, capital charges, depreciation, and impairments) for the financial year
- changes in creditors and debtors for the financial year

2.2.6 Cash applies to one financial year only. Any cash in the CCG bank account at year end is not available to support the next year’s cash payments. Cash balances reported in the annual accounts can be deducted from the CCG in the next year. Therefore, it is essential that cash balances are minimised at year end.

2.3 **Bank Accounts**

2.3.1 The CCG are part of the Government Banking System (GBS) which is controlled by NHS England.

2.3.2 NHS Shared Business Services (SBS) provide management of all GBS bank accounts including reconciling the daily cash book, control account reconciliations, management of payment runs, cash receipting and short and long term cash forecasting.
2.3.3 SBS have access to all GBS bank statements and these are used to update the cash books daily and also for the monthly bank reconciliations. The CCG are sent a copy of the month end GBS bank statements each month.

2.3.4 There is one Nat West bank account which SBS monitor on behalf of the CCG.

Receipts into Nat West can be made via any of the following methods:

- Internal Transfer
- BACs
- CHAPs
- Foreign Exchange Transfer
- Cheques received from debtors

Payments from the Nat West bank account can be made via any of the following methods:

- Internal Transfer
- CHAPS Transfer
- Foreign Exchange Transfer
- BACS
- Payable Orders

Internal Transfers are made for:

- NHS Invoices
- Superannuation

2.4 CHAPS Transfers

This method of payment is normally only used where funding must be received on the day the transaction is initiated.

2.5 BACS Payments & Payable Orders

2.5.1 BACS payments are made for:

(a) Salaries and wages  
(b) Creditor payments  
(c) Staff expenses  
(d) Tax and National Insurance  
(e) Co-commissioning

2.5.2 Payable Orders are used for one-off payments:

(a) to suppliers where there are missing bank details on SBS  
(b) individual GPs for Health Assessments
2.6  **Day to Day Cash Book Management**

2.6.1 SBS provide management of all standard day to day banking operations such as monitoring of the daily cash book, management of payment runs and cash receipting.

2.6.2 A detailed daily cash book is maintained at SBS which is updated with all receipts and payments, and a copy is e-mailed to CCG named finance staff contacts on a daily basis.

2.6.3 Payment runs are created by SBS and are reviewed and authorised by CCG finance staff. If required, invoices can be excluded depending on how much cash is available for the run. If additional invoices are required to be added to the payment run to run the cash balance down, this can be done by liaising with SBS. Details of the payment runs are downloaded & saved within the CCG files. Below is a schedule of the payment runs for the CCG.

<table>
<thead>
<tr>
<th>Payment Runs</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheques</td>
<td>Wednesday each week</td>
</tr>
<tr>
<td>BACS</td>
<td>Wednesday and Friday each week</td>
</tr>
<tr>
<td>RFT's (Internal Transfers)</td>
<td>1st working day &amp; on 15th or previous working day closest to 15th of each month</td>
</tr>
<tr>
<td>Co-Commissioning</td>
<td>Around 20th – 22nd of each month</td>
</tr>
<tr>
<td>Tax/NI</td>
<td>Around 17th – 19th of each month</td>
</tr>
<tr>
<td>Payroll</td>
<td>29th or previous working day closest to that date each month</td>
</tr>
</tbody>
</table>

2.6.4 The cash book is monitored throughout the month to ensure that the CCG is able to remain within its tolerance limit of 1.25% of the cash drawdown at month end and to ensure there is enough cash available to meet its obligations.

2.7  **Cash Forecasting**

2.7.1 CCGs are allocated a maximum cash draw down limit (MCD) for the year. This may change each month depending on additional allocations that the CCG are forecast to receive during the year. The total draw down forecast for the year cannot exceed this MCD. The MCD is specified on the Cash Reports received each month from NHS England.

2.7.2 Cash flow for each month is calculated based upon historical data and known exceptional items. Forecasts are made for regular known payments such as mandate payments, payroll etc. Meetings are then held each month with CCG management accountants to identify any one-off payments or receipts that will need to be factored into the cash flow forecast.

