



integrated working

**Annual General Meeting of the West Suffolk CCG Governing Body**  
to be held from 0915–1300 hrs on Wednesday 26 July 2017 at  
Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3SP

## **AGENDA**

*The Governing Body will be available to meet with members of the public from  
0900 – 0915*

- |    |  |  |
|----|--|--|
| 1. | <b>Apologies for Absence</b>                                 | <i>Dr Christopher Browning</i>                 |
| 2. | <b>West Suffolk CCG – Annual Report and Accounts 2016/17</b> | <i>Dr Christopher Browning/<br/>Ed Garratt</i> |
|    | Link to report on CCG website: <a href="#">(Click here)</a>  | <i>WSCCG17-37</i>                              |
|    | and;   |  |
|    | <b>2016/17 CCG Annual Assurance</b>                          | <i>Ed Garratt<br/>WSCCG17-37a</i>              |
| 3. | <b>Annual Audit Letter 2016/17</b>                           | <i>Chris Armitt<br/>WSCCG17-38</i>             |

## **Questions and Answers**

---

### **GENERAL BUSINESS**

- |    |  |                                |
|----|--|--------------------------------|
| 1. | <b>Apologies for Absence</b>   | <i>Dr Christopher Browning</i> |
| 2. | <b>Declarations of Interest</b><br><i>To declare any interests specific to agenda items</i><br><i>Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available via contact with the CCG's Corporate Governance officer or at the CCG website via the following link: <a href="#">(Click here)</a></i> | <i>All</i>                     |
| 3. | <b>Minutes of the previous West Suffolk CCG Governing Body meeting.</b><br><i>To approve as a correct record Minutes of the West Suffolk CCG Governing Body meeting held on 24 May 2017</i>  | <i>Dr Christopher Browning</i> |
| 4. | <b>Matters Arising and Action Log</b>  | <i>Dr Christopher Browning</i> |

5. **General Update** Ed Garratt  
*To receive a verbal report from the Chief Officer*

### **PATIENT AND PUBLIC ENGAGEMENT**

6. **Patient Story**
7. **Community Engagement Group Minutes** David Taylor  
*To receive and endorse minutes of the Community Engagement*  
*Group meeting held on 29 June 2017* Report No:  
WSCCG17-39

### **GOVERNANCE AND CORPORATE BUSINESS**

8. **Audit Committee Annual Report** Bill Banks  
*To receive and note a report from the Audit Committee Chair* Report No:  
WSCCG 17-40
9. **Financial Performance Committee Annual Report** Bill Banks  
*To receive and note a report from the Financial Performance*  
*Committee Chair* Report No:  
WSCCG 17-41
10. **Procurement Update** Jan Thomas  
*To receive and approve a report from the Chief Contracts Officer* Report No:  
WSCCG 17-42
11. **Freedom of Information** Amanda Lyes  
*To receive and note a report from the Chief Corporate Services Officer* Report No:  
WSCCG 17-43
12. **Governing Body Assurance Framework** Amanda Lyes  
*To receive and endorse a report from the Chief Corporate Services*  
*Officer* Report No:  
WSCCG 17-44
13. **Minutes of Meetings:** Bill Banks  
*To receive a report from the Lay Member for Governance seeking the*  
*endorsement of minutes and decisions of West Suffolk CCG Sub*  
*Committees, those being;* Report No:  
WSCCG17-45
- a) **Audit Committee**  
*The confirmed minutes of an extraordinary meeting held on 22 May*  
*and unconfirmed minutes of a meeting held on 13 June 2017.*
- b) **Finance and Performance Committee**  
*The confirmed minutes of meetings held on 17 May 2017 and 21*  
*June 2017*
- c) **Remuneration and HR Committee**  
*The unconfirmed minutes of a meeting held on 20 June 2017*
- d) **Clinical Scrutiny Committee**  
*The unconfirmed minutes of a meeting held on 28 June 2017*
- e) **CCG Collaborative Group**  
*The unconfirmed minutes of a meeting held on 15 June 2017*
- f) **West Suffolk CCG Commissioning Governance Committee**  
*Decisions from meetings held on 28 June 2017 and 12 July 2017.*

## **CLINICAL AND SERVICE DEVELOPMENT**

- |   |   |
|---|---|
| <b>14. Ophthalmology Transformation</b><br><i>To receive and approve a report from the Chief Transformation Officer</i>                           | <i>Richard Watson</i><br><i>Report No:</i><br><i>WSCCG17-46</i> |
| <b>15. Special Educational Needs and Disability (SEND) Update</b><br><i>To receive and approve a report from the Deputy Chief Nursing Officer</i> | <i>Chris Hooper</i><br><i>Report No:</i><br><i>WSCCG17-47</i>   |
| <b>16. Primary Care Streaming</b><br><i>To receive and ratify a report from the Chief Transformation Officer</i>                                  | <i>Richard Watson</i><br><i>Report No:</i><br><i>WSCCG17-48</i> |

## **FINANCE, PERFORMANCE AND SCRUTINY**

- |   |   |
|---|---|
| <b>17. Integrated Performance Report - Are the CCGs finances, performance and quality on track?</b><br><i>To receive and note a report from the Acting Chief Finance Officer, the Deputy Chief Nursing Officer, the Chief Transformation Officer and Chief Contracts Officer.</i> | <i>Chris Hooper/<br/>Chris Armit/<br/>Richard Watson/<br/>Jan Thomas</i><br><i>Report No:</i><br><i>WSCCG 17-49</i> |
| <b>18. WannaCry Cyber Attack Debrief</b><br><i>To receive and note a report from the Chief Corporate Services Officer</i>   | <i>Amanda Lyes</i><br><i>Report No:</i><br><i>WSCCG17-50</i>  |
| <b>19. Any Other Business</b>   |   |
| <b>20. Date and Time of future Governing Body meetings</b><br><i>0915 - 1200 Wednesday 27 September 2017, The Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3SP</i>  |   |

### **Questions from the public – Maximum 15 minutes**

*Please note questions should relate to the items under discussion and must be a question rather than statement. Where individuals deviate from this requirement they will be asked to stop and will not be invited to take any further part in the meeting.*

Midlands and East (East)  
Swift House  
Hedgerows Business Park  
Colchester Road  
Chelmsford  
Essex CM2 5PF

Ed Garratt  
NHS West Suffolk CCG  
West Suffolk House  
Western Way  
Bury St Edmonds  
Suffolk IP33 3YU

13 July 2017

Dear Ed,

## **2016/17 CCG annual assessments**

The CCG annual assessment for 2016/17 provides each CCG with a headline assessment against the indicators in the CCG improvement and assessment framework (CCG IAF). The CCG IAF aligns key objectives and priorities as part of our aim to deliver the *Five Year Forward View*. The headline assessment has been confirmed by NHS England's Commissioning Committee.

This letter provides confirmation of the annual assessment, as well as a summary of any areas of strength and where improvement is needed from our year-end review (**Annex A**).

Detail of the methodology used to reach the overall assessment for 2016/17 can be found at **Annex B**. The categorisation of the headline rating is either outstanding, good, requires improvement or inadequate.

The final draft headline rating for 2016/17 for West Suffolk CCG is **Good**, which is an improvement on the 2015/16 overall assurance rating of Requires Improvement.



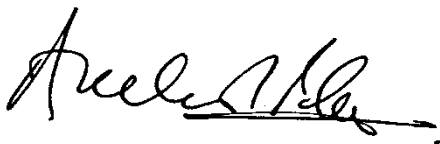
Overall, the results for the NHS in England in 2016/17 represent an improvement from 2015/16, which is a significant achievement for commissioners and is representative of - much hard work during what has been a difficult year.

The 2016/17 annual assessments will be published on the CCG Improvement and Assessment page of the NHS England website on 19 July 2017. At the same time they will be published on the MyNHS section of the NHS Choices website. The dashboard with the data has already been made available through NHS England regional teams, and will be reissued with year-end ratings on 19 July 2017. CCGs will also receive confirmation of their assessment in three clinical priority areas (cancer, mental health and dementia), at the same time. Assessments for diabetes, learning disabilities and maternity are expected to follow later in the year.

Thank you for your CCG's contribution to delivering the *Five Year Forward View*, and your focus on making improvements for local people. I look forward to working with you and your colleagues during 2017/18, including following up on the annual assessment.

I would ask that you please treat your headline rating **in confidence** until NHS England has published the annual assessment report on its website on 19 July. This rating remains draft until formal release. Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Pike', with a horizontal line drawn underneath the name.

**Andrew Pike**  
**Director of Commissioning Operations**  
**NHS England, Midlands and East**

## **Annex A – 2016/17 summary**

### **Key Areas of Strength / Areas of Good Practice**

We are pleased with:

- The development of an exemplar Digital Roadmap;
- Good financial recovery, including reducing the underlying deficit, and the strengthening of Programme Management Office (PMO) arrangements to support delivery of Quality, Innovation, Productivity and Prevention (QIPP) and Demand Management programmes;
- Whole system engagement to support recovery of performance against constitutional standards;
- The development of an exemplar Primary Care strategy across the Sustainability and Transformation Partnership (STP) footprint;
- Developments in General Practice workforce and configuration (primary care at scale);
- Good engagement and leadership within the STP that is progressing well and good relationship with system partners evidenced;
- Good succession planning, introduction of new people and new ideas;
- The information exchange with your governing body, which has been kept informed appropriately of key issues and actions. This has been evidenced through the governing board papers.

### **Key Areas of Challenge**

We recognise that the CCG experienced challenges throughout the year which included:

- Significant weaknesses in implementing Special Educational Needs & Disabilities (SEND) reforms, as highlighted by Ofsted, which your senior team quickly responded to and addressed with clear actions;
- Service performance at providers outside of the delivery of constitutional standards for example implementation of eCare and Pathology services;
- Delayed Transfers of Care (DToC) recovery and demand management.
- Improving performance at challenged GP practices;
- Quality indicators that required improvement which have now been appropriately responded to.

### **Key Areas for Improvement**

Recognising the challenges that the CCG faces, there are some issues that we would like to ensure that we follow-up with you throughout 17/18:

- Delivery of all constitutional standards, particularly around Dementia and sustaining delivery throughout the coming year;
- Increasing capacity in the memory assessment service to meet demand and improve dementia identification, diagnosis and support;

- Delivering and sustaining further reductions in DToC due to both NHS and Social Care delays, including working closely with the County Council to progress IBCF agreements;
- Reducing the RTT backlog to below maximum levels needed to sustain performance. This requires strengthening of information governance arrangements especially with regard to West Suffolk RTT data;
- Delivery of Demand management programmes.

#### **Development Needs and Agreed Actions**

- The CCG has agreed to work with its wider system to deliver improvements against the key areas detailed above;
- Closer working with the Norfolk CCGs to support the mental health agenda, patient engagement strategy and joint NHS/Social Care appointments;
- Continue to drive the STP agenda into 2017/18 moving from planning to delivery.

#### **Summary**

Overall, we would like to congratulate you on the progress you have made over the last year, particularly in relation to your excellent General Practice Forward View strategy, which was developed by engaging with GP members to support collaborative working.

## **Annex B – Assessment Methodology**

### **NHS England's annual performance assessment of CCGs 2016/17**

1. The CCG IAF comprises 60 indicators selected to track and assess variation across 29 policy areas covering performance, delivery, outcomes, finance and leadership. This year, assessments have been derived using an algorithmic approach informed by statistical best practice; NHS England's executives have applied operational judgement to determine the thresholds that place CCGs into one of four performance categories overall.

#### **Step 1: indicator selection**

2. A number of the indicators were included in the 2016/17 IAF on the basis that they were of high policy importance, but with a recognition that further development of data flows and indicator methodologies may be required during the year. However, by the end of the year, there were data limitations for four of the indicators, so these have been excluded. These four indicators are set out below:

<b>Indicator</b>	<b>Rationale for exclusion</b>
Percentage of deaths which take place in hospital	End of life choice indicator – placeholder only for 2016/17, new indicators introduced for 2017/18
Ambulance waits	Data not available for pilot sites
Outcomes in areas with identified scope for improvement	Data available for 65 wave 1 CCGs only
Expenditure in areas with identified scope for improvement	Data available for 65 wave 1 CCGs only

#### **Step 2: indicator banding**

3. For each of the 209 CCGs, the remaining 56 indicator values are calculated. For each indicator, the distance from a set point is calculated. This set point is either a national standard, where one exists for the indicator (for example in the NHS Constitution); or, where there is no standard, typically the CCG's value is compared to the national average value.
4. Indicator values are converted to standardised scores ('z-scores'), which allows us to assess each CCG's deviation from expected values on a common basis. CCGs with outlying values (good and bad) can then be identified in a consistent way. This method is widely accepted as best practice in the derivation of

assessment ratings, and is adopted elsewhere in NHS England and by the CQC, among others.<sup>1</sup>

5. Each indicator value for each CCG is assigned to a band, typically three bands of 0 (worst), 2 (best) or 1 (in between).<sup>2</sup>

### **Step 3: weighting**

6. Application of weightings allows the relatively greater importance of certain components (i.e. indicators) of the IAF to be recognised and for them to be given greater prominence in the rating calculation.
7. Weightings have been determined by NHS England, in consultation with operational and finance leads from across the organisation, and signal the significance we place on good leadership and financial management to the commissioner system:
  - Performance and outcomes measures: 50%;
  - Quality of leadership: 25%; and,
  - Finance management: 25% (the assessment of financial plan is zero weighted to ensure focus on financial outturn)
8. These weightings are applied to the individual indicator bandings for each CCG to derive an overall weighted average score (out of 2).

#### Figure 1: Worked example

Anytown CCG has:

- Quality of leadership rating of “red” (equivalent to a banded score of 0)
- Finance management rating of “amber” (equivalent to banded score of 1)
- Finance plan is zero weighted.
- For the remaining 53 indicators, 9 are banded as 0 (outlying, worst), 12 are banded as 2 (outlying, best) and 32 are banded as 1 (in between).
- The total of the banded scores for these indicators is therefore  $(9 \times 0) + (12 \times 2) + (32 \times 1) = 56$
- The weighted average score is calculated as:  
 $[25\% \times 0] + [25\% \times 1] + [50\% \times (56/53)] = 0.78$

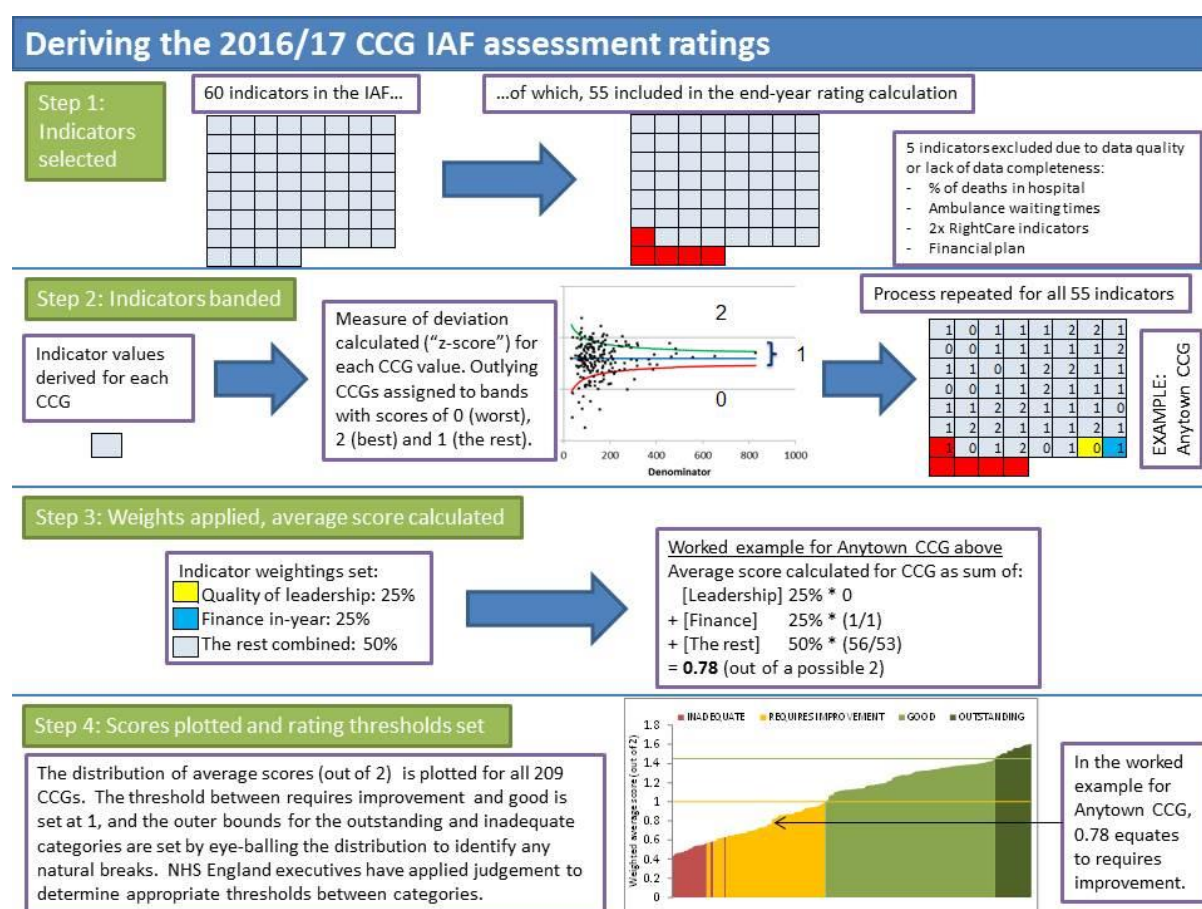
### **Step 4: setting of rating thresholds**

---

<sup>1</sup> Spiegelhalter et al. (2012) *Statistical Methods for healthcare regulation: rating, screening and surveillance*

<sup>2</sup> For a small number of indicators, more than 3 score levels are available, for example, the leadership indicator has four bands of assessment.