2.7.3 Cash is forecasted two months in advance with a breakdown of the amount for the month required by date and payment type. The forecast figures are updated with the month’s actual figures on a daily basis and variances identified. A notional interest charge is applied and is included in the CCGs daily cash flow forecasts. Notional charges are calculated to mirror the way HMT charges DH but are not actual charges levied to CCG’s.

The notional monthly financial charges are calculated based on:–
- total of daily CHAPS variance at 0.0137%
- total of daily & BACS variance at 0.0137%
- monthly forecast/outturn variance at 0.0208%
- monthly BACS forecast/outturn variance at 0.0208%

2.7.4 The forecast needs to ensure that the requisitioned cash drawdown from the DoH plus the month end balance brought forward are within 1.25% plus or minus of the net payments for that month. This is a key target that is reported each month to the Finance & Performance Committee in the CCG.
2.7.5 At the end of the month the cash balance is reconciled to the cashbook and the bank reconciliation maintained by SBS.

2.7.6 An annual cash flow forecast is maintained by NHS SBS based on the latest cash limit & receipt / payment forecasts.

2.8 **Monthly Cash Drawdown**

2.8.1 Funds are requisitioned each month from the Department of Health using a CFF1 form.

2.8.2 All requests for drawdowns must be sent by a CCG authorised signatory. A list of those staff authorised to request drawdowns on behalf of the CCG is completed on the CFF3 form.

2.8.3 In order to amend the list of signatories, a revised CFF3 form must be completed and e-mailed to SBS at the following address nhsenglandcash.managment@nhs.net. The form must be signed by a current signatory and dated. The current signatories are the Chief Finance Officer Head of Financial Management – Corporate & Financial Planning and Financial Accountant

2.8.4 The drawdown request should usually be made by around the 16th of each month, in line with the published cash drawdown timetable, which can be found on Sharepoint and e-mailed to both SBS and NHS England via the following e-mail addresses:

sbs-w.ccgdrawdown@nhs.net
nhsenglandcash.managment@nhs.net

2.8.5 The CFF1 form (unsigned) must be e-mailed to both SBS and NHS England from one of the e-mail addresses of the CCG authorised signatories. If it is not emailed by an authorised signatory, the form must be signed by an authorised signatory and then emailed across to ensure it is accepted.

2.8.6 The form must be completed accurately with the request for funding for the first working day of the following month. A detailed forecast of cash receipts and payments for the next month must also be shown to evidence the estimate of funding required for that month.

2.8.7 The funds will automatically be credited into the CCGs Bank account on the first working day of the following month and should be reflected in the cash book received from SBS on that day.

2.8.8 There is an option for a supplementary drawdown request to be made in the second week of each month, if the CCG find that their cash requirements have increased.

2.8.9 This supplementary drawdown needs to be made using a CFF2 form and e-mailed in the same way as the CFF1 form by the deadline in the published cash drawdown timetable.

2.8.10 All requests for a supplementary drawdown in the month must be supported by an authorised business case explaining the need for the additional cash.

2.8.11 Detailed procedures for how to complete the CFF1 and CFF2 forms can be found in the CCG finance directory.

2.9 **Bank Reconciliations**

2.9.1 At the end of each month SBS reconcile the cashbooks to the Nat West statements and to the ledger and send bank reconciliations to be reviewed by the financial accounts team at the CCG.
2.9.2 CCG finance staff review the internal cash book balances and outstanding payable orders to ensure the figures agree with those of SBS. If they do not, then they should be queried with the SBS cash contact.

2.9.3 The reconciled general ledger balance for the bank account is then included in the list of control account balances which is reviewed by the Senior Finance Manager - Corporate & Financial Planning each month.

2.10 **Bank Mandates and Authorised Payments Signatories**

2.10.1 The CCG maintain a copy of the bank mandate which is held by SBS.

2.10.2 Authorised CCG signatories are shown under “Services Account Maintenance Panel” and “Operations Banking Transactions Panel.”