9. Each CCG's weighted score out of 2 is plotted in ascending order to show the relative distribution across CCGs. Scoring thresholds can then be set in order to assign CCGs to one of the four overall assessment categories.
10. If a CCG is performing relatively well overall, their weighted score would be expected to be greater than 1. If every indicator value for every CCG were within a mid-range of values, not significantly different from its set reference point, each indicator for that CCG would be scored as 1, resulting in an average (mean) weighted score of 1. This therefore represents an intuitive point around which to draw the line between 'good' and 'requires improvement'.
11. In examining the 2016/17 scoring distribution, there was a natural break at 1.45, and a perceptible change in the slope of the scores above this point. This therefore had face validity as a threshold and was selected as the break point between 'good' and 'outstanding'.
12. NHS England's executives have then applied operational judgement to determine the thresholds that place CCGs into the 'inadequate'. A CCG is rated as 'inadequate' if it has been rated red in both quality of leadership and financial management.
13. This model is also shown visually below:



## Annex A

### 2016/17 assessment ratings for cancer, mental health and dementia

NHS WEST SUFFOLK CCG	
<u>Clinical priority area</u>	<u>Headline rating 2016/17</u>
Cancer	Outstanding
Mental Health	Good
Dementia	Requires improvement

Publications gateway reference: 06991

13 July 2017

## **2016/17 Assessment for cancer, dementia and mental health**

Dear Accountable Officer and Clinical Lead,

Alongside the headline assessment of your CCG that has been completed under the auspices of the Clinical Commissioning Group Improvement and Assessment Framework (CCG IAF) for 2016/17, additional assessments have been undertaken by three independent clinical panels for each of the priority areas set out in *The Next Steps on the Five Year Forward View*: cancer, mental health and dementia.

Each CCG is provided with a rating for each of the three clinical priority areas. The ratings are described as: 'outstanding'; 'good'; 'requires improvement'; and, 'inadequate'.

**Annex A** (attached separately) sets out the assessment for your CCG in each of these three clinical priority areas for 2016/17.

The methodology used by the panels to derive the assessments for each clinical priority area can be found at **Annex B**.

This assessment does not provide a comprehensive reflection of the quality of care. It is limited by the metrics selected to simply providing a snapshot of whether CCGs are meeting national ambitions where relevant, or how their performance against other key indicators compares with other CCGs.

The greatest value in supporting CCGs to drive performance improvement is to be derived by considering the results of the individual indicators within each clinical priority area. This should help to identify where CCGs might be able to learn from



each other and drive overall improvement. For further information on improvement support, please visit the clinical priority area pages on our [website](#), which will be updated when the assessments are published.

Commentaries on the 2016/17 ratings for each of the clinical priority areas have been prepared by the independent panel chairs: Sir Harpal Kumar, Chief Executive of Cancer Research UK; Paul Farmer, Chief Executive of Mind; and, Jeremy Hughes, Chief Executive of the Alzheimer's Society. These commentaries will be available on the NHS England website at the same time as the assessment results.

The 2016/17 clinical priority area ratings remain draft until they are formally issued which we expect to be on **19 July 2017**, alongside the NHS England CCG assessments for 2016/17. At the same time, the clinical priority area ratings will be published on the MyNHS section of the NHS Choices website. They will be added to the dashboard with the indicator data for each clinical priority area which has already been made available to CCGs through NHS England regional teams.

Yours faithfully,



**Cally Palmer, National Cancer Director, NHS England**



**Claire Murdoch, National Mental Health Director, NHS England**



**Alistair Burns, National Clinical Director for Dementia, NHS England**

# Annex B: Methodologies for 2016-17 clinical panel ratings for cancer, mental health and dementia

## Cancer

1. The overall rating for cancer is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.
2. For each CCG, each of the four cancer indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark used to assign a score are shown in table 1.

**Table 1. Cancer indicator banding method**

Indicator (Latest time period used)	Indicator scores	Benchmark
Cancers diagnosed at early stage (2015)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (52.4%)
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment (2016/17)	Significantly below the national standard = 0 Below the national standard but not significantly = 0.75 Above the national standard but not significantly = 1.25 Significantly higher than the national standard = 2	National Standard (85%)
One-year survival from all cancers (2014)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	National trajectory to national ambition (70.4)
Cancer patient experience (2015)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2015 National mean (8.7)

**To note:** The one-year survival indicator is case-mix adjusted to account for differences in the demographic profile of CCG populations. At present the early stage diagnosis indicator is not case-mix adjusted, however adjustment of scores for the relative incidence of different cancer types may be explored for future years.

For the 2016/17 assessment, annual (2016-17) data was used for the 62 day standard indicator to give the best representation of the year of assessment. For the initial assessment (2015/16) the 62-day standard was based on data for 2015/16 Q4 only.

The methodology for the cancer patient experience indicator has changed in line with the published data. For the 2015/16 assessment the indicator was the percentage of positive answers, and there was no case mix adjustment. For the 2016/17 assessment, the indicator is the average score (on a scale of 0 to 10) and includes a case mix adjustment that provides a fairer comparison between CCGs.

3. The mean score for the four indicators described above was calculated. The thresholds shown in table 2 were used by the independent cancer panel to derive the rating for each CCG.

**Table 2. Cancer assessment thresholds**

Rating	Score range
Outstanding	Above or equal to 1.4
Good	Above or equal to 0.8 and below 1.4
Requires Improvement	Above or equal to 0.5 and below 0.8
Inadequate	Below 0.5

## Mental Health

4. Each CCG is assigned one of four ratings based on their performance against five indicators:
  1. Improving Access to Psychological Therapies (IAPT) Recovery Rate;
  2. Early Intervention in Psychosis (EIP) Waiting Times;
  3. CYP Mental Health Transformation Indicator;
  4. Crisis and Liaison Mental Health Transformation Indicator; and,
  5. Mental Health Out of Area Placements Transformation Indicator
5. A CCG is given a score of between 0 and 2 for each indicator based on their compliance with expected levels of performance. Two different approaches are taken because of the statistical properties of the different indicators.

### IAPT & EIP indicators

6. For the IAPT and EIP indicators, the score is based on the CCG is above or below the current performance standard (50%) and whether this is a statistically significant difference. Scores are assigned as shown in table 3a:

**Table 3a. Mental health indicator banding method for IAPT and EIP indicators**

Indicator (Time period used)	Indicator scores	Benchmark
Improving access to psychological therapies recovery rate (November 2016 to January 2017)	Significantly below the national standard = 0 Below the national standard (not significantly) = 0.75 Above the national standard (not significantly) = 1.25 Significantly above the national standard = 2	National standard (50%)
Early intervention in psychosis (EIP) waiting times (April 16 to March 17)	Significantly below the national standard = 0 Below the national standard (not significantly) = 0.75 Above the national standard (not significantly) = 1.25 Significantly above the national standard = 2	National standard (50%)

## CYP, Crisis and out of area placement indicators

- For the three transformation indicators scores are assigned based on the percentage compliance with the transformation milestones as shown in table 3b:

**Table 3b. Mental health indicator banding method for transformation indicators**

Indicator (Time period)	Indicator scores
Children and young people's mental health services transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2
Crisis care and liaison mental health services transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2
Out of area placements for acute mental health inpatient care transformation (2016/17 Q4)	Indicator value below 50% = 0 Indicator value equal to or above 50% and below 90% =1 Indicator value 90% or above = 2

**To note:** transformation indicators are derived from a bespoke UNIFY2 collection to allow CCGs to provide a self- assessment against the local arrangements that should be in place to deliver high quality care now and in the future. Self-assessments are assured by NHS England regional teams.

- An mean score is then taken across the five indicators and CCGs are assigned a rating by the panel using the thresholds in table 4:

**Table 4. Mental health assessment thresholds**

Rating	Score range
Outstanding	Above or equal to 1.8
Good	Above or equal to 1.25 and below 1.8
Requires Improvement	Above or equal to 0.5 and below 1.25
Inadequate	Below 0.5

## Dementia

- The 2016/17 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.
- Diagnosis rates are calculated using the number of people on the dementia register, Office of National Statistics (ONS) population figures and Cognitive Function and Ageing Studies (CFAS) II prevalence estimates. Care plan reviews are calculated using the number of people who have had a care plan review and the number of people on the dementia register. The indicator on the percentage of patients diagnosed with dementia who have had a face to

face review of their care plan within the last 12 months is intended as a proxy measure of broader support post-diagnosis of dementia.

11. Each dementia indicator is assigned a band based on the thresholds shown in table 5. For the diagnosis rate indicator, the national ambition of 66.7% (two thirds) was used as the threshold for good performance. For the care plan review indicator, the thresholds used were the quartiles based on the data used in the initial assessment.

**Table 5. Dementia indicator banding method**

Indicator (Time period used)	Indicator banding category thresholds (1 = best performing, 4 = poorest performing)	Benchmark
Diagnosis rate (March 2017)	Indicator value below or equal to 56.7% = Band 4 Indicator value above 56.7% and below or equal to 66.7% = Band 3 Indicator value above 66.7% and below or equal to 76.7% = Band 2 Indicator value above 76.7% = Band 1	National Standard (66.7%) and thresholds set for the 2015/16 assessment
Care plan reviews (2015/16)	Indicator value below or equal to 75.6% = Band 4 Indicator value above 75.6% and below or equal to 77.6 % = Band 3 Indicator value above 77.6% and below or equal to 79.4 % = Band 2 Indicator value above 79.4% = Band 1	2014/15 quartiles

**To note:** The thresholds for the dementia diagnosis rate and care plan reviews indicator in table 5 have been rounded to 1 decimal place. The exact thresholds for the dementia diagnosis rate indicator are based around achieving the national ambition for a national ambition two thirds standard. Hence to 6 decimal places Band 4 = 56.666667%, Band 3 = 66.666667%, Band 2 = 76.666667%. The upper thresholds on which banding is based on for the care plan indicator are: Band 4 = 75.587062%, Band 3 = 77.553084%, Band 2 = 79.447005%

12. The overall rating for dementia is based on the CCG band for each of the dementia indicators as illustrated in table 6:

**Table 6. Dementia assessment rating**

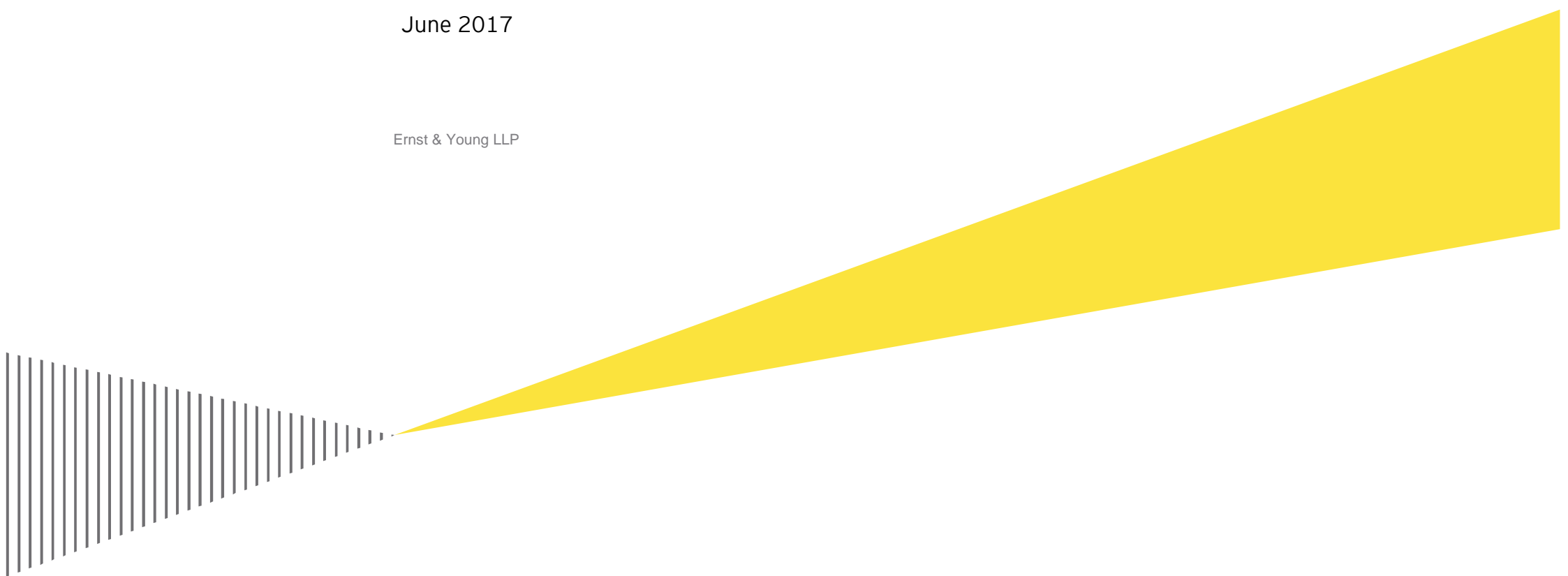
		Diagnosis rate band			
		1 (Best performing)	2	3	4 (Poorest performing)
Care plan review band	1 (Best performing)	Outstanding	Outstanding	Good	Requires improvement
	2	Outstanding	Good	Requires improvement	Requires Improvement
	3	Good	Requires improvement	Requires improvement	Inadequate
	4 (Poorest performing)	Requires improvement	Requires improvement	Inadequate	Inadequate

# NHS West Suffolk Clinical Commissioning Group

Annual Audit Letter for the year ended 31 March 2017

June 2017

Ernst & Young LLP



## Contents

Executive Summary .....	2
Purpose.....	6
Responsibilities.....	8
Financial Statement Audit .....	10
Value for Money .....	14
Other Reporting Issues.....	19
Focused on your future.....	22
Appendix A     Audit Fees .....	24

Public Sector Audit Appointments Ltd (PSAA) have issued a “Statement of responsibilities of auditors and audited bodies”. It is available from the Chief Executive of each audited body and via the PSAA website ([www.psaa.co.uk](http://www.psaa.co.uk))

The Statement of responsibilities serves as the formal terms of engagement between appointed auditors and audited bodies. It summarises where the different responsibilities of auditors and audited bodies begin and end, and what is to be expected of the audited body in certain areas.

The “Terms of Appointment (NHS and smaller bodies)” issued by PSAA sets out additional requirements that auditors must comply with, over and above those set out in the National Audit Office Code of Audit Practice (the Code) and statute, and covers matters of practice and procedure which are of a recurring nature.

This Annual Audit Letter is prepared in the context of the Statement of responsibilities. It is addressed to the Directors/Members of the audited body, and is prepared for their sole use. We, as appointed auditor, take no responsibility to any third party.

Our Complaints Procedure - If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Steve Varley, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.

A hand with white nail polish is writing on a document with a blue pen. In the background, there is a calculator, a white cup, and a laptop. A yellow rectangular box is overlaid on the left side of the image.

## Executive Summary



## Executive Summary

We are required to issue an annual audit letter to NHS West Suffolk Clinical Commissioning Group (the CCG) following completion of our audit procedures for the year ended 31 March 2017.

Below are the results and conclusions on the significant areas of the audit process.

Area of Work	Conclusion
<b>Opinion on the CCG's:</b>	
▶ Financial statements	Unqualified - the financial statements give a true and fair view of the financial position of the CCG as at 31 March 2017 and of its expenditure and income for the year then ended.
▶ Regularity of income and expenditure	Unqualified - financial transactions were conducted within the CCG legal framework.
▶ Parts of the remuneration and staff report to be audited	We had no matters to report.
▶ Consistency of the Annual Report and other information published with the financial statements	Financial information in the Annual Report and published with the financial statements was consistent with the Annual Accounts.