2.10.6 The CCG also maintain a list of those finance staff who are authorised to request the following payments through SBS:

- Manual CHAPs
- Faster payments
- Book transfers
- Foreign payments

Payments can be inputted by the Accounts Assistant or Financial Accountant and approved by the Head of Financial Management – Corporate & Financial Planning or Head of Financial Management – Commissioning.

2.10.8 If any amendments need to be made to the authorised signatories, a revised form must be completed and e-mailed to the SBS cash contact. The form must be signed by a current signatory and dated.
## Title of Report:
Policy and Commissioning Committee Report

### Purpose of Report:
To note matters considered by the Policy and Commissioning Committee

### Author of Report:
Mr N Bucktin – Director of Commissioning

### Management Lead:
Mr N Bucktin – Director of Commissioning

### Clinical Lead:
Dr J Darby – Clinical Executive

### Key Points:
1. Finance report considered, noting overspend in relation to acute services, NHS Continuing Healthcare and prescribing.
2. QIPP delivery for 2019/20 reviewed. Programme noted to be on track to be delivered.
3. Prescribing budget overspend under investigation.
4. Pilot revised streaming scheme for Urgent Treatment Centre (UTC) approved.
5. NHS Continuing Healthcare complex care package procurement specification and methodology approved.
7. CAMHS Transformation Plan refresh approved.
8. Individual Funding Requests (IFRs) half year report noted.

### Recommendation:
That the matters considered by the Policy and Commissioning Committee be noted.

### Financial Implications:
None arising directly from this report. The financial impact of budget overspend and the QIPP programme are covered in the report of the Finance and Investment Committee.

### What Engagement Has Taken Place:

### Any Conflicts of Interest Identified in Advance:
None

### Action Required:
- Decision
- Approval
- Assurance
1.0 PURPOSE OF REPORT
1.1 To note matters considered by the Policy and Commissioning Committee

2.0 BACKGROUND
2.1 The Policy and Commissioning Committee met on 20 November 2019. This report sets out the main matters considered by the Committee.
2.2 It should be noted that the meeting was inquorate and any decisions taken require the approval of the governing body.

3.0 FINANCE REPORT
3.1 The Committee has noted an overspend of £5.15m for the period to October 2019. This was largely attributable to acute services, prescribing and NHS Continuing Healthcare.
3.2 Dudley Group NHS Foundation Trust was reporting a forecast overspend of £3.6m including £721,000 for out-patient first attendances. Reducing out-patient attendances was considered to be a priority scheme for the 2020/21 QIPP Programme.
3.3 Budget managers had been requested to work with the relevant management accountants on rectification plans which would be reported to the Committee.

4.0 QIPP PROGRAMME 2019/20
4.1 The Committee has considered a report on a 6 month review of the 2019/20 QIPP Programme. The Programme has a target of £16.78m and a further non-recurrent stretch target of £1.1m.
4.2 Whilst there was a £2m risk to the delivery of schemes at month 6, non-recurrent savings had been identified to address this.

5.0 PRScribing AND MEDicines MANAGEMENT
5.1 The Committee noted matters considered by the Prescribing and Medicines Management Sub-Committees.
5.2 The overspend on the prescribing budget was of concern and it was reported that the Pharmaceutical Public Health Team was working with finance colleagues to understand the reasons behind the current performance.

6.0 URGENT TREATMENT CENTRE (UTC) - PROPOSED STREAMING MODEL PILOT SCHEME
6.1 The Committee has approved a proposed revised streaming model for the UTC designed to reduce the number of patients accessing the Emergency Department (ED).
6.2 The model will:-
   • stream at the front door and identify “red flag” patients requiring an immediate referral to an ED clinician;
   • provide an ANP assessment face to face within 15 minutes (as opposed to a clipboard based assessment) for all other patients using access to the GP clinical system as necessary.
6.3 This will provide 4 possible outcomes:-

- referral to ED;
- referral to UTC GP if there is a priority need;
- patient seen, treated and discharged by ANP;
- patient waits to see GP if see and treat cannot be completed in a timely manner.