Area of Work	Conclusion
<b>Reports by exception:</b>	
► Consistency of Governance Statement	The Governance Statement was consistent with our understanding of the CCG.
► Referrals to the Secretary of State and NHS England	We had no matters to refer.
► Public interest report	We had no matters to report in the public interest.
► Value for money conclusion	We had no matters to report.
Area of Work	Conclusion
<b>Reporting to the CCG on its consolidation schedules</b>	We concluded that the CCG's consolidation schedules agreed, within a £250,000 tolerance, to your audited financial statements.
<b>Reporting to the National Audit Office (NAO) in line with group instructions</b>	We had no matters to report.

As a result of the above we have also:

Area of Work	Conclusion
Issued a report to those charged with governance of the CCG communicating significant findings resulting from our audit.	Our Audit Results Report was issued on 18 May 2017.
Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2015 Code of Audit Practice.	Our certificate was issued on 25 May 2017.

We would like to take this opportunity to thank the CCG staff for their assistance during the course of our work.

Mark Hodgson

Executive Director  
For and on behalf of Ernst & Young LLP



Purpose

## Purpose

### **The Purpose of this Letter**

The purpose of this annual audit letter is to communicate to Members and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to the attention of the Clinical Commissioning Group (CCG).

We have already reported the detailed findings from our audit work in our 2016/17 Annual results report to the 22 May 2017 Joint Audit Committee, representing those charged with governance. We do not repeat those detailed findings in this letter. The matters reported here are the most significant for the CCG.

A person wearing teal medical scrubs is holding a large yellow folder. A bright yellow rectangular box is overlaid on the left side of the image, containing the word "Responsibilities" in black text. The background is a blurred clinical setting.

**Responsibilities**



## Responsibilities

### Responsibilities of the Appointed Auditor

Our 2016/17 audit work has been undertaken in accordance with the Audit Plan that we issued on 7 February 2017 and is conducted in accordance with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office. As auditors we are responsible for:

Expressing an opinion:

- ▶ On the 2016/17 financial statements;
- ▶ On the regularity of expenditure and income;
- ▶ On the parts of the remuneration and staff report to be audited;
- ▶ On the consistency of other information published with the financial statements, including the annual report; and
- ▶ On whether the consolidation schedules are consistent with the CCG's financial statements for the relevant reporting period.

Reporting by exception:

- ▶ If the annual governance statement does not comply with relevant guidance or is not consistent with our understanding of the CCG;
- ▶ To the Secretary of State for Health and NHS England if we have concerns about the legality of transactions or decisions taken by the CCG;
- ▶ Any significant matters that are in the public interest;
- ▶ Forming a conclusion on the arrangements the CCG has in place to secure economy, efficiency and effectiveness in its use of resources; and
- ▶ Reporting on an exception basis any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

### Responsibilities of the CCG

The CCG is responsible for preparing and publishing its statement of accounts, annual report and annual governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

A hand with white nail polish is writing on a document with a blue pen. In the background, there is a calculator, a laptop, and a white mug. A yellow rectangular box is overlaid on the left side of the image.

## Financial Statement Audit



## Financial Statement Audit

### Key Issues

The Annual Report and Accounts is an important tool for the CCG to show how it has used public money and how it can demonstrate its financial management and financial health.

We audited the CCG's Statement of Accounts in line with the National Audit Office's 2015 Code of Audit Practice, International Standards on Auditing (UK and Ireland), and other guidance issued by the National Audit Office and issued an unqualified audit report on 25 May 2017.

Our detailed findings were reported to the 22 May 2017 Joint Audit Committee and 24 May 2017 Governing Body meeting.

The key issues identified as part of our audit were as follows:

Significant Risk	Conclusion
<p><b>Risk of management override</b></p> <p>Under ISA240 there is a presumed risk that revenue may be misstated due to improper recognition of revenue.</p> <p>In the public sector, this requirement is modified by Practice Note 10, issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p> <p>Our view is that Commissioning Spend is the greatest area of risk so we will focus our testing in this area.</p>	<p>In order to address this risk we carried out a range of procedures including:</p> <ul style="list-style-type: none"> <li>▶ Testing the appropriateness of journal entries recorded in the general ledger (using our data analytics tool to search on specific phrases in the journal narrative and other criteria such as days of the week posted);</li> <li>▶ Reviewing significant accounting estimates (e.g. accruals of Continuing Healthcare and Prescribing) for evidence of management bias including a review of the methodology used to calculate the estimates at the year-end;</li> <li>▶ Evaluating the business rationale for significant unusual transactions; and</li> <li>▶ Testing judgements made by management on the classification of programme and administration expenditure, ensuring the classification is compliant with relevant guidance.</li> </ul> <p>We have not identified any material weaknesses in controls or evidence of material management override.</p> <p>We have not identified any instances of inappropriate judgements being applied.</p> <p>We did not identify any other transactions during our audit which appeared unusual or outside the CCG's normal course of business.</p>

Significant Risk	Conclusion
<p><b>Risk of fraud in revenue recognition</b></p> <p>As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p>	<p>In order to address this risk we carried out a range of procedures including:</p> <ul style="list-style-type: none"> <li>▶ Reviewing and testing expenditure recognition policies;</li> <li>▶ Reviewing expenditure with the CCG's key providers of healthcare, reconciling expenditure disclosed to underlying contracts and testing reconciling items in accordance with our established testing threshold;</li> <li>▶ Testing a sample of accruals for reasonableness based on our established testing threshold;</li> <li>▶ Reviewing and discussing with management material accounting estimates on revenue or expenditure recognition for evidence of bias;</li> <li>▶ Performing cut-off testing of transactions both before and after year-end to ensure that they were accounted for in the correct year; and</li> <li>▶ Reviewing the results of the Department of Health Agreement of Balances exercise, investigating significant variances.</li> </ul> <p>Our testing did not identify any material misstatements with respect to revenue and expenditure recognition.</p> <p>Overall, our audit work did not identify any material issues or unusual transactions which indicated that there had been any misreporting of the CCG's financial position.</p>

## Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

Item	Thresholds applied
Planning materiality	<p>We determined planning materiality to be £3.065 million (2016: £2.986 million), which is 1% of gross expenditure reported in the accounts of £307 million.</p> <p>We consider gross expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the CCG.</p>
Reporting threshold	<p>We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.153 million (2016: £0.149 million)</p>
Audit differences	<p>We identified one misstatement within the draft financial statements which management chose not to adjust. This related to the understatement of provisions by £0.280 million. The CCG had not recognised their share of a provision in respect of property charges levied by NHS PropCo. This was not in line with a formal risk share agreement between themselves and NHS Ipswich and East Suffolk CCG.</p>

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- ▶ Remuneration disclosures including any severance payments, exit packages and termination benefits: we applied no materiality and all items were checked and amended where required.
- ▶ Related party transactions. All values were checked and amendments made where required.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations.

Value for Money

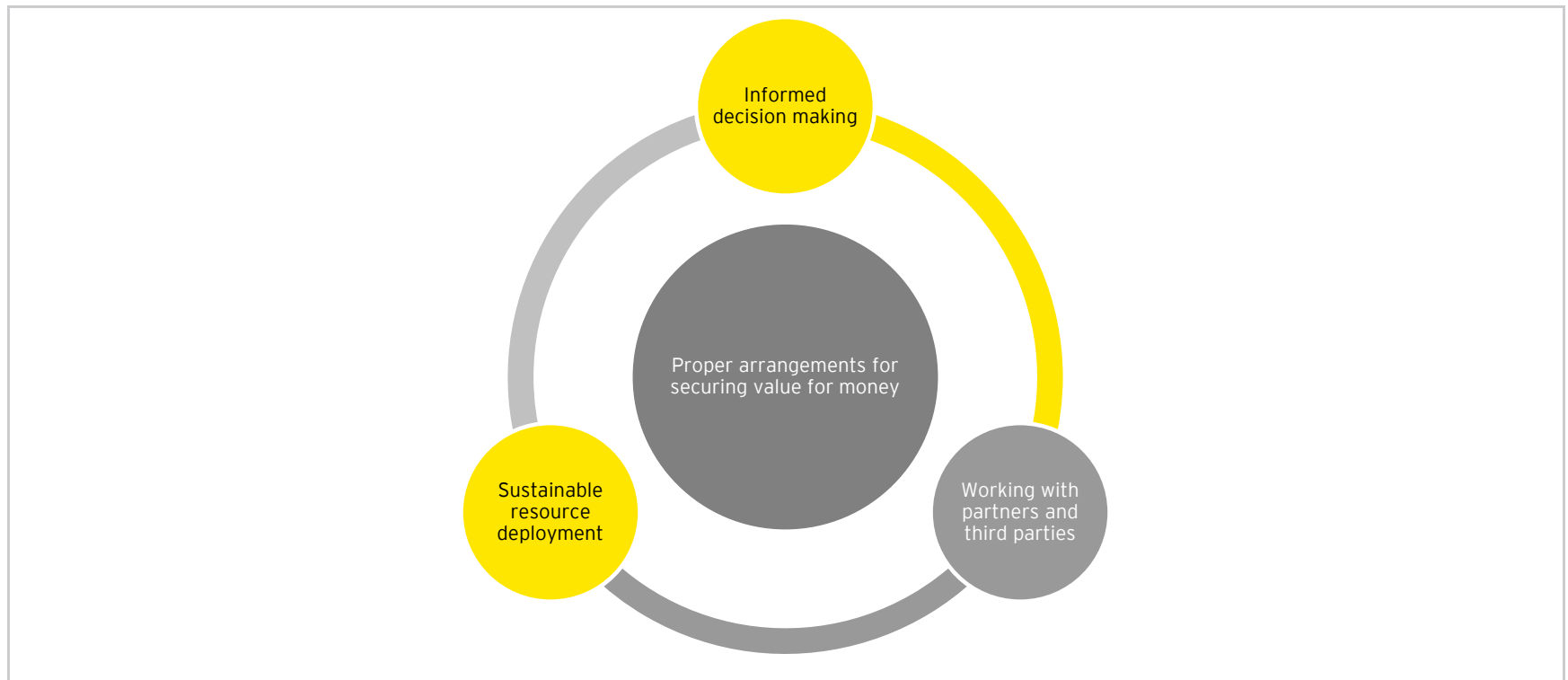


## Value for Money

We are required to consider whether the CCG has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion.

Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.



We identified two significant risks in relation to these arrangements. The table below presents the findings of our work in response to the risks identified and any other significant weaknesses or issues to bring to your attention.

We therefore anticipate having no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resources.

Significant Risk	Conclusion
<p><b>Sustainability and Transformation Plan</b></p> <p>The Sustainability and Transformation Plan (STP) give local NHS organisations and councils the opportunity to work together to improve the way health and social care is designed and delivered.</p> <p>The STP involves some 26 organisations in East and West Suffolk and North East Essex (NESS), including ambulance, hospitals, community services and social care. The NESS STP submission summarises the financial position across the health economy and gives an indication of the scale of the financial challenge:</p> <ul style="list-style-type: none"> <li>▶ The current combined annual budget for health and social care is £1.8 billion;</li> <li>▶ Current expenditure for 2016/17 is expected at £1.89 million, and is set to grow in future years, by inflation of between 2% and 4%, acute demand growth of 2.5% and growth in demand for other CCG commissioned services of 2%-4%.</li> <li>▶ In 2016/17, the STP Health economy brought forward a combined accumulated deficit totally £84m. The deficit sits largely with the system's three main acute providers; £27.1 million - Ipswich Hospitals Trust, £11.1 million - West Suffolk Hospital, £41.7 million - Colchester Hospital University FT with a further £4.8 million within the Mental Health Trusts.</li> </ul>	<p>Our approach focussed on the arrangements in place at the CCG, working with its STP partners, during 2016/17 for:</p> <ul style="list-style-type: none"> <li>▶ Defining the governance arrangements to support STP delivery;</li> <li>▶ Engaging in the STP process;</li> <li>▶ Working with the STP partners to progress the STP from high level planning to a more detailed delivery model; and</li> <li>▶ Demonstrating how the STP will contribute to the financial sustainability of the CCG in the context of the health economy.</li> </ul> <p>We considered both STP wide and CCG specific arrangements, including the development of the STP; the challenges faced; levels of engagement and collaboration; and governance.</p> <p>The CCG's Operational Plan and the STP have been aligned to ensure the system is operating most effectively to achieve common goals.</p> <p>A system wide STP Steering group has been established to oversee the development of the NESS STP and membership included the Chief Executives from both the Health and Local Government sectors.</p> <p>(Continued on next page)</p>

- 
- ▶ Without change, the in-year position for health organisations by 2020/21 will be unsustainable.
  - ▶ The aim is that the solutions will deliver a balanced in year position by 2020/21 however a cash solution will still be required to address the historic deficit.

The following organisations are part of this approach:

- ▶ Suffolk and Essex county councils;
- ▶ Mid Suffolk, Forest Heath, Tendring, St Edmundsbury, Suffolk Coastal, Colchester, Ipswich and Babergh district and borough councils;
- ▶ North East Essex, Ipswich and East Suffolk and West Suffolk clinical commissioning groups;
- ▶ Suffolk GP Federation and GP Primary Choice, Essex GP Federation;
- ▶ Colchester Hospital, Ipswich Hospital and West Suffolk Hospital;
- ▶ Suffolk Community Healthcare and Anglian Community Enterprise;
- ▶ Norfolk and Suffolk NHS Foundation Trust and North Essex Partnership Trust;
- ▶ Healthwatch Suffolk and Healthwatch Essex;
- ▶ East of England Ambulance Trust; and
- ▶ Suffolk and Essex local medical committees.

Financial plans continue to be developed across the STP area. The STP has predicted a £362m system (health and social care) gap between forecast cost and funding in the financial year 2020/21.

Progress on the development of the STP has been reported to the CCG Governing Body and monthly meetings take place with NHS England/NHS Improvement. No overarching formal monitoring arrangements have been agreed to ensure that the STP is on target to meet its financial targets. Reliance is placed on each organisation achieving its own agreed targets.

We have no significant weaknesses to report to the Committee.

---

Significant Risk	Conclusion
<p><b>Primary Care Co-Commissioning</b></p> <p>Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View.</p> <p>Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital and could lead to a number of benefits for patients and the public including:</p> <ul style="list-style-type: none"> <li>▶ Improved access to primary care and wider out-of-hospital services with more services available closer to home;</li> <li>▶ High quality out-of-hospital care.</li> <li>▶ Improved health outcomes, better access to services and reduced health inequalities.</li> <li>▶ A better patient experience through more joined up services.</li> </ul> <p>In 2016/17 the CCG has taken on an increased role in the commissioning of GP services through joint commissioning committee with NHS England. The plan is to progress to full delegated commissioning in 2017/18.</p>	<p>Our approach focussed on the arrangements the CCG developed during 2016/17 for defining the governance, reporting and monitoring arrangements to support the joint commissioning approach, with NHS England.</p> <p>The CCG has been involved in Joint Commissioning with NHS England for the last two years.</p> <p>The CCG has taken on delegated commissioning responsibility for primary medical (GP) services from 1 April 2017.</p> <p>It is recognised that giving CCGs more control over general practice is critical to local sustainability and transformation planning. It is part of a wider strategy to support the development of place-based commissioning and is a key enabler of the development of new care models.</p> <p>The Primary Care Commissioning Committee was established during the year, setting up the responsibilities and undertaking delegated commissioning functions going forwards.</p> <p>A signed Delegation Agreement between West Suffolk CCG and NHSE is now in place.</p> <p>We have no significant weaknesses to report to the Committee.</p>





## Other Reporting Issues

## Other Reporting Issues

### NHS England Group Instructions

We are only required to report to the NAO on an exception basis if there were significant issues or outstanding matters arising from our work. There were no such issues.

### Annual Governance Statement

We are required to consider the completeness of disclosures in the CCG's annual governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance.

We completed this work and identified a small number of areas where further disclosure was required to reflect template provided by NHS England. The CCG amended the annual governance statement to include these areas.

### Referral to Secretary of State

We must report to the Secretary of State any matter where we believe a decision has led to, or would lead to, unlawful expenditure, or some action has been, or would be, unlawful and likely to cause a loss or deficiency. We had no exceptions to report.

### Report in the Public Interest

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the CCG or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

### Control Themes and Observations

It is the responsibility of the CCG to develop and implement systems of internal financial control and to put in place proper arrangements to monitor their adequacy and effectiveness in practice. Our responsibility as your auditor is to consider whether the CCG has put adequate arrangements in place to satisfy itself that the systems of internal financial control are both adequate and effective in practice.

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. As we have adopted a fully substantive approach, we have therefore not tested the operation of controls.