6.4 It is anticipated that this model will increase the number of patients managed through the UTC due to the revise assessment process.

7.0 NHS CONTINUING HEALTHCARE – COMPLEX CARE PACKAGE PROCUREMENT

7.1 The Committee has approved the proposed service specification for this procurement which will be conducted using the “Any Qualified Provider” (AQP) route. This is intended to create capacity in the market and establish a sustainable pricing structure.

8.0 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEN/D) – WRITTEN STATEMENT OF ACTION

8.1 The Committee have noted actions that are attributable to the CCG in the Written Statement of Action produced in response to the CQC/OFSTED report on the implementation of the SEN/D reforms in Dudley.

9.0 CAMHS TRANSFORMATION PLAN 2019/20

9.1 The Committee has received the CAMHS Transformation Plan refresh for 2019/20.

9.2 This describes a number of initiatives that have been funded to support the emotional health and wellbeing needs of children and young people in a range of settings by both statutory bodies and the voluntary and community sectors.

10.0 INDIVIDUAL FUNDING REQUESTS - HALF YEAR REPORT

10.1 The Committee has considered a report on Individual Funding Requests (IFRs). This showed an increase in requests based upon the same period last year.

10.2 The use of EMIS templates by primary care to support the implementation of the Evidence Based Interventions Policy remains an issue.

11.0 RECOMMENDATION

11.1 That the matters considered by the Policy and Commissioning Committee be noted.

Neill Bucktin
Director of Commissioning
December 2019
**Title of Report:** MCP Procurement Update  
**Purpose of Report:** To note the current position in relation to the MCP procurement process.  
**Author of Report:** Mr N Bucktin – Director of Commissioning  
**Management Lead:** Mr N Bucktin – Director of Commissioning  
**Clinical Lead:** None

| **Key Points:** |  
|-----------------|--------------------------------------------------------------------------------------------------|  
| 1. | Strategic Outline Case (SOC) for the creation of Dudley MCP NHS Trust from re-designated Dudley and Walsall Mental Health Partnership NHS Trust submitted.  
| 2. | MCP NHS Trust to be established from 1 April 2020 providing a limited range of services.  
| 3. | Full Business Case (FBC) to be submitted by 31 March 2019.  
| 4. | Full Integrated Care Provider contract to be operational from 1 October 2020, subject to completion of Integrated Support and Assurance Process (ISAP).  
| 5. | Appointment processes for leadership positions to commence from mid-January 2020.  
| 6. | Responses to outstanding issues awaited from the bidding partnership. |

**Recommendation:** That the position in relation to the MCP procurement be noted.

**Financial Implications:** None

**What Engagement Has Taken Place:** None

**Any Conflicts of Interest Identified in Advance:**  
1. Any GP members of the governing body likely to enter into an Integration Agreement with the MCP.  
2. Any GP members of the GP Steering Group.

**Action Required:**  
- Decision  
- Approval  
- Assurance
1.0 PURPOSE OF REPORT
1.1 To note the current position in relation to the MCP procurement process.

2.0 BACKGROUND
2.1 The governing body will be aware of discussions that have taken place with NHS England (NHSE) and NHS Improvement (NHSI) regarding the development of the MCP. This report provides an update on progress.

3.0 ORGANISATIONAL FORM AND CONTRACTING
3.1 Agreement has been reached on the option of creating an MCP organisation as a result of “re-designating” Dudley and Walsall Mental Health Partnership NHS Trust. This would follow the transfer of Dudley and Walsall Mental Health Partnership NHS Trust’s business to Black Country Partnership NHS Foundation Trust (subject to specific actions in relation to some services identified in 3.3 below) to create a new NHS Foundation Trust providing mental health and learning disability services to the Black Country.

3.2 The required Strategic Outline Case (SOC) for the creation of the MCP was submitted to NHS England/Improvement in November 2020. This coincided with the Full Business Case (FBC) submission for the establishment of a Black Country Mental Health and Learning Disability NHS Foundation Trust.

3.3 This proposal involves the re-purposed NHS Trust retaining those mental health services to be provided directly by the MCP as opposed to being transferred to Black Country Partnership NHS Foundation Trust, whilst the community children’s services to be directly provided would be transferred from Black Country Partnership NHS foundation Trust to the re-purposed NHS Trust. This means that with effect from 1 April 2020, the re-designated NHS Trust (Dudley MCP NHS Trust) would be providing a limited range of mental health services and children’s physical health services. The NHS services would be provided from under the terms of the Standard NHS Contract to the CCG and the public health commissioned children’s services would be provided under a contract held with the Council.

3.4 The MCP NHS Trust would not be responsible for providing the full scope of services until the Integrated Support and Assurance Process (ISAP) and the Transaction Review (see below) have been completed. On this basis, the anticipated start date would be 1 October 2020. At this point the CCG and the Council (under the terms of a Section 75 Agreement) would contract with the MCP NHS Trust using the national Integrated Provider Contract. The MCP NHS Trust would in turn, sub-contract for a number of services, including some services provided by Dudley Group NHS Foundation Trust and the new Black Country Mental Health and Learning Disability NHS Foundation Trust.

4.0 STRATEGIC OUTLINE CASE AND FULL BUSINESS CASE
4.1 Discussions have now taken place with NHSE/I regarding the SOC and further feedback is awaited.

4.2 At a meeting on 13 December 2019 a number of issues were reviewed with NHSE/I and they raised a number of aspects that need to be addressed in the FBC including:-

- potentially fragile services and associated risks;
- long term financial strategy for the local system and risk/gain share arrangements;
- stranded costs;
- organisational development plans and ongoing clinical engagement.

4.3 Work has now begun on the FBC and this will be submitted by 31 March 2020.
5.0 APPOINTMENT PROCESSES

5.1 It is important that a suitable Board is established as soon as possible in order to have oversight of the next stages of the process. The Regional Provider Oversight Committee is meeting on 14 January to receive an update on progress. It is anticipated that after this date the appointment processes can begin. The first step will be to confirm the position of the Chair. A combination of permanent and interim roles will follow until such time as a substantive leadership structure can be established.

6.0 CONTRACT MOBILISATION AND INTEGRATED SUPPORT AND ASSURANCE PROCESS (ISAP)

6.1 A number of outstanding issues remain to be finalised before contracts can be fully mobilised, some of which will be addressed through the development of the FBC.

6.2 Given that the proposed organisational form has changed from an NHS Foundation trust to an NHS Trust, the Pre-Qualification Questionnaire will need to be resubmitted by the bidding partnership and re-assessed. The partnership has been advised accordingly and a re-submission is awaited.

6.3 The governing body has previously noted the requirements of the ISAP. Checkpoint 2 of this process takes place alongside the “Transaction Review” that will be required to accompany consideration of the FBC. Given that a number of elements associated with the commissioner aspects of Checkpoint 2 have been completed, NHSE/I have agreed that work can commence on assessing these and documentation has been submitted for this purpose.

7.0 RECOMMENDATION

7.1 That the position in relation to the MCP procurement be noted.

Neill Bucktin
Director of Commissioning
December 2019
**DUDLEY CLINICAL COMMISSIONING GROUP BOARD**

**Date of Meeting:** 9 January 2020  
**Report:** Health and Wellbeing Report  
**Agenda item No:** 10.3

<table>
<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>Health and Wellbeing Board Report</th>
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<tbody>
<tr>
<td>PURPOSE OF REPORT:</td>
<td>To note matters considered by the Health and Wellbeing Board</td>
</tr>
<tr>
<td>AUTHOR OF REPORT:</td>
<td>Mr N Bucktin – Director of Commissioning</td>
</tr>
<tr>
<td>MANAGEMENT LEAD:</td>
<td>Mr N Bucktin – Director of Commissioning</td>
</tr>
<tr>
<td>CLINICAL LEAD:</td>
<td>Dr J Darby – Clinical Executive</td>
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</tbody>
</table>

**KEY POINTS:**
1. Voluntary Sector Innovation Fund report noted.
2. Health Protection Annual Report 2018/19 received and position in relation to immunisation considered.
3. Violence Prevention Strategy Update received.
4. Better Care Fund report received and position in relation to social care delayed transfers of care from neighbouring councils considered.
5. Safeguarding Boards’ annual reports received.