Although our audit was not designed to express an opinion on the effectiveness of internal control we are required to communicate to you significant deficiencies in internal control.

We have not identified any significant deficiencies in the design or operation of an internal control that might result in a material misstatement in your financial statements of which you are not aware.

## Other audit issues arising

### Severance Payment

The CCG entered into a severance payment with an ex-member of staff during the year. Within the Public Sector the expectation should be that any employee will work out their notice unless there are clear justifiable reasons why this should not be the case.

Whilst the Remuneration Committee met in relation to this case, only a high level synopsis of the position was formally minuted and there was no clear formal documentation which supported the rationale for payment, or approval from NHS England. We carried out further procedures to confirm the rationale for the payment and are satisfied that they were appropriate to the circumstances. However, we were not satisfied that appropriate documentation supported the governance arrangements in this case.

**Recommendation: The Governing Body and the Remuneration Committee needs to satisfy itself that the process for making any such future payments follow the extant guidance, include all the appropriate approvals and that the process is clearly documented.**

### Note 4.4 Exit packages agreed in the financial year

One exit package was agreed during the year, with the full cost of £0.096 million being disclosed within Note 4.4 of West Suffolk CCG's financial statements. This exit package was in respect of a shared statutory role, therefore it was deemed appropriate to share these costs between the two respective CCGs. However, given it is a statutory role, we requested that an additional note be included in both Ipswich & East Suffolk, and West Suffolk CCG's statements to disclose their respective share of these costs.



A man in blue scrubs and a surgical cap is shown in profile, focused on operating a medical device. He is wearing a silver watch on his left wrist. The device has a screen and a keyboard. The background shows a hospital setting with shelves of medical supplies.

Focused on your  
future

## Focused on your future

Area	Issue	Impact
<b>Sustainability and Transformation Plans</b>	The CCG's QIPP savings are linked to the planned savings identified alongside the STP partners. The savings in place are extensive to meet the needs of the area over the next 3 years.	If the STP and partners do not meet the planned savings, the CCG may struggle to meet its QIPP target for 2017/18 of £10.4 million. This would mean the CCG did not meet its control total for the year.
<b>Fully Delegated Commissioning</b>	The CCG is taking on fully delegated commissioning in 2017/18 and all arrangements have been put in place for this.	<p>The responsibility for delegated commissioning will increase the CCG's expenditure budget by £34.1 million.</p> <p>As a result our audit testing strategy will require revision in 2017/18 and we will have early discussions with the CCG about the implications for our audit.</p>
<b>Office relocation</b>	West Suffolk CCG along with Ipswich and East Suffolk CCG are relocating to Endeavour House, Ipswich, later this year.	The CCG needs to ensure that the move is supported by a fully costed business case to demonstrate that the move secures value for money for the CCG.



A close-up photograph of a 96-well microplate. The plate is filled with clear wells. A blue liquid is being dispensed from a pipette into one of the wells. A yellow rectangular box is overlaid on the left side of the image, containing the text 'Appendix A' and 'Audit Fees'.

Appendix A

## Audit Fees

## Appendix A      Audit Fees

Our fee for 2016/17 is in line with the scale fee set by the PSAA and reported in our 18 May 2017 Audit Results Report.

Description	Final Fee 2016/17 £'s	Planned Fee 2016/17 £'s	Scale Fee 2016/17 £'s	Final Fee 2015/16 £'s
Total Audit Fee - Code work	48,750	48,750	48,750	48,750

We confirm we have not undertaken any non-audit work outside of the PSAA's requirements.

EY | Assurance | Tax | Transactions | Advisory

Ernst & Young LLP

© Ernst & Young LLP. Published in the UK.  
All Rights Reserved.

ED None

The UK firm Ernst & Young LLP is a limited liability partnership registered in England and Wales with registered number OC300001 and is a member firm of Ernst & Young Global Limited.

Ernst & Young LLP, 1 More London Place, London, SE1 2AF.

[ey.com](https://www.ey.com)



## Declarations of Interest Governing Body and Sub Committee Members

Title	First Name	Last Name	Declared Interest
Governing Body GP Member	Zohra	Armitage	GP Angel Hill Surgery
			Husband is a consultant urologist at Addenbrookes Hospital
Acting Chief Finance Officer	Chris	Armitt	Acting Chief Finance Officer, Ipswich and East Suffolk CCG
Governing Body GP Member	Simon	Arthur	Medical partnership has contract with Suffolk Community Healthcare to provide GP services to Gastonbury Court
Lay Member for Governance and Vice Chair CCG	Bill	Banks	Nil
Governing Body Practice Manager Member	Kevin	Bernard	Practice Manager Botesdale Health Centre. Health Centre is member of the Suffolk GP Federation
			Company Secretary and shareholder in Botesdale Rural Services Ltd trading as Botesdale Pharmacy
CCG Chair	Christopher	Browning	PMS Provider, Practice Partner Long Melford
			Chair, Hartest Parish Council
			Out of Hours doctor for Care Uk
			GP+ doctor for Suffolk GP Federation
Lay Member for Conflict of Interests	Steve	Chicken	Owner and MD of Galliform Ltd, consultancy and training company. No NHS activity
			Wife is Director of East of England Co-op
Lay Member for Patient and Public Involvement	Jo	Finn	Previous Chief Executive of West Suffolk Hospital NHS Trust
			Ex-husband was Consultant Obstetrician and Gynaecologist
			Patient under care of neurologists and rheumatologists at West Suffolk Hospital
Chief Officer	Ed	Garratt	Chief Officer for Ipswich and East Suffolk CCG
Governing Body GP Member	Andrew	Hassan	Nil
Governing Body GP Member	Emma	Holland	Suffolk Primary Care
Governing Body GP Member	Sarah	Hughes	Salaried GP at Swan Surgery
Secondary Care Doctor	Crawford	Jamieson	Consultant in Gastroenterology at Ipswich Hospital CBG lead for Gastroenterology, general and vascular surgery
			Wife is consultant in Medicine for the Elderly at Ipswich Hospital
Chief Corporate Services Officer	Amanda	Lyes	Chief Corporate Services Officer for Ipswich and East Suffolk CCG
Chief Nursing Officer	Barbara	McLean	Owner/Director of Allington Healthcare Ltd. Allington own Beckfield House Residential Home, Lincolnshire
			Husband is Executive Chairman of the following group of operating businesses who will trade as Cumbric Care Group: Byron Court Care Home Ltd Mother Redcaps Care Home Ltd Rivington Park Care Home Ltd Blair House Care Come Ltd Victoria Care Home (Burnley) Ltd Newco Southport Ltd
			Husband is Chair and Director of Allington Healthcare Ltd, offering residential services for the elderly and those suffering from dementia
			Husband is Managing Director of Mclean and Mclean Consultants Ltd specialist healthcare advisory serv
			Husband is a shareholder of Clearwater Care Ltd, a learning disability service provider.
			Husband is a non-executive director of East of England Ambulance Service Trust
			Chief Nursing Officer for Ipswich and East Suffolk CCG

Governing Body GP Member	Bahram	Talebpour	Nil
Chair of Community Engagement Partnership	David	Taylor	Trustee of Charity Avenues East
Chief Contracts Officer	Jan	Thomas	Chief Contracts Officer for Ipswich and East Suffolk CCG
Chief Operating Officer	Kate	Vaughton	Nil
Governing Body GP Member	Firas	Wafteh	Local Medical Committee member
			Works for Care UK and GP+
Chief Redesign Officer	Richard	Watson	Chief Redesign Officer for Ipswich and East Suffolk CCG



integrated working

**Minutes of meeting of the West Suffolk CCG Governing Body held in public on  
Wednesday 24 May 2017 in the  
The Conference Room, West Suffolk House, Western Way, Bury St. Edmunds, Suffolk**

**PRESENT:**

Dr Christopher Browning	CCG Chair
Dr Zohra Armitage	GP Member
Chris Armitt	Acting Chief Finance Officer
Dr Simon Arthur	GP Member
Bill Banks	Lay Member for Governance
Jo Finn	Lay Member for Patient and Public Engagement
Ed Garratt	Chief Officer
Dr Emma Holland	GP Member
Dr Sarah Hughes	GP Member
Dr Crawford Jamieson	Secondary Care Doctor (Part)
Amanda Lyes	Chief Corporate Services Officer
Barbara McLean	Chief Nursing Officer
Dr Bahram Talebpour	GP Member
David Taylor	Chair: Clinical Engagement Group (Part)
Jan Thomas	Chief Contracts Officer
Kate Vaughton	Chief Operating Officer
Dr Firas Watfeh	GP Member
Richard Watson	Chief Redesign Officer

**IN ATTENDANCE:**

David Kanka	Assistant Director of Public Health
Jo Mael	Corporate and Governance Officer

**17/042 WELCOME AND APOLOGIES FOR ABSENCE**

The CCG Chair welcomed everyone to the meeting and apologies for absence were noted from:

Kevin Bernard	Member
Steve Chicken	Lay Member
Dr Andrew Hassan	GP Member
Dr Abdul Razaq	Director of Public Health

**17/043 DECLARATIONS OF INTEREST**

No declarations of interest, other than those already published, were received.

**17/044 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 29 March 2017 were **approved** as a correct record.

## 17/045 MATTERS ARISING AND ACTION LOG

There were no matters arising and the action log was reviewed and updated with comment as follows;

17/036 – Special Educational Needs and Disability (SEND) - the Chief Nursing Officer reported that the action plan would be submitted to NHS England on 24 May 2017 and an update provided to the Governing Body in July 2017.

## 17/046 GENERAL UPDATE

The Chief Officer reported that;

- The recent cyber security threat had not affected Suffolk and the response of staff and practices had been good. The **Chief Corporate Services Officer agreed** to present lessons learnt to the next meeting.
- The Conservatives had strengthened their majority during the recent local elections.
- Dr Crawford Jamieson had recently been appointed as the new Medical Director at Ipswich Hospital.
- Geoff Dobson had recently been appointed as the new Lay Member for Governance and would commence in the role from September 2017.
- Positive feedback had been received following a recent national NHS England visit to Suffolk.

### Sustainability and Transformation Plan

The Chief Officer gave a short presentation on progress of the Suffolk and North East Essex Sustainability and Transformation Plan (STP). Key points included;

- The STP vision was for people across Suffolk and North East Essex to live healthier, happier lives by having greater choice, control and responsibility for their health and well-being.
- The STP incorporated a population of a million, three CCG's, 100 GP practices, three acute hospitals and two County Council's
- The STP had commenced a year ago and the current financial gap was £84m which had not widened due to commissioners and acute providers having met their 2016/17 control totals and year one STP financial commitments.
- Managing demand would be a key focus going forward and the STP Programme Board had identified the following three programmes of work;
  - Acute transformation
  - Integrated out of hospital services
  - STP enablement
- The acute focus was currently on Ipswich and Colchester Hospitals.

The Governing Body was reassured that there were no proposals to reduce service provision at West Suffolk Hospital as a result of focus on Ipswich and Colchester Hospitals. There was a need for improved communication in respect of the STP which was not an organisation but a plan to transform pathways of care.

The Governing Body **noted** the Chief Officer's verbal update.

**(Dr Crawford Jamieson entered the meeting)**

## 17/047 CHAIR/CHIEF OFFICER ACTION 01-2017 GP IT CAPITAL SPEND

The Governing Body was in receipt of a report of action taken by the Chair/Chief Officer on 6 April 2017 in relation to GP IT capital expenditure.

In accordance with standing financial instructions capital spend of £310,028.92 in respect of a server and PC purchases for general practice required sign off by the Governing Body. Due to the timescales involved it had been necessary for Chair/Chief Officer action to be taken.

In order to avoid any future potential conflict of interest it was suggested that exploration of a different route for the taking of such decisions be found going forward.

**The Governing Body endorsed** the action taken by the Chair and Chief Officer.

#### **17/048 COMMUNITY ENGAGEMENT GROUP (CEG) MINUTES**

In the absence of the Chair of the Community Engagement Group (CEG), the Lay Member for Patient and Public Engagement presented the minutes of the Group's last meeting, which had been held on 27 April 2017.

Key points highlighted included;

- The CEG had received updates from a CEG workshop held on 28 February 2017 and Patient Participation Group (PPG) workshop held on 31 March 2017. The decision taken to form a PPG network was welcomed as a positive step.
- Briefings were received on the CCG's finances and work with care homes.

The Governing Body **noted** the key items of discussion.

#### **17/049 PROCUREMENT UPDATE**

The Governing Body was provided with an update on procurements completed since the last procurement update and those currently in progress and planned for 2017/18.

Key points highlighted included;

- The integrated urgent care (out of hours/111 service) procurement was due to re-commence in the near future.
- The marginalised and vulnerable adult service procurement had commenced and was anticipated to go live from 1 October 2017.
- Procurement of non-essential patient transport services was due to commence on 1 June 2017.
- Ophthalmology was currently subject to a redesign programme of work in conjunction with West Suffolk Hospital which could lead to procurement of a referral refinement service.

Having noted that dates linked to the integrated urgent care procurement were different to that recorded within the CCG's Governing Body Assurance Framework, it was explained that the dates had been amended so as not to disrupt the provision of service during Easter 2018. Whilst there was currently no concern about the timetable there was a need for the pause to be lifted within the next three months.

**The Governing Body noted** the report.

#### **17/050 WEST SUFFOLK CCG PRIMARY CARE COMMISSIONING COMMITTEE – TERMS OF REFERENCE**

A Joint Commissioning Committee had been established in 2013 to exercise its management of the functions in accordance with the agreement entered into between NHS England and West Suffolk CCG in respect of primary medical care services.

At its meeting on 30 November 2016, the CCG's Governing Body was invited to make a final recommendation as to the application for fully delegated commissioning, based on the outcome of a GP member practice vote. The Governing Body subsequently endorsed the decision taken by its member practices to apply for fully delegated commissioning with effect from 1 April 2017.

As a result, the CCG was required to establish a Primary Care Commissioning Committee, replacing the former Joint Commissioning Committee. The first meeting of the Primary Care Commissioning Committee had been held on 26 April 2017 and a draft Terms of Reference was presented and discussed.

Terms of Reference as approved by the Primary Care Commissioning Committee meeting on 26 April 2017, subject to minor amendments discussed at the meeting, were now being presented to the Governing Body for final approval.

**The Governing Body approved** the Terms of Reference for the Primary Care Commissioning Committee as appended to the report.

#### **17/051 DECLARATION OF INTERESTS**

The Governing Body was in receipt of a report from the Chief Corporate Services Officer which provided a public record of relevant and material interests declared by members of the West Suffolk CCG Governing Body, its sub-committees, staff and member practices.

The Governing Body was being asked to review the current register, and consider whether any action in relation to non-responders might be required.

Having reviewed the register the **Governing Body requested** that the Chief Corporate Services Officer and Chief Operating Officer explore ways of improving response from member practices prior to the next review.

#### **17/052 GOVERNING BODY ASSURANCE FRAMEWORK**

The Chief Corporate Services Officer presented the Governing Body Assurance Framework (GBAF) for May 2017 together with a summary of Chief Officer local risk registers.

Amendments and additions to the GBAF were detailed within paragraph 2.2 of the report, with key aspects of departmental risk register being listed in Section 3.

The Governing Body was advised that cyber security had previously been added to the departmental risk register and the IT team were congratulated on having identified potential software issues at an early stage, together with support provided to practices during the recent cyber threat.

The Governing Body **noted** and **approved** the GBAF as presented.

#### **17/053 HEALTH AND SAFETY AND RISK COMMITTEE**

The Governing Body was in receipt of a report which advised of work being undertaken in relation to Health & Safety.

The Health and Safety and Risk Committee, chaired by the Chief Corporate Services Officer, continued to meet on a quarterly basis. The Committee reviewed the Health and Safety annual plan to ensure that the CCGs remained compliant with current Health and Safety legislation.

The last meeting of the Health and Safety and Risk Committee had taken place on 8 May 2017 and issues reviewed at the meeting were outlined within Section 3 of the report.

The CCG's health and safety advisors, Safetyboss had made the CCG aware of new national guidance in relation to lone workers and the CCG's policy was currently being reviewed in that respect.

The Governing Body **noted** the report.

#### **17/054 COMMUNITY EDUCATION PROVIDER NETWORK NEWSLETTER**

The Governing Body was in receipt of a report which informed on the work currently being undertaken to develop the Primary Care workforce through the Community Education Provider Network (CEPN).

The West Suffolk CEPN had been established in October 2015. A steering group was developed that included CCG, Federation, University of Suffolk, local GPs, practice managers, and Norfolk & Suffolk Workforce Partnership.

The CCG had received funding for 2017/18 from Health Education England to expand on the work that had taken place in 2016/17. Delivery of the CEPN was monitored by the CCG's project management office.

A quarterly CEPN newsletter issued to primary care and education leads from Health and Social Care across the STP footprint was appended to the report.

Dr John Howard, Head of Education and Quality for Primary and Community Care and Postgraduate GP Dean at Health Education England had shared the first edition of the CEPN newsletter as good practice to other CEPN leads across the East of England.

Workforce was key to the CCG's strategic objectives and the positive work being carried out by the CEPN was recognised.

**The Governing Body noted** the report **and requested** that the Chief Corporate Services Officer provide a further update in six months' time.

#### **17/055 360 STAKEHOLDER SURVEY**

The Governing Body was in receipt of a report which provided an overview of the Ipsos MORI 360 degree stakeholder survey for West Suffolk CCG.

Key points highlighted from the survey were set out within Section 2 of the report. Findings indicated a sustained, high level of performance in 2017, with comparative responses generally in line with previous years. There was a notable performance improvement in the 'Commissioning Services' domain.

Having queried the low number of completed surveys received from stakeholders, the Governing Body was advised that stakeholders were prescribed and not chosen.

**The Governing Body noted** the 360 survey findings as reported.

## **17/056 MINUTES OF MEETINGS**

Presented by the Lay Member for Governance, consideration was given to the minutes of the following meetings:

### **a) Audit Committee**

*The unconfirmed minutes of a meeting held on 4 April 2017.*

**Integrated Support and Assurance Process (ISAP)** - the Audit Committee had received the ISAP developed by NHS England for use in the development of novel or complex contracts sitting outside the standard NHS contract.

The Chief Contracts Officer reported that the CCG was currently attempting to clarify the status of the ISAP as its instigation was likely to significantly increase the length of future procurements.

**Cyber security** - the Audit Chair reported that the Audit Committee had been concerned that there were no national standards in relation to cyber security and had asked for assurance from the CCG's IT service provider.

### **b) Finance and Performance Committee**

*The confirmed minutes of a meeting held on 22 March 2017*

### **c) Remuneration and HR Committee**

*The unconfirmed minutes of a meeting held on 18 April 2017*

### **d) Clinical Scrutiny Committee**

*The unconfirmed minutes of a meeting held on 26 April 2017*

### **e) CCG Collaborative Group**

*The unconfirmed minutes of a meeting held on 6 April 2017*

**Commissioning of Countywide Services** – the minute in relation to this issue was discussed and there was concern that it could seem an attempt to remove decision making from the CCG's Executive. The Chair and Chief Officer explained that the raising of awareness at an early stage to the Collaborative Group was intended to avoid situations occurring at short notice within either CCG that might have consequence for the other.

### **f) West Suffolk CCG Primary Care Commissioning Committee**

*Unconfirmed minutes from a meeting held on 26 April 2017*

### **g) Commissioning Governance Committee**

*Decisions from a meeting held on 22 March 2017 and virtual meeting held from 9-12 May 2017*

The Governing Body **received and endorsed** the presented minutes and decisions.

## **17/057 ALLIANCE WORKING – COMMUNITY SERVICES**



The Governing Body was in receipt of a report from the Chief Contracts Officer which had been prepared by the East Suffolk and West Suffolk Alliances to update and assure the Clinical Commissioning Group (CCG) on the further development of the alliance proposals and progress towards preparation for full mobilisation of the community contract by 1 October 2017.

It was reported that two alliances had been formed with alliance partners being:

- Suffolk GP Federation.
- Suffolk County Council
- Norfolk and Suffolk Mental Health Trust
- West Suffolk Foundation Trust (in the West Alliance)
- Ipswich Hospital Trust (in the East Alliance).

The alliances had committed to providing services in a collaborative approach, taking opportunities to remove organisational boundaries and barriers wherever possible and were committed to the longer term strategy of becoming a fully integrated care system. The alliances had established robust working arrangements and programme structures.

The report went on to detail governance arrangements and a mobilisation timetable, together with setting out services for children and adults and identifying risks.

The alliance partners were on track to mobilise the community contract by 1 October 2017. All requirements for Gateway 2 would be met by the end of May 2017. A full mobilisation plan had already been submitted to the CCGs and the children and adult service specifications were complete and ready for 'sign off'. A transformation roadmap detailing how the service specifications would be delivered in the short and medium term was being developed.

The programme management office (PMO) would be ensuring that all alliance partners and the CCGs continued to receive weekly highlight reports, and a regular update report was to be prepared for all organisations each month from June 2017.

Key risks going forward included how to ensure that the workforce was listened to and the disaggregation of services. Meetings had already been held with Union representatives and there was an intention to work closely with the staff going forward.

A finance sub-group had been established to review and identify risks.

**The Governing Body noted** the content of the report.

**(David Taylor, Chair of the Community Engagement Group entered the meeting)**

## **17/058 INTEGRATED PERFORMANCE REPORT**

The Governing Body was in receipt of the Integrated Performance Report, which provided members with a summary of performance against national targets, contractual targets, clinical quality and patient safety issues, financial performance and acute activity, together with detailing work being carried out by the transformation and project management office teams.

### Clinical Quality and Patient Safety

Key points highlighted included;

- Infection control – C.difficile continued to be a cause of concern within the community. Process and root cause analysis information was subject to continual review. No cases of MRSA had been reported within local services.
- West Suffolk Hospital had reported 71 falls for the month and the reporting of falls per 1000 bed days was due to recommence from April 2017. Within the community falls work was focused on admission risk assessments.
- Care homes – no care homes were currently rated as 'inadequate' and 37 were rated as 'requires improvement' which was a wide banding with recommended actions varying in importance.
- The report now included patient reported outcome measures in relation to orthopaedic surgery.

The Governing Body was advised that higher rates of C.difficile could be a result of it having been identified from increased incidents of novo-virus, together with a change in the use of antibiotics by secondary care.

Clarification was provided in respect of patient reported outcome measures charts contained within the report. **The Chief Nursing Officer** confirmed that information in respect of hip replacements gave no cause for concern and **agreed** to include more narrative in future reports.

#### Finance

- The CCG had been on plan at year-end that had included the 1% (£2.9m) contribution to the national risk pool to mitigate any deficit elsewhere within the system. The 1% would be rolled into cumulative surplus with NHS England and could be made available later if not utilised.
- The CCG had a £2.2m underlying deficit at year-end.
- QIPP delivery at been £11.98m which had been an improvement on previous years.
- The Annual Report and Accounts were due to be submitted to NHS England on 31 May 2017 and would be presented to the next public Governing Body meeting in July 2017.

Having queried why performance against the national 62 day cancer wait reporting measure from GP referrals was worse than that from the screening service, it was explained that patients going through the screening service had already been diagnosed thus saving waiting time.

#### Transformation

- The wider system transformation plan for 2017/18 had been signed off by the CCG's Executive.
- Demand management plans had been agreed by NHS England.
- The joint transformation team was being progressed with West Suffolk Hospital.
- Integrated care activity figures at year-end were a 4% increase in A&E activity with attendances up by 6%.
- The discharge to assess business case had been signed off by the integrated care network.
- £1m of funding had been made available to assist the development of primary care streaming within A&E.
- A lunch and learn training session was to be held on 24 May 2017 in relation to Buurtzorg.
- There had now been two meetings of the Mentally Healthy Communities Board.

The Board had agreed a business case for an integrated CAMHS triage and health and wellbeing function.

- Dementia diagnosis rates had deteriorated in April due to a change of methodology. The MDT had since identified 48 patients in the first month.
- Planned care was refocusing its efforts in relation to ophthalmology and pain management.
- West Suffolk Hospital had been successful in achieving £400k of funding for diabetes.
- West Suffolk Hospital had made a provisional commitment to support the electronic referral system.
- Work was taking place to address an increase in dermatology demand which had occurred alongside reduced capacity. The feasibility of returning to the Vantage system was being explored.

Having queried whether CAMHS triage would make a difference, it was explained that access had been a previous concern and it was hoped that triage would facilitate the signposting of patients to the most appropriate place for treatment.

The Governing Body was informed that work was underway to collate all referral paperwork utilised by West Suffolk Hospital and, to date, 148 forms had been identified for review.

The need for demand management work to incorporate analysis of the demand placed on primary care was emphasized.

#### Contractual Performance

Key points highlighted included;

- **West Suffolk NHS Foundation Trust** – A&E performance was improved with the main concern now being referral to treatment times. Recent data cleansing had highlighted eight 52 week waits and work was being carried out with the Trust to address the situation. It was anticipated that the data cleanse would be complete by the end of June 2017.
- **Norfolk and Suffolk NHS Foundation Trust (NSFT)** – improvement was ongoing.
- **Suffolk Community Healthcare** – there was a need to address delayed transfers of care.
- **East of England Ambulance Service Trust (EEAST)** – Red 1 category response had improved from 60% to 72% in March 2017. There had been significant investment during the year to increase capacity. A service review was underway. The Governing Body recognised the difficulty for the ambulance service to meet national targets within rural areas.

#### Project Management Office

It was explained that the PMO worked to ensure that QIPP programmes were robust and remained on track to close the financial gap.

The Governing Body **noted** the content of the report.

### **17/059 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN – FINANCIAL PLAN 2017/18**

Since the first Suffolk Children's Emotional Health and Wellbeing Plan (covering East & West Suffolk) had been signed off by NHS England in October 2015, the

plan had been refreshed in line with the NHS England Assurance process. NHS England had recently confirmed funding allocation for the Suffolk Transformation Plan to 2020 which showed a year on year increase 2016/17 £1.6m, 2017/18 £1.8m, 2018/19 £2.1m and 2019/20 £2.3m. In line with the CCG's commitment to the Mental Health Five Year Forward View, it had locally ring-fenced those monies to delivery of the priorities set out in the Transformation Plan. That was a commitment with significant national scrutiny, including a specific monitoring and assurance process by NHS England.

It should be noted that the Suffolk Children's Emotional Health and Wellbeing Plan covered the health and care system as a whole and although the funding was centrally allocated via NHS England, the governance of the plan was through the Suffolk Children's Emotional Wellbeing Group which ensured a wide range of priorities were supported.

A paper from the Suffolk Children's Emotional Wellbeing Group giving an update on progress in delivering the priorities and the indicative financial plan had been presented to and agreed by the CCG's Executive in March 2017. A more detailed update and briefing would be presented to the CCG's Executive and Governing Body in July 2017.

The financial plan, which the Governing Body was being asked to approve, was detailed within Section 2 of the report.

**The Governing Body approved** the Suffolk CAMHS Transformation financial plan, as set out within the report, which incorporated the West Suffolk allocation as detailed within the report.

#### **17/060 ANY OTHER BUSINESS**

No items of other business were received.

#### **17/061 DATE OF NEXT MEETING**

The next meeting of the West Suffolk CCG in public was scheduled to take place on **Wednesday 26 July 2017 at 0900 hrs** in The Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk

#### **17/062 QUESTIONS FROM THE PUBLIC**

No questions were received.

---

**Chair (Dr Christopher Browning)**

---

**Date**



integrated working

**WEST SUFFOLK CCG Governing Body  
ACTION LOG: 24 May 2017 (updated)**

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE
<b>Meeting of 29 March 2017</b>				
17/036	Special Educational Needs and Disability (Send) Briefing to Senior Officials	The Governing Body noted the content of the report and requested that it receive a further update.	Barbara McLean	Report to Governing Body in July 2017
17/037	2017/18 Budget	Consideration was to be given to how, if achieved, the transformation pot could be used to support and develop Primary Care and the development of the One Clinical Community.	All	Ongoing
<b>Meeting of 24 May 2017</b>				
17/046	General Update	The recent cyber security threat had not affected Suffolk and the response of staff and practices had been good. The Chief Corporate Services Officer agreed to present lessons learnt to the next meeting.	Amanda Lyes	26 July 2017
17/051	Declaration of Interests	Having reviewed the register the Governing Body requested that the Chief Corporate Services Officer and Chief Operating Officer explore ways of improving response from member practices prior to the next review.	Amanda Lyes/ Kate Vaughton	<b>Complete</b>
17/054	Community Education Provider Network Newsletter	The Governing Body noted the report and requested that the Chief Corporate Services Officer provide a further update in six months' time.	Amanda Lyes	November 2017
17/058	Integrated Performance Report	Clarification was provided in respect of patient reported outcome measures charts contained within the report. The Chief Nursing Officer confirmed that information in respect of hip replacements gave no cause for concern and agreed to include more narrative in future reports.	Barbara McLean	More narrative has been included in the report commencing from June 2017

MINUTE	DETAILS	ACTION	BY WHOM	TIMESCALE/UPDATE



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>07</b>
<b>Reference No.</b>	<b>WSCCG 17-39</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	Community Engagement Group	
Lead Chief Officer	David Taylor, Chair of Community Engagement Group	
Author(s)	Isabel Cockayne, Head of Communications	
Purpose	To present the unconfirmed minutes from the Community Engagement Group meeting held on 29 June 2017.	
Applicable CCG Priorities		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	
Action required by Governing Body:		
The Governing Body is asked to consider and note the key items of discussion from the Community Engagement Group.		

**West Suffolk CCG Community Engagement Group**  
**Thursday 29 June 2017**  
**The Befriending Scheme, The Croft, Sudbury**

**PRESENT:**

Jo Finn, WSCCG Lay Member  
Michael Simpkin  
David Dawson  
Peter Owen  
Margaret Marks  
Graeme Norris  
Anne Nicholls  
Jon Rapley

**APOLOGIES:**

Gill Jones  
Marion Fairman-Smith  
Chrissy Marshall  
Jane <><>  
David Taylor (Chair)

**IN ATTENDANCE:**

Kate Vaughton, Chief Operating Officer, WSCCG  
Isabel Cockayne; Head of Communications, IESCCG and WSCCG  
John Troup, Communications Manager, IESCCG and WSCCG  
Paul Little, East Area Director, A&CS, Suffolk County Council

**Item**

**Action**

**GENERAL BUSINESS**

**1. WELCOME & APOLOGIES FOR ABSENCE**

Jo Finn welcomed everyone.

**2. MINUTES & ACTIONS ARISING**

Minutes from 27 April 2017 were accepted.

Several actions will be added to the forward planner to ensure that there is time to explore some issues with more time and support, including a CQC representative or information document which will be circulated if appropriate. **JT**

DD suggested that health should be represented on the group overseeing the remedial work following the inspection of the SEND arrangements in Suffolk. BMcL is aware of arrangements to set up the group. DD will write to JF and IC to outline the suggestion to be followed up. KV will double check that health is part of SEND joint working. The action plan is scheduled for **IC**



the July agenda. IC to send DD an update.

A transport update was sent to MS. IC mentioned a broader conversation being planned as part of a multiagency review. IC will circulate the date of the meeting. **IC**

GN mentioned a need for CEG members to be aligned with areas and or PPGs. IC agreed this was now the right time and asked for members to speak to her about their areas after the meeting. **All members**

A joint meeting of the West Suffolk CEG and the Ipswich and East CEP had been held to explain how the CCGs commissioning intentions were developed. MM asked if she could share with Haverhill Town Council. IC explained this was a meeting in public, so that all issues discussed were in the public domain. GM suggested that we talked about key priorities. Members then reflected about the differences between the CEG and the CEP. JF summed up saying the CCG needs to provide data to members to empower them to participate, plan and contribute. Members should include younger people. This approach would help members to undertake their roles.

**3. CEG members update**

DD will report on a practice experience of a PPG.

GN reported that he had made contact with the Parish Forum and some local PPGs.

AN reported that the Clinical Oversight Group had circulated further revised low threshold policies for members to review. Members' comments were required before 18 July. MS agreed to share with other members.

MS talked about the 111-online version and its development

**All members**

**4. LAY MEMBER'S REPORT, PPG WORKSHOP FEEDBACK – Jo Finn**

The two action plans were circulated with the papers. Members were asked for feedback.

**All members**

**5. SOCIAL CARE – Paul Little Suffolk County Council Adult Services Area Director**

PL introduced himself as one of three Area directors at the County Council and talked about the recent restructure of the Adult Services which means the council organisation is linked with CCG boundaries. He outlined bringing services together and organising around the person, rather than the organisation.

PL talked about Delayed Transfers of Care, which have reduced by 62%. He also set out the Discharge to Assess Programme, where people able to come out of hospital are discharged and then assessed regarding their further requirements once home, which was felt to be most suitable.

DD asked how the voluntary sector and mental health services are involved strategically. PL said mental health is commissioned by the county council, Norfolk and Suffolk Foundation Trust and the CCGs. PL talked about 'My Care, My Future'. **ACTION: This will be added to a future agenda.** PL added that the voluntary sector can be helpful in the strategic conversation, for example from their experience with the Connect Project.