**RECOMMENDATION:**
That the matters considered by the Health and Wellbeing Board be noted.

**FINANCIAL IMPLICATIONS:**
None arising directly from this report.

**WHAT ENGAGEMENT HAS TAKEN PLACE:**
Stakeholder engagement in relation to Voluntary Sector Innovation Fund and Violence Prevention Strategy

**ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE:**
None

**ACTION REQUIRED:**
- Decision
- Approval
- Assurance
1.0 PURPOSE OF REPORT

1.1 To note matters considered by the Health and Wellbeing Board

2.0 BACKGROUND

2.1 The Health and Wellbeing Board met on 4 December 2019. This report sets out the matters considered.

3.0 VOLUNTARY SECTOR INNOVATION FUND ROUNDS ONE AND TWO

3.1 The Board has considered a report on the establishment of the Council’s Voluntary Sector Innovation Fund.

3.2 Following decisions made by the Council to disinvest from a number of voluntary sector contracts that were deemed not to represent value for money or be delivering required outcomes, the Council established the Voluntary Sector Innovation Fund.

3.3 This was informed by engagement with local communities to establish what factors enabled people and communities to be resilient. These were:

- increased sense of belonging and community;
- increased sense of social connection to others;
- increased sense of autonomy and control;
- increased opportunity to contribute and give back;
- increased sense of purpose;
- increased opportunities to learn;
- increased numbers of people being active.

3.4 Bids were invited from local groups against a set of criteria:

- they would contribute to one of the outcomes identified at 3.3 above;
- they would be new, innovative, sustainable for Dudley people and led by voluntary, community and faith sector organisations;
- they would target at least one of the Health and Wellbeing Strategy’s priorities.

3.5 A total of 47 projects have been supported during two rounds of the fund. Evidence is currently being collected to understand their impact before consideration is given as to how a third round might operate in conjunction with other Health and Wellbeing Board partners.

4.0 HEALTH PROTECTION ANNUAL REPORT 2018/19

4.1 The Board has received this annual report.

4.2 The report focused on particular areas of activity including:

- environmental health and food borne illness;
- air quality;
- Tuberculosis;
- support to older people to stay safe and well in cold weather;
- prevention of serious bloodstream infection for those with urinary catheters;
- immunisation for children.
4.3 It was noted in particular that whilst Dudley has some of the highest immunisation rates in the region for children, nationally the number being vaccinated continues to fall and this trend is reflected locally. This will be an area for further attention.

5.0 VIOLENCE PREVENTION STRATEGY - UPDATE

5.1 The Board has considered a report on progress with the development of a violence prevention strategy.

5.2 This has included:-

- data analysis to understand the scale and nature of violence;
- mapping current interventions designed to prevent violence and its recurrence;
- evidence reviews of “what works” elsewhere;
- public and stakeholder engagement.

5.3 The proposed strategy will aim to prevent and reduce all forms of violence including domestic violence, exploitation, county lines, knife crime, modern slavery, suicide and self-harm. Further community engagement will now take place before the full strategy is completed.

6.0 BETTER CARE FUND (BCF)

6.1 The Board has considered a report on BCF performance in 2019120 and noted that all required metrics had been met except for delayed transfers of care. This had been caused by a significant level of social care delays attributable to neighbouring local authorities.

6.2 The Board had noted that the performance of the plan was dependent, in part, upon non-recurrent funding. The continued availability of this funding to the Council has now been confirmed.

7.0 DUDLEY ADULT SAFEGUARDING BOARD AND SAFEGUARDING CHILDREN BOARD - ANNUAL REPORTS 2018/19

7.1 The Board has received the annual reports of both Safeguarding Boards.

7.2 The Board has noted progress made in relation to their strategic priorities and successes in relation to tackling financial abuse and the development of multi-agency safeguarding hubs for adults and children.