GN asked how to take this into real consensus of information about the few PPGs and groups and turn it into action.

PO spoke about an excellent experience of the Integrated Neighbourhood Team and asked about staffing. KV said that building the relationship with the GPs, building resilience and incorporating the physiotherapist has been the work over the last nine months.

MM asked for some information. KV set out the need for the alliance contracting group to work through examples of how this might work. IC added that within a few weeks there will be communications on this to support understanding. PL also added that case study descriptions add clarity on that.

## **6. COMMUNICATIONS AND ENGAGEMENT**

IC asked members to review the information and reflect on actions so far in the review of the Communications and Engagement Strategy 2015 – 2018

**All  
members**

## **7. FINANCES – Kate Vaughton**

At month 2 KV reported that the CCG is in a balanced position. There is a target saving required for 2017 – 2018 of £10.8m. KV gave an example of prescribing having a £2m target to save, which has seen the WSCCG break down the prescribing spend for each practice and then targeted those practices which need more support to reduce spending and retain quality. KV mentioned the need for more support for patient power in supporting the prescribing work stream. GN said the Practice Manager at Ixworth, Matthew Lockyear, had asked for people to use more physiotherapy rather than always to see the GP, where the physio can refer to exercise. This led to the village setting up a Pilates class.

JR talked about the need for education and information to facilitate patient's empowerment and to help manage their expectations. KV agreed. IC said there was some money set aside to educate the public on diabetes and that there is a need under the Sustainability Transformation Partnership on behavioural change. Long term the schools should include information to help develop the culture of challenging professionals

GN asked for the principal items of CCGs concerns. KV talked about Continuing Healthcare and the Guaranteed Income Contract, which sees

the hospital gaining.

**8. PATIENT REVOLUTION – JOHN TROUP**

Up to 70 people have signed up for the Patient Revolution on 12 July 2017.  
JT will ensure there will be a big push on social media.

**9. AOB**

None.

**10. QUESTIONS FROM THE PUBLIC**

None.

**FORWARD PLANNER**

*GP Five Year Forward View*

*STP update (Accountable care organisations and Connect are part of STP)*

*My Life, My Future*



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>08</b>
<b>Reference No.</b>	<b>WSCCG 17-40</b>
<b>Date.</b>	<b>26 July 2017</b>

<b>Title</b>	<b>Audit Committee Annual Report</b>	
<b>Lead Chief Officer</b>	Bill Banks, Audit Committee Chair, Amanda Lyes, Chief Corporate Services Officer	
<b>Author(s)</b>	Jo Mael, Corporate Governance Officer	
<b>Purpose</b>	To present to the Governing Body the Audit Committee Annual Report 2016/17.	
<b>Applicable CCG Clinical Priorities:</b>		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	
<b>Action required by Governing Body:</b>		
To note the Audit Committee Annual Report as attached to the report.		

## **1. Background**

- 1.1 The Annual Report is intended to provide assurance that the Audit Committee has satisfied its Terms of Reference during 2016/2017 in relation to its establishment and ways of working by ensuring appropriate attendance at meetings, reviewing the schedule of meetings and the annual calendar of agenda items, regular reporting to the Governing Body, and by carrying out and responding to an annual self-assessment.
- 1.2 The report seeks to provide assurance that, in respect of its specific duties and responsibilities, the committee has reviewed:
- the adequacy of the Annual Governance Statement;
  - the 2016/17 annual accounts and associated documents;
  - the Governing Body Assurance Framework;
  - the plans, progress reports, conclusions and recommendations of the internal and external auditors and the local counter fraud specialist;
  - the findings of other significant assurance functions, both internal and external
  - the reports and assurances from senior officers and managers of the CCG and shared management team
  - the adequacy and security of the CCG's arrangements for its employees to raise concerns, in confidence, about possible wrong doing in financial reporting and other matters.
  - waivers of competitive tendering
- 1.3 In carrying out its work the Committee continues to develop its ways of working to increase its efficiency and improve the quality of reporting on internal controls.

## **2. Current Position**

- 2.1 The attached Audit Committee Annual Report has been reviewed by the Audit Committee and approved by the Audit Committee Chair before its presentation to the Governing Body.

## **3. Recommendation**

- 3.1 The Governing Body is asked to note the Audit Committee Annual Report as appended to the report.



integrated working



# **West Suffolk CCG**

## **Audit Committee**

### **Annual Report 2016/17**

## **1 Purpose of the Report**

The Audit Committee has prepared this report to the West Suffolk CCG's Governing Body in order to provide assurance that it has satisfied its terms of reference during 2016/17 with regard to its establishment and ways of working and the discharge of its specific duties and responsibilities in relation to:

Governance, Risk Management and Internal Control  
Internal Audit  
External Audit  
Other Assurance Functions Fraud  
and Improprieties Management  
Financial Reporting  
Key CCG Documents

The report covers the period April 2016 to March 2017 so that it includes those activities relating to the conclusion on the effectiveness of the internal control system and the review of the annual report and financial statements which are carried out at the June meetings.

## **2 Executive Summary**

The Audit Committee has complied with and satisfied its Terms of Reference during 2016/17 by ensuring appropriate attendance at meetings, reviewing the schedule of meetings and the annual calendar of agenda items, regular reporting to the Governing Body, and by carrying out and responding to an annual self-assessment.

In respect of its specific duties and responsibilities the committee has reviewed:

- the adequacy of the Annual Governance Statement;
- the 2016/17 annual accounts and associated documents;
- the Governing Body Assurance Framework;
- the plans, progress reports, conclusions and recommendations of the internal and external auditors and the local counter fraud specialist;
- the findings of other significant assurance functions, both internal and external
- the reports and assurances from senior officers and managers of the CCG and shared management team
- the adequacy and security of the CCG's arrangements for its employees to raise concerns, in confidence, about possible wrong-doing in financial reporting and other matters.
- waivers of competitive tendering

In carrying out its work the Committee continues to develop its ways of working to increase its efficiency and improve the quality of reporting on internal controls.

## **3 Establishment and Ways of Working**

### **3.1 Membership and Quorum**

The Committee consists of not less than three members appointed by the NHS West Suffolk Clinical Commissioning Group Governing body as set out in its Constitution and may include individuals who are not on the Governing body. The lay member on the governing body, with a lead role for overseeing key elements of governance, chairs the Audit Committee and a quorum consists of two members.

Meetings are held, at least, on a quarterly basis but in the main bi-monthly with an additional meeting in May to review the financial statements. Attendance was as set out below, with all meetings held throughout the year having been quorate. The table also details other individuals that have attended each meeting in order to support the Committee in its business.

<b>Audit Committee – West Suffolk CCG – 2016/17</b>							
<b>Audit Committee Member</b>	<b>5 Apr 16</b>	<b>23 May 16 (Extraordinary)</b>	<b>7 Jun 16</b>	<b>6 Sept 16</b>	<b>4 Oct 16</b>	<b>6 Dec 16</b>	<b>7 Feb 17</b>
<b>Banks Bill</b> <i>(Lay Member for Governance)</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Chicken Steve</b> <i>(Lay Member)</i>							Yes
<b>Knights Peter</b> <i>(Governing Body Member)</i>	Yes	Yes	No	No	No	Yes	Yes
<b>Bernard Kevin (Reserve)</b> <i>(Governing Body Member)</i>	No	No	Yes	Yes	Yes	No	No
<b>Others in attendance to advise:</b>	Internal Audit External Audit Counter Fraud Head of Accounting and Control Governance Advisor Chief Contracts Officer Chief Corporate Services Officer	External Audit Head of Accounting and Control Chief Corporate Services Officer	Internal Audit External Audit Counter Fraud Head of Accounting and Control Governance Advisor Deputy Chief Contracts Officer CHC Programme Manager Interim Chief Finance Officer	Internal Audit External Audit Counter Fraud Head of Accounting and Control Governance Advisor Interim Chief Finance Officer Chief Corporate Services Officer	Internal Audit External Audit Interim Chief Finance Officer Head of Accounting and Control Information Governance and Risk Manager	Internal Audit External Audit Counter Fraud Chief Finance Officer Head of Accounting and Control Governance Advisor CHC Programme Manager	Internal Audit External Audit Counter Fraud Chief Finance Officer Head of Accounting and Control Governance Advisor Chief Corporate Services Officer

### 3.2 Arrangements for Meetings and Circulation of Minutes

The Corporate Governance Officer is administrator for the Committee and the unconfirmed minutes of each meeting are presented to the next Governing Body meeting. This protocol applies for all Governing Body sub-committees.

## 4 Specific Duties and Responsibilities

### 4.1 Governance, Risk Management and Internal Control

The Committee has reviewed the adequacy of:

- Quality - Safeguarding vulnerable adults
- Quality – NICE guidance
- GP payments
- Payroll
- Financial reporting and budgetary control
- Key financial assurance
- Continuing healthcare
- Governing Body Assurance Framework (GBAF)
- QIPP
- Quality – GP/Public engagement



- Commissioning/Contracts
- Information Governance Toolkit V14
- Personal health budgets
- IT support contract
- Managing conflicts of interests
- Strategic/Annual plan

#### Internal Audit Opinion

The Head of Internal Audit was satisfied that sufficient internal audit work had been undertaken to allow him to draw a reasonable conclusion as to the adequacy and effectiveness of CCG's risk management, control and governance processes. In his opinion, the CCG had adequate and effective management, control and governance processes to manage the achievement of its objectives.

#### Governing Body Assurance Framework

The Committee has reviewed the Governing Body Assurance Framework (GBAF) at each of its meetings, giving feedback, making recommendations and noting the progress made in the development of the CCG's risk management processes and reporting.

### **4.2 Audit Provision**

Internal audit and counter fraud services are provided by Tiaa, with external audit being provided by Ernst and Young. Internal auditors have attended all meetings held, with the exception of the May 2016 meeting, and the external auditors have attended all meetings. During the course of the year the Audit Committee has met privately with the external and internal auditors.

Both auditors submitted annual audit plans for 2016/17 which were agreed and monitored by the Audit Committee. Regular updates on the progress against these plans were presented to the Audit Committee during the year.

#### Internal Audit

At each meeting the Audit Committee received details of recent Internal Audit work, within interim reports prepared by the Head of Internal Audit, and audit recommendation reports, which monitor management progress in implementing agreed actions.

The allocated budget for 2016/17 Internal Audit work across both CCGs was (122 days, of which all days have been utilized).

The Audit Committee has overseen and supported the work of Internal Audit by:

- a) approving the Annual Audit Plan
- b) agreeing the detailed scope of internal audit coverage for 2016/17;
- c) considering the results of internal audit reviews for 2016/17; and
- d) reviewing the Head of Internal Audit Opinion for 2016/17.

From the audits completed during the year the overall control profile was as follows:

Assurance Assessments	Number of Reviews	Previous Year
Substantial Assurance	5	3
Reasonable Assurance	8	13
Limited Assurance	2	0
No Assurance	0	0

The following number of recommendations had been by Internal Audit during the year.

Urgent	Important	Routine
3	21	26

The Audit Committee is satisfied that delivery of the internal audit plan for 2016/17 has given assurance that controls are effective in the areas reviewed, that appropriate action plans are developed for improvement and that the Internal Audit service is effective.

The Audit Committee has drawn confidence from the work of the internal auditor in supporting its overall conclusions about internal control, financial reporting and the work of internal audit.

#### External Audit

The Audit Committee has:

- considered the scope and planning of external audit through review of the external audit plan;
- considered the agreed fees and resources required by Ernst and Young
- reviewed various financial and non-financial control related reports including the external auditors interim report and annual audit letter.

The Audit Committee has drawn confidence from the work of the external auditor in supporting its overall conclusions about internal control, financial reporting and the work of internal audit.

### **4.3 Counter Fraud**

Counter fraud services are provided by Tiaa. There were 25 Local Counter Fraud Specialist (LCFS) days allocated across both West Suffolk and Ipswich and East Suffolk CCGs for 2016/17.

At each meeting, the Audit Committee received reports from the LCFS which covered progress against the plan, inform and involve work carried out, prevent and deter information and any hold to account activity.

#### 4.4 Other Assurance Functions

The CCG's clinical audit processes, financial and contractual performance is reviewed and monitored by the CCG's Clinical Scrutiny Committee, with the minutes of those meetings being presented to the Governing Body.

#### 4.5 Management

The Audit Committee can request and review reports and assurances from the senior officers and managers of the CCG on the overall arrangements for governance, risk management and internal control. During 2016/17, the Audit Committee received and reviewed:

- Continuing Healthcare (April, June, September, October, December)
- Policies for Anti-Bribery and Standards of Business Conduct (April)
- Personal Health Budgets (June, September)
- Self-Assessment (June, September)
- Information Governance Update (April, September, December)
- Policy for Counter Fraud and Anti-Corruption (June)
- NHS England Data Security Letter to Audit Chairs (September)
- Individual Funding Request Update (September, February)
- Financial Resilience Review (September)
- Managing Conflicts of Interest – Revised Statutory Guidance (September)
- Complying with the National Data Guardian's Review Of Data Security (October)
- Standards of Business Conduct and Conflicts of Interest Policy (October)
- Draft Accounts at Month Nine (February)
- Price Waterhouse Cooper Report and Action Plan (February)
- Client Digest on Cyber Security Benchmarking Survey (February)
- Capping of Public Sector Exit Packages at £95k (February)
- Draft Audit Annual Report (February)

#### 4.6 Financial Reporting

##### Annual Report and Financial Statements

The Audit Committee has reviewed the 2016/17 annual accounts and associated documents.

##### External Audit Opinion:

The CCG's External Auditors, Ernst and Young advised of their opinion as follows;

##### ***Opinion on regularity***

*In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.*

**Opinion on the financial statements**

*In our opinion the financial statements:*

- *give a true and fair view of the financial position of NHS West Suffolk CCG as at 31 March 2017 and of its net operating costs for the year then ended; and*
- *have been properly prepared in accordance with the Health and Social Care Act 2012 and the Accounts Directions issued thereunder.*

**Opinion on other matters**

*In our opinion:*

- *the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Annual Report Directions made under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012); and*
- *the other information published together with the audited financial statements in the annual report and accounts is consistent with the financial statements.*

*We are required to report to you if:*

- *In our opinion the governance statement does not comply with the guidance issued by the NHS Commissioning Board; or*
- *We refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or*
- *We issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or*
- *We make a written recommendation to the CCG under section 24 of the Local Audit and Accountability Act 2014; or*
- *We are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2017.*

*We have nothing to report in these respects.*

**Certificate**

*We certify that we have completed the audit of the accounts of NHS West Suffolk CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.*

**5 Committee Effectiveness and Compliance with Terms of Reference****5.1 Self-assessment**

The Audit Committee carries out an annual self-assessment using a checklist derived from best practice. The most recent assessment was carried out during June and a report on the findings submitted to the September 2016 Audit Committee meeting. The overall assessment of the performance of the Audit Committee during the year was that it had been effective.

## **5.2 Terms of Reference**

A review of the Terms of Reference is undertaken annually. The latest review was undertaken in April 2017.

(Approved by Audit Committee Chair on 23 June 2017)



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>09</b>
<b>Reference No.</b>	<b>WSCCG 17-41</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	Financial Performance Committee Annual Report	
Lead Chief Officer	Bill Banks, Financial Performance Committee Chair,	
Author(s)	Chris Armitt, Acting Chief Finance Officer	
Purpose	To present to the Governing Body the Financial Performance Committee Annual Report 2016/17.	
Applicable CCG Clinical Priorities:		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	
Action required by Governing Body:		
To note the Financial Performance Committee Annual Report as attached to the report.		



integrated working



**West Suffolk**  
Clinical Commissioning Group

**West Suffolk CCG**  
**Financial Performance Committee**  
**Annual Report 2016/17**

## **1 Purpose of the Report**

The Financial Performance Committee has prepared this report to the Governing Body of NHS West Suffolk Clinical Commissioning Group in order to provide assurance that it has satisfied its terms of reference during 2016/17 in relation to its establishment and ways of working and the discharge of its specific duties and responsibilities in relation to the oversight and scrutiny of:

Delivery of financial targets  
QIPP schemes  
Financial plans  
Approved investments &/or transformation schemes  
Departmental delivery plans  
Key performance issues

The report covers the period from the establishment of the Committee in June 2016 to March 2017.

## **2 Executive Summary**

The Financial Performance Committee has complied with, and satisfied, its terms of reference during 2016/17 by ensuring appropriate attendance at meetings, reviewing the schedule of meetings and the annual calendar of agenda items, regular reporting to the Governing Body, and by planning to carry out and respond to an annual self- assessment.

In respect of its specific duties and responsibilities the committee has reviewed and scrutinised the reports and assurances from senior officers and managers of the CCG and shared management team covering:

- 2016/17 Financial Recovery Plans
- 2016/17 QIPP plans
- 2016/17 Financial Performance
- Programme Management Office development
- 2017/18 and 2018/19 Financial Plans
- 2017/18 Budget Setting
- 2017/18 QIPP Plans

## **3 Establishment and Ways of Working**

### **3.1 Membership and Quorum**

The Committee consists of not less than three members appointed by the Governing Body of NHS West Suffolk Clinical Commissioning Group as set out in its Constitution and may include individuals who are not on the Governing body. The Lay member on the governing body chairs the Financial Performance Committee and a quorum consist of three members, one of whom being the Lay member and the other two members. Meetings are held, at least on a monthly basis.



Attendance was as follows, with all meetings held throughout the year having been quorate:

Committee Member	8 Jun 16	20 Jul 16	17 Aug 16	21 Sept 16	19 Oct 16	16 Nov 16	21 Dec 16	18 Jan 17 Revised Membership following revised TOR	22 Feb 17	22 Mar 17
<b>Arthur Simon</b> (GP Member)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
<b>Armitt Chris</b> (Deputy Chief Finance Officer)	Yes	Yes	Yes	Yes			Yes			Yes
<b>Banks Bill</b> (Lay Member for Governance)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Bernard Kevin</b> (Practice Manager Member)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
<b>Browning Christopher</b> (GP Member – CCG Chair)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Chicken Steve</b> (Lay Member)								Yes	Yes	No
<b>Eley Andy</b> (Acting Chief Operating Officer)	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No
<b>Finn Johanna</b> (Lay Member for Patient and Public Engagement)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Garratt Ed</b> (Chief Officer)	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Hassan Andrew</b> (GP Member)	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
<b>Jamieson Crawford</b> (Secondary Care Doctor)	Yes	Yes	No	No	No	No	No	Not a member		
<b>Kanka David</b> (Asst Director of Public Health)		No	No	Yes	No	No	No	Not a member		
<b>Knights Peter</b> (Practice Manager Member)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No
<b>Lyes Amanda</b> (Chief Corporate Services Officer)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>MacLeod Lesley</b> (Interim Chief Finance Officer)		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
<b>McLean Barbara</b> (Chief Nursing Officer)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes
<b>Talebpour Bahram</b> (GP Member)			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Tandy Rosalind</b> (GP Member)	Yes									
<b>Thomas Jan</b> (Chief Contracts Officer)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
<b>Vaughton Kate</b> (Chief Operating Officer)				No	Yes	Yes	No	Yes	Yes	Yes
<b>Wafteh Firas</b> (GP Member)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes
<b>Watson Richard</b> (Chief Redesign Officer)		Yes	Yes	No	Yes	No	No	Yes	Yes	No
<b>Yager Andrew</b> (GP Member)	No	Yes	Yes	No	Yes					

### 3.2 Arrangements for Meetings and Circulation of Minutes

The Executive Assistant to the Chair and Chief Operating Officer is the administrator for the Committee and the unconfirmed minutes of each meeting are presented to the next Governing Body meeting. This protocol applies for all Governing Body sub-committees.

## **4 Specific Duties and Responsibilities**

### **4.1 Delivery of financial targets**

The committee received detailed reports on the current and forecast in year financial position, including progress towards meeting targets agreed within the CCG's financial plans. Members challenged where necessary the actual performance of agreed plans in order to achieve targets.

The development of the Financial Recovery Plans was overseen by the committee, which received routine updates on progress and scrutinised both the pace of progress and the robustness of plans.

### **4.2 QIPP schemes**

The committee received and scrutinised regular detailed reports on the development and delivery of the CCG's QIPP plan in relation to both in year financial performance and plans for future years.

### **4.3 Financial plans**

Early in the financial year, the committee reviewed and scrutinised the medium term financial plan developed as part of the Financial Recovery Plan submitted to NHS England. As the organisation moved into the national planning round for 2017/18 and 2018/19, the committee received regular reports updating drafts of the financial plan for scrutiny, culminating the receipt and scrutiny of the plan for submission to NHS England in December 2016.

### **4.4 Approved investments &/or transformation schemes**

The committee received and scrutinised the progress of transformation schemes through the monthly PMO reports, including progress of those within the Guaranteed Income Contracts.

### **4.5 Departmental delivery plans**

Throughout the year, the committee challenged budget holders as part of the routine reviews of budgetary performance and QIPP delivery, including deep dives where further information and scrutiny was required. There was routinely a high level of focus in the following areas of expenditure:

- Prescribing
- Continuing Healthcare
- Acute Services

### **4.6 Key Performance Issues**

The committee reviewed and scrutinised the key financial performance indicators including progress against the financial recovery trajectory at each meeting throughout the financial year. Where performance deteriorated or was not making the expected level of improvement, the committee challenged the organisation on whether existing actions were sufficient or if further remedial actions needed to be undertaken.

## **5 Committee Effectiveness and Compliance with Terms of Reference**

### **5.1 Self-assessment**

In line with its Terms of Reference, the Financial Performance Committee will undertake a review of its own performance by the means of a self-assessment using a checklist derived from best practice. As the Committee was only formed in June 2016, the assessment and subsequent findings have yet to be completed. Once finalised, this will be submitted to the Governing Body.

### **5.2 Terms of Reference**

A review of the Terms of Reference is undertaken annually. The latest review was undertaken in December 2016.



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>10</b>
<b>Reference No.</b>	<b>WSSCG 17-42</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	Procurement Update: Summary of Activity 2017/18		
Lead Chief Officer	Jan Thomas, Chief Contracts Officer		
Author(s)	Jane Garnett, Procurement Lead		
Purpose	To update the Governing Body on the procurements completed since the last procurement update and those currently in progress and planned for 2017/18.		
Applicable CCG Priorities			
1.	Develop clinical leadership		✓
2.	Demonstrate excellence in patient experience & patient engagement		✓
3.	Improve the health & care of older people		✓
4.	Improve access to mental health services		✓
5.	Improve health & wellbeing through partnership working		✓
6.	Deliver financial sustainability through quality improvement		✓
Action required by Governing Body:			
To note the work being undertaken and the evolving work programme for 2017/18.			

## 1. Update

1.1 The table below summarises the current health service procurement activity.

Procurement Name	PQQ Bidders	ITT Bidders	Awarded to	Contract Start
Integrated Urgent Care	4	TBC	TBC	09/04/2018
Community Services: Constructive Dialogue	Passed through stage 2 gateway and now into contract building, TUPE and mobilisation.			01/10/2017
Marginalised and Vulnerable Adults	1	Essex Partnership University Foundation Trust		01/10/2017
Non-Emergency Patient Transport Services	TBC	TBC	TBC	01/04/2018

### Current Procurements

#### 1.2 **Integrated Urgent Care (OOH / 111)**

This procurement started in October 2016 and is running jointly with Ipswich & East Suffolk CCG and North East Essex CCG as part of the Sustainability and Transformation Plan (STP). The service specification includes elements from the care coordination centre currently run as part of Suffolk Community Healthcare.

The procurement was paused at the PQQ stage in December by NHS England and was not lifted until the 30th May; the Invitation to Tender was released on the 29<sup>th</sup> June 2017. The Invitation to Tender is due to close on the 25<sup>th</sup> August 2017 and the contract is due to go live on the 9<sup>th</sup> April 2018.

The pause by NHS England has meant that the original procurement timeline and go-live date of 1<sup>st</sup> October 2017 was unachievable. Negotiations were undertaken with the incumbent provider, who has agreed to cover the contract until 9<sup>th</sup> April 2018; but this extension to their contract has incurred a cost pressure for the CCG.

The pause has also meant that an interim provider of the Emergency Department GP Streaming model has been engaged at a higher cost than the annual budget included in the Integrated Urgent Care Tender, which would have started as part of the services on the 1<sup>st</sup> October 2017.

#### 1.3 **Community Services (Constructive Dialogue)**

The Most Capable Provider (MCP) process has now moved from detailed discussions through gateway 2 and onto contract creation, TUPE and mobilisation. Staff employed by Suffolk Community Healthcare and its partners, have been advised of the work undertaken so far and the changes to be implemented going forward.

#### 1.4 **Marginalised and Vulnerable Adult Services**

The Marginalised and Vulnerable Adult Service is a joint procurement with Ipswich & East Suffolk CCG, and commenced on the 31<sup>st</sup> March 2017. The procurement followed an Open process with a single stage to cover all required elements; the submissions were returned

on the 19<sup>th</sup> May 2017, with a moderation panel held on the 13<sup>th</sup> June. One provider submitted a response to the tender and this was evaluated as required against the specification and scoring matrix, receiving a score of 74.70%. The response was received from Essex Partnership University Foundation Trust (current incumbent), and they were informed of their success via a standstill letter; the standstill period closes on the 17<sup>th</sup> July 2017 and the service can then move to mobilisation discussions and a go-live date of 1<sup>st</sup> October 2017.

## 1.5 Patient Transport Services

The non-emergency patient transport service is in the last year of its current contract and this service was released to the market on the 1<sup>st</sup> June. This is a joint procurement with Ipswich & East Suffolk CCG and NHS Great Yarmouth and Waveney CCG. NHS Great Yarmouth and Waveney CCG will award a separate contract, but are full partners in the procurement due to virtually identical specifications and tender timescales.

The tendered service will look to consolidate a number of service strands into one contract; with Ipswich Hospital NHS Trust (IHT) and West Suffolk NHS Foundation Trust (WSFT) listed as associates to the contract and involved in the evaluation. The procurement will be undertaken as an Open process and the ITTs are due to be received on the 28<sup>th</sup> July 2017, with a contract go-live of the 1<sup>st</sup> April 2018.

## Potential Future Procurements

### 1.6 Ophthalmology

A procurement to secure ophthalmology providers for an Ophthalmology Referral Platform and Integrated Ophthalmology Service Provider (Ipswich & East Suffolk CCG Only) under separate lots is due to start in August 2017. This will be a joint procurement with Ipswich & East Suffolk CCG and IHT.

### 1.7 Enteral Feeds

Enteral Feeds are currently procured through a joint contract between West Suffolk NHS Foundation Trust (WSFT) and IHT with any community requirement sourced through the FP10 route. Both WSFT and IHT are looking to undertake a pilot in their locality to move away from FP10 prescribing. This development is in the early stages, but it is likely that this service will eventually be put out to market in a form directed by the pilot.

## 2. Key Points

- 2.1 The following list of services are likely to be in the procurement portfolio over the coming year; the shaded areas denote when it is anticipated that these will be actively tendered and mobilised.

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Integrated Urgent Care												
PTS												
Ophthalmology												

*Please note this list does not include any Ipswich & East Suffolk CCG only procurements*

## 4. Recommendation

- 4.1 It is recommended that the Governing Body note the work undertaken and the evolving work programme for 2017/18.



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>11</b>
<b>Reference No.</b>	<b>WSCCG 17-43</b>
<b>Date.</b>	<b>26 July 2017</b>

<b>Title</b>	<b>Freedom of Information</b>
<b>Lead Chief Officer</b>	Amanda Lyes, Chief Corporate Services Officer
<b>Author(s)</b>	Tony Buckle, Risk Manager
<b>Purpose</b>	To update the Governing Body on Freedom of Information activity within the CCG.

### Applicable CCG Priorities

1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	

### Action required by the Governing Body:

The Governing Body is asked to note the report.

## **1. Background**

- 1.1 The Freedom of Information Act 2000, provides a general right of access to information held by public authorities, including the NHS. Anyone can request information and has the right to be told:

- Whether the public authority holds the information, and
- If it does, to be provided with the information

The management delivery team handles requests on behalf of both West Suffolk CCG and Ipswich and East Suffolk CCG.

## **2. Key Issues**

- 2.1 This report covers the last quarter of 2016/17 to the end of March 2017 and April and May 2017.
- 2.2 Requests still continue to be received at an average of around 20 per month. Most cover both CCGs, with only one or two directed specifically to one or other CCG.
- 2.3 Virtually all of the requests were answered within the 20 days allowed under the Act, during these months, only two requests were responded to outside of this timeframe; January and April 2017.
- 2.4 The source of requests remains consistent and the majority still come from requesters identifying as members of the public. It is likely however that a large proportion of these are actually journalists, or people making requests on behalf of commercial organisations. Interest groups are also responsible for high numbers of requests and patterns seem to develop depending on what is being reported in the newspapers and on TV. The media (local and national) also make a number of requests, again generally related to issues currently being discussed by parliament or other media sources.
- 2.5 The main topics relate to the commissioning of services by the CCGs, and also financial questions relating to allocation of resources.
- 2.6 Detailed information in relation to Quarter Four of 2016/17 and Quarter One of 2017/18 is appended to the report.

## **3. Future Action**

- 3.1 The Risk Manager will continue to manage the responses to requests for information received under the legislation.

## FOI requests received for period 01/01/2017 - 31/03/2017

Total number of FOI requests received	Jan	Feb	Mar	Total
I&ESCCG & WSCCG	24	24	22	70
I&ESCCG				
WSCCG		1	1	2
MDT				
SCH				
n/a				
	24	25	23	72
Answered within 20 days	23	25	23	71
Not answered within 20 days	1			1
Not due for response				
Closed as no response from enquirer				
	24	25	23	72
<b>Source of request</b>				
Commerical Healthcare	6	5	2	13
Education		1		1
General Business	6		2	8
Healthcare Media/Publication	1			1
Interest Group		3	5	8
Legal				
Local Media				
Members of Public	5	9	5	19
MP		1	2	3
National Media	6	5	6	17
NHS/Local Authority			1	1
Not for Profit				
Professional Body		1		1
Unknown				
	24	25	23	72
<b>Type of information request</b>				
Acute Services				
Clinical				
Commissioning	5	13	8	26
Community Care Services				
Contracts	2	3	5	10
Corporate				
Estates/facilities				
Financial	2	1	2	5
Financial & Contracting				
HR	1			1
ICT	1	2	1	4
Other	3	2	1	6
Prescribing	5	4	3	12
Primary Care Services				



Strategy/Developments  
Treatments/Tariff

5	3	8
24	25	23
72		

**Main directorate responsible**

Chief Nursing Office	1	3	4	8
Chief Officer	1			1
Chief Operating Office	8	9	6	23
Contracts Office	9	10	8	27
Corporate Services	1	1	1	3
Finance & Contracting				
Finance Office	4	2	3	9
Other			1	1
Redeign Office				
Suffolk Community				

24	25	23	72
----	----	----	----

**Disclosure categories**

Full	20	22	21	63
Partial	1	1	1	3
Refusal				
Not applicable	3	2	1	6
Not stated				

24	25	23	72
----	----	----	----

**Information available**

Yes	19	21	21	61
No	4	3	1	8
Partial	1	1	1	3
Not Stated				

24	25	23	72
----	----	----	----

## FOI requests received for period 01/04/2017 to 31/05/2017

### Total number of FOI requests received

	Apr	May	Total
I&ESCCG & WSCCG	18	20	38
I&ESCCG			
WSCCG		2	2
MDT			
SCH			
n/a			
	18	22	40

Answered within 20 days	17	22	39
Not answered within 20 days	1		1
Not due for response			
Closed as no response from enquirer			
	18	22	40

### Source of request

Commerical Healthcare		5	5
Education		1	1
General Business	1	2	3
Healthcare Media/Publication		1	1
Interest Group		7	7
Legal			
Local Media	1		1
Members of Public	8	5	13
MP			
National Media	7	1	8
NHS/Local Authority			
Not for Profit			
Professional Body	1		1
Unknown			
	18	22	40

### Type of information request

Acute Services			
Clinical			
Commissioning	3	7	10
Community Care Services			
Contracts	4	5	9
Corporate			
Estates/facilities			
Financial	2	1	3
Financial & Contracting			
HR	2		2
ICT			
Other	3	4	7
Prescribing	1	2	3
Primary Care Services			

Strategy/Developments  
Treatments/Tariff

3	3	6
18	22	40

**Main directorate responsible**

Chief Nursing Office	1		1
Chief Officer		1	1
Chief Operating Office	2	6	8
Contracts Office	8	14	22
Corporate Services	3		3
Finance & Contracting			
Finance Office	4	1	5
Other			
Redesign Office			
Suffolk Community			
	18	22	40

**Disclosure categories**

Full	14	19	33
Partial	1		1
Refusal			
Not applicable	3	3	6
Not stated			
	18	22	40

**Information available**

Yes	14	18	32
No	3	3	6
Partial	1	1	2
Not Stated			
	18	22	40



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>12</b>
<b>Reference No.</b>	<b>WSSCG 17-44</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	Governing Body Assurance Framework and Chief Officers Risk Registers	
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer	
Author(s)	Tony Buckle, Risk Manager	
Purpose	To provide the Governing Body with the updated CCG Governing Body Assurance Framework (GBAF) document for July 2017.	
Applicable CCG Priorities		
1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	✓
4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓
Action required by the Governing Body:		
The Governing Body is requested to review and approve the updated West Suffolk CCG GBAF for July 2017		

## 1. Background

- 1.1 Content of the GBAF is reviewed by the Chief Officers Team every month and by the Governing Body and Audit Committee at each of their meetings.

## 2. GBAF - Key Issues

- 2.1 Actions highlighted with a grey background are complete and will be removed from the next version.
- 2.3 The following amendments have been agreed by COT at their regular review meeting:

Risk No and Owner	Risk Description and actions update
<b>06</b> Barbara McLean	<i>Failure to achieve national mandatory local reduction trajectories for Clostridium difficile</i> <b>Action 7 revised target date</b> – CCG action plan now July 2017 <b>Action 8 new action</b> – review documentation at Suffolk HCAI Reduction Network – July 2017 <b>Action 9 new action</b> – share learning from community onset CDI with Primary Care – March 2018 <b>Action 10 new action</b> – Review process for monitoring ‘appropriate antimicrobial prescribing – August 2017
<b>20</b> Richard Watson	<i>Failure to redesign and commission services covered by the Urgent Care and Health and Independence reviews within required timescales</i> <b>Action 11 completed</b> – ITT procurement to commence <b>Action 12 revised target date</b> – October 2017 – approval of contract award <b>Action 14 revised target date</b> – September 2017 – Community Services contract
<b>24</b> Jan Thomas	<i>A&amp;E failing to meet 4 hour standard</i> <b>Action 2 compliance achieved for Q1</b> – A&E Delivery Board actions
<b>27a</b> Barbara McLean	<i>Potential impact of service quality delivered by NSFT</i> <b>Action 5 completed</b> – sign of CIPs and review QIAs <b>Action 6 completed</b> – support NSFT mock CQC inspections
<b>27b</b> Jan Thomas	<i>Poor performance of mental health services</i> <b>Revised RAG reduced from 12 to 9</b> <b>Action 1 ATT target</b> - Consistently meeting 90% plus against 95%
<b>31</b> Barbara McLean	<i>High risk that patient safety standards will be compromised due to issues that have been experienced by West Suffolk Hospital NHS Foundation Trust following the implementation of e-care</i> <b>Key controls / assurance of controls</b> – minor amendments <b>Action 6 new action</b> – validation process to assess patient harm
<b>33</b> Jan Thomas	<i>Unclear RTT performance due to e-care and risk of poor performance in a number of specialties.</i> <b>Action 2 revised target date July 2017</b>
<b>34</b> Barbara McLean	<i>Significant issues identified with the blood transfusion service at West Suffolk Hospital</i> <b>Action 7 new action</b> – CCG to monitor the implementation of the agreed actions <ul style="list-style-type: none"> <li>a. staff to undertake concise RCA training</li> <li>b. staff to be trained in Q Pulse</li> <li>c. staff to receive audit training</li> <li>d. service to clarify governance / assurance gaps</li> <li>e. recruitment plan to be developed</li> <li>f. MHRA to be provided with details of the WPE LIMs validation process</li> <li>g. new issue fridge purchased and commissioned</li> <li>h. CCG QIV to review service</li> </ul>
<b>35</b> Barbara McLean	<i>Failure to comply with SEND reforms</i> <b>Action 10 new action</b> – support / monitor progress of strategy action plans for governance / leadership

### **3. Risk Registers**

- 3.1 As previously agreed a brief highlight report on current risks which may cause concern to the CCGs from local risk registers is included in a summary document with this report. These are reviewed on a regular basis by COT and will also be reviewed by the Risk Forum. The next meeting of the Risk Forum is on Tuesday 1 August 2017.
- 3.2 The forum has agreed the terms of reference and a revised risk register template has been implemented across the directorates. The forum is looking at Datix web based software to manage risks within the organisation and a demonstration of the system has been arranged for the August meeting.

All departmental risk registers are up to date.

A summary table of top directorate risks accompanies this report.



# **Governing Body Assurance Framework and Action Plan**

**2017 - 2018**

**Version Control:**

MONTH	VERSION No	REVIEWED BY	SUMMARY OF CHANGES
April 2017	49	COT 10 April 2017 Clinical Scrutiny Comm 26 April 2017	Approved
May 2017	50	COT 8 May 2017 Governing Body 24 May 2017 Audit Committee 13 June 2017	Approved
June 2017	51	COT 12 June 2017 Clinical Scrutiny Comm 28 June 2017	Approved
July 2017	52	COT 10 July 2017 Governing Body 26 July 2017	
August 2017	53		
September 2017	54		
October 2017	55		
November 2017	56		
December 2017	57		
January 2018	58		
February 2018	59		
March 2018	60		



# Board Assurance Framework

## Overview

The Governing Body Assurance Framework (GBAF) provides the NHS West Suffolk Clinical Commissioning Group (CCG) with a simple but comprehensive method for the effective and focused management of risk. Through the GBAF the CCG Governing Body gains assurance that risks are being appropriately managed throughout the organisation.

The GBAF identifies which of the organisation's strategic objectives may be at risk because of inadequacies in the operation of controls, or where the CCG has insufficient assurance. At the same time it encompasses the control of risk, provides structured assurances about where risks are being managed and ensures that objectives are being delivered. This allows the Governing Body to determine how to make the most efficient use of resources and address the issues identified in order to improve the quality and safety of care. The GBAF also brings together all of the evidence required to support the Annual Governance Statement.

The GBAF should be seen as a working document and will be updated regularly by the Chief Officers Team, monitored by the Audit Committee and reported to the Governing Body at each of its meetings. The GBAF is linked to the CCG Risk Register, the content of which is also provided for review by the Chief Officers Team. A flow chart setting out how risks are identified and managed is set out overleaf.

In order to ensure consistency in the risk assessment process, the likelihood and consequences of all risks on the Risk Register are assessed against the former National Patient Safety Agency (NPSA) 5X5 risk matrix and those scoring 15 and above migrate to the GBAF and thereby inform the Governing Body agenda. **Once added to the GBAF, a risk should remain in place until its RAG rating has been mitigated to a score of 1-6 when it is considered manageable and therefore no longer a strategic concern.**

The 5X5 risk matrix and subsequent red, amber, green (RAG) score identify the level at which identified risks will be managed within the organisation. It also assigns priorities for remedial action, and determines whether risks are to be accepted on the basis of the colour bandings and risk ratings. In terms of evaluation of effectiveness, the RAG rating system is also used to present how well the agreed controls are operating.




## RISKS IDENTIFIED THROUGH:



## RAG Score Framework

Likelihood score →	1: Rare	2: Unlikely	3: Possible	4: Likely	5: Almost Certain
Consequence score ↓					
5: Catastrophic	5	10	15	20	25
4: Major	4	8	12	16	20
3: Moderate	3	6	9	12	15
2: Minor	2	4	6	8	10
1: Negligible	1	2	3	4	5

The subsequent red, amber, green (RAG) scores identify the level at which identified risks will be managed within the organisation. It also assigns priorities for remedial action, and determines whether risks are to be accepted on the basis of the colour bandings and risk ratings. In terms of evaluation of effectiveness, the RAG rating system is also used to present how well the agreed controls are operating within the following classifications:

RAG Score	Progress	Risk Assessment	Revising Risk Ratings
<b>CRITICAL</b> (15-25)	<ul style="list-style-type: none"> <li>There may be significant gaps in controls to ensure effective management.</li> <li>Controls are in place but insufficient resources</li> <li>Controls are in place but external forces may be preventing progress.</li> </ul>	<ul style="list-style-type: none"> <li>There are insufficient controls in place to address the cause or source of the risk</li> <li>Controls are considered insubstantial or ineffective</li> <li>Controls are being implemented but are not yet in place</li> <li>If this risk were to materialise, the situation could be irrecoverable in terms of the CCGs reputational/financial well being and or service continuity.</li> </ul>	<p>If controls are inadequate then the revised risk rating increases</p> 
<b>CHALLENGING</b> (8-12)	Progress is being made but there is concern that the objective may not be achieved. Additional controls or management action is being taken to improve the likelihood of success.	There are few controls in place, which are considered substantial and/or effective and address the cause of the risk. The consequences of the risk materialising, though severe, can be managed to some extent via contingency plans.	<p>If controls are uncertain, the revised risk rating stays the same as the original risk rating</p>  <p>If they are perceived as adequate, then the revised risk rating decreases</p>
<b>MANAGEABLE</b> (1-6)	Progress is being made in accordance with plans. There are no significant concerns.	The risk is considered to be small and there are sufficient controls in place which address or substantially effective the cause of the risk. The consequences of the risk materialising can be managed via contingency plans.	

In order to determine the likely consequence arising from an identified risk and using the 5X5 matrix:



- Define the risk explicitly in terms of the adverse consequence or consequences that might arise
- Use the table below for examples, by risk domains, to determine the **consequence score** relevant to the risk identified

	Consequence score (severity levels) and example of descriptions				
	1	2	3	4	5
Risk Domains	Negligible	Minor	Moderate	Major	Catastrophic
1. Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
2. Quality/complaints/audit	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards
3. Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale  No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory training /key training on an ongoing basis

4. <b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation  Reduced performance rating if unresolved	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severely critical report
5. <b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence
6. <b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget  Schedule slippage  Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met
7. <b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage  Loss of contract / payment by results  Claim(s) >£1 million
8. <b>Service/business interruption</b>	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
9. <b>Environmental impact</b>	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

RISK NUMBER: 02

DATE RISK ADDED:

ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
CA + CB	Failure to achieve financial balance in 2017/18, secure financial sustainability and deliver optimum service from the financial resources available.	<ul style="list-style-type: none"> <li>In 2017/18 the CCG have a QIPP target of £10.4m, Should the QIPP not be delivered in full this could be partially mitigated through use of contingency funds but these may not be sufficient to mitigate significant under delivery and use of contingency funding places continuous ongoing pressure on the underlying position of the CCG.</li> <li>Increasing demand in acute Trusts activity. Providers require extra financial support to maintain or meet clinical quality and contractual standards.</li> <li>Increase in prescribing costs.</li> <li>Ability to maintain Continuing Healthcare expenditure within budget.</li> <li>Additional potential risk from delegated Primary Care budgetary responsibilities in 17/18.</li> </ul>	<b>4x5</b>  <b>20</b>	<ul style="list-style-type: none"> <li>Project management approach to delivery of the QIPP plans with Head of PMO and project managers.</li> <li>Continued horizon scanning for further QIPP opportunities including the Right Care initiative and NHSE MOO.</li> <li>Close monitoring of the delivery of QIPP initiatives through KPI's</li> <li>Clarity of accountability improved</li> <li>Regular issue of budget statements and challenging budget review meetings</li> <li>Focus on activity levels at acute provider with clear actions to mitigate against over performance</li> <li>Guaranteed contract values agreed with WSFT, IHT CHUFT for 17/18.</li> <li>Active scrutiny and challenge of attribution of Responsible Commissioner through agreed algorithms, data validation and Claims Management Service.</li> <li>Encourage innovative</li> </ul>	<ul style="list-style-type: none"> <li>COT including business review process</li> <li>Monitor of PWC report by Audit Committee</li> <li>Project managers appointed</li> <li>GP engagement</li> <li>Governing Body</li> <li>NHS England performance reviews</li> <li>Internal &amp; External Audit</li> <li>Monthly SLA provider meetings</li> <li>Financial Performance Committee</li> <li>PMO reports</li> <li>The CCG actively participates in the STP including the system financial bridge to 2020/21</li> </ul>	 <b>CHALLENGING</b>	<b>3x5</b>  <b>15</b>	<b>3x5</b>  <b>15</b>  	5. Monthly identification of risks and opportunities
									<b>Target:</b> Monthly review <b>Completed</b>
									13. 17/18 Delegated Primary Care Budgets to be submitted to Governing Body for approval/Ratification.
									<b>Target:</b> May 2017 <b>Completed:</b> Delayed due to outstanding queries with NHS England
									14. Undertake an organisation wide "Spring Clean" to increase forecast QIPP delivery and identify further opportunities for 18/19.
									<b>Target:</b> June 2017

**INTERNAL AUDIT PLAN**



- Financial reporting & budgetary control – Q2
- Key financial assurance – Q3

				<div>changes to improve efficiency</div> <ul style="list-style-type: none"><li>• Clinical Executive and Governing Body review of expenditure and significant investments</li></ul>	<div>Continuing Healthcare</div> <div>– Q3</div> <div>Strategic/Annual Plan</div> <div>– Q4</div> <div>CCG PRIORITY:</div> <ul style="list-style-type: none"><li>• Deliver financial sustainability</li></ul> <div>Integrated performance report area.</div> <div>Finance and Performance</div>				

See following sheet for next risk

RISK NUMBER: 06

DATE RISK ADDED: NOVEMBER 2012

ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
BM + CB	<p>Failure to achieve national mandatory local reduction trajectories for <i>Clostridium difficile</i> as set out in NHS England: <i>Clostridium difficile</i> objectives for NHS organisations in 2016/17 and guidance on sanction implementation.</p> <p>(Failure to achieve outcome ambition 7: 'making significant progress towards eliminating avoidable death in our hospitals caused by problems in care' set out in : NHS England Everyone Counts: Planning for patients 2014/15 to</p>	<ul style="list-style-type: none"> <li>Primary Care Staff ownership of non-acute episodes of CDI for clinical review and shared learning for practice improvement and across all CCG Primary Care Providers.</li> <li>Lack of Community IPC Lead</li> <li>Lack of capacity in acute provider to cover implementation of IPC standards within the community provider</li> <li>The CCG IPC Lead conducting themes and trend analysis of non-acute episodes of CDI</li> <li>CCG IPC Lead attendance at all acute onset PIRs</li> <li>CCG Medicines Management Team in collaboration with the IPC Lead in supporting antibiotic prescribing in Primary Care CCG IPC Lead</li> </ul>	<p>4x4</p> <p>16</p>	<ul style="list-style-type: none"> <li>Robust RCA/PIR process for each provider case and submitted to CCG for assessment.</li> <li>Audit programme of CQC recommended IPC standards (to include antibiotic prescribing) in all CCG commissioned services</li> <li>CCG attendance at PIR reviews and IPC Committee meetings</li> <li>Provider delivery of targeted infection control education and audit in all CCG commissioned services.</li> <li>17/18 trajectory agreed in SLA – ceiling for 16 Acute cases and 29 non-acute cases (45 in total)</li> <li>Bi-monthly reviews of PIR findings at Infection Prevention Network</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring of PIR process and audit results at QRG evidencing the standards are being met</li> <li>Minutes of HCAI Reduction Network available to Chief Nursing Officer</li> <li>System wide action plan updated in line with PIR outcomes with bimonthly review at HCAI Reduction Network, demonstrating implementation of detailed actions</li> <li>CCG scrutiny of CDI cases reported within the PHE data capture system</li> </ul> <p><b>INTERNAL AUDIT PLAN:</b></p> <ul style="list-style-type: none"> <li>4.2 Monitoring of Contracts ; 1.4 Clinical Quality – Overview</li> <li>Work in collaboration with system to implement recommendations</li> </ul>	<p> CHALLENGING</p>	<p>3x4</p> <p>12</p>	<p>3x4</p> <p>12</p> <p></p>	<p>6 Antibiotic TARGET Resources Survey for practice based infection prevention leads</p> <p><b>Target: August 2017</b></p>
									<p><b>Completed:</b></p>
									<p>7. Refresh CCG action plans, re-establish controls</p>
									<p><b>Target: July 2017</b></p>
									<p>8. Review documentation at Suffolk HCAI Reduction Network</p>
									<p><b>Target: July 2017</b></p>
									<p><b>Completed:</b></p>
									<p>9. Share learning from community onset with Primary Care workers</p>
									<p><b>Target: March 2018</b></p>
									<p><b>Completed:</b></p>
									<p>10. Review process for monitoring 'appropriate antimicrobial prescribing with Meds Management</p>
									<p><b>Target: August 2017</b></p>
									<p><b>Completed:</b></p>





		monitoring antibiotic prescribing in Acute Care via PIR process audit results and minutes of Antimicrobial Stewardship Committee		<ul style="list-style-type: none"> <li>• External scrutiny provided by Public Health England</li> <li>• Key learnings shared at primary care training sessions</li> <li>• Acute providers sharing learning from PIRs with relevant clinicians.</li> <li>• Annual Review of IP&amp;C Strategy; HCAI Reduction Network priorities; IP&amp;C Team work plan; CDI Reduction Plan.</li> </ul>	<p>from C diff PIRs.</p> <p><b>CCG PRIORITY:</b></p> <ul style="list-style-type: none"> <li>• To ensure