7.3 The governing body will be aware of the establishment of the Dudley Safeguarding People Partnership Board, which will replace the existing boards, to reflect legislation and statutory guidance.

8.0 RECOMMENDATION

8.1 That the matters considered by the Health and Wellbeing Board be noted.

Neill Bucktin
Director of Commissioning
December 2019
**DUDLEY CLINICAL COMMISSIONING GROUP BOARD**

**Date of Board:** 9 January 2020  
**Report:** Report from the Primary Care Commissioning Committee  
**Agenda Item No:** 11.1

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<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>Report from the Primary Care Commissioning Committee</th>
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<tbody>
<tr>
<td>PURPOSE OF REPORT:</td>
<td>The purpose of this report is to note the matters and decisions taken at the meeting of the Primary Care Commissioning Committee held on 29 November 2019</td>
</tr>
<tr>
<td>AUTHOR OF REPORT:</td>
<td>Mrs J Robinson, Primary Care Contracts Manager</td>
</tr>
<tr>
<td>MANAGEMENT LEAD:</td>
<td>Mrs C Brunt, Chief Nurse</td>
</tr>
<tr>
<td>CLINICAL LEAD:</td>
<td>Dr T Horsburgh, Clinical Executive for Primary Care</td>
</tr>
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**KEY POINTS:**
- The Committee:
  - received an update from the Primary Care Operational Group (PCOG). PCOG provided assurances that there were no contractual breaches to be issued;
  - noted one contractual variation in respect of the addition of a new partner at Rangeways Road Surgery;
  - received an update regarding exception reporting and compliance against Dudley Quality Outcomes for Health;
  - approved a proposal to remove advice and guidance from the GP Engagement Scheme and noted that the funding will be redistributed to part B of the scheme and that practices will be encouraged to continue to use the service;
  - was assured by an overview of the financial position in respect of the 2019/20 delegated primary care budget;
  - received initial financial modelling for 2020/21 in private session and approved the establishment of a group to evaluate saving opportunities that will be reported back in January;
  - was assured by the progress of the Primary Care Networks; and
  - reviewed and updated the current risk register.

**RECOMMENDATIONS:**
- The Board is asked to:
  - note for assurance the issues discussed, and decisions taken by the Primary Care Commissioning Committee on 29 November 2019

**FINANCIAL IMPLICATIONS:**
- Budgets delegated to the Committee for the financial year 2019/20 total £48,398,000

**WHAT ENGAGEMENT HAS TAKEN PLACE:**
- NHS England
- CQC
- Member practices
- Local Medical Committee

**ANY CONFLICTS OF INTEREST IDENTIFIED IN ADVANCE**
- No conflicts of interest were identified in advance

**ACTION REQUIRED:**
- ✔ Assurance  
- Decision
1.0 INTRODUCTION

1.1 This report summarises the key matters discussed and the decisions taken at the Primary Care Commissioning Committee held on 29 November 2019.

2.0 PRIMARY CARE CONTRACTING

2.1 Committee received assurance from the Primary Care Operational Group (PCOG) that there are no contractual breach notices to be issued against any Dudley practices.

2.2 Committee noted one contractual variation application relating to the addition of a new partner at Rangeways Road Surgery.

3.0 PRIMARY CARE COMMISSIONING

Dudley Quality Outcomes for Health (DQOFH) – exception reporting

3.1 Committee received an update from the PCOG that a number of practices had been found to have high levels of exception reporting. Practice visits will be taking place, action plans will be developed and the findings and progress will be reported back to PCOG.

Dudley Quality Outcomes for Health (DQOFH) – compliance

3.2 Committee noted that the PCOG had received a report covering quarter 2 that assessed compliance against a number of the DQOFH indicators. Committee was advised that a number of practices had been written to, specifically relating to the access targets, and that PCOG will be closely monitoring the achievements.

3.3 GP Engagement Scheme

3.4 Following implementation of the GP Engagement Scheme in September 2019, concerns had been raised by Dudley Group Foundation Trust (DGFT) regarding the volume and appropriateness of advice and guidance referrals which had caused significant impact on the Trust from certain specialities outlined within the scheme. Consequently Committee made the decision to remove this element from the scheme for 2019/20 and the associated funding will be redistributed between the two Medicines Optimisation requirements in Part B.

3.5 Committee noted that the CCG continues to encourage practices to use advice & guidance where appropriate and will continue to work closely with DGFT to maximise the use across all Specialities.

4.0 QUALITY

4.1 The Quality and Safety report to the Board will set out in more detail those areas pertinent to primary care. There were no issues in the report that required contractual actions to be taken against any practice. The full dataset of the Primary Care Analysis Tool (PCAT) will be presented to Committee in January.

5.0 FINANCE

5.1 Committee noted that at the end of October 2019, a breakeven position was reported against delegated budgets, with a vacancy within the nurse mentoring team offset by an overspend against Minor Surgery activity.

5.2 In October, a funding allocations totalling £194,000 was received for STP GP Forward View Schemes.

5.3 An underspend of £228,000 relating the Prescription Ordering Direct (POD) service within primary care was reported against Core CCG budgets this was a result of a hold on the expansion of the POD service
whilst an evaluation of savings was carried out. It was noted that currently the savings did not justify a further roll out however it was suspected that this may be due to the complexity of the data captured. Committee was advised that a further piece of work was being undertaken to apply a more sophisticated analysis to the data.

5.4 Committee was assured by the overview provided of the 2019/20 financial position in respect of the total budget of £48,398,000

Financial planning 2020/21

5.5 Committee received initial financial modelling for 2020/21 in private session and approved the establishment of a group to evaluate saving opportunities that may be required, which will report back in January. It was further noted that the Practice Engagement Scheme is funded non-recurrently in 2019/20, and that current financial modelling was based upon the scheme not continuing into 2020/21.

6.0 PRIMARY CARE NETWORKS (PCNs)

6.1 An update regarding Dudley PCNs was received by Committee and it was noted that PCNs:

- had undertaken an assessment of its maturity;
- had undertaken an assessment of the development needs of the PCN and the PCN Clinical Director;
- will produce a financial plan for submission to the STP Primary Care Programme Board to access £25k development funding;
- had arrangements in place for the provision of clinical pharmacists with effect from 1st October; and
- are delivering the requirements for the provision of extended access.

6.2 Committee ratified the decision made by virtual vote regarding the PCN proposals for Social Prescribing Link workers.

6.3 Committee noted that 2 PCNs had successfully applied to participate in the Productive General Practice Quick Start programme. A further PCN was participating in the ‘Dartmouth Programme’, where the PCN would participate in a series of clinical transformation workshops commissioned by RightCare.

6.4 Committee noted that the Membership had agreed that 2 way communication between the CCG and PCNs would be provided by the relevant GP Board Member.

7.0 RISK REGISTER

7.1 Risks assigned to Committee were reviewed and updated.

7.2 Committee accepted a recommendation from PCOG that given the controls in place, the risks in relation to PCNs were not sufficient to justify inclusion in the risk register.

7.3 With regards to the risks relating to Digital First, Committee also accepted the recommendation from PCOG that the risks to the provision of primary care medical services locally were not sufficient to justify inclusion in the risk register. Committee noted that the Digital First risk was being regularly reviewed by the STP Primary Care Programme Board.

8.0 RECOMMENDATIONS

8.1 The Board is asked to:

- note for assurance the issues discussed, and decisions taken by the Primary Care Commissioning Committee on 29 November 2019.
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<tr>
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<td>Plan, Do, Study, Act</td>
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<td>PE</td>
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<td>PEAK</td>
<td>Database holding the main registered details of patients and associated referral, contact, caseload, outpatient, inpatient, MH Act and clinic information.</td>
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<td>PEPP</td>
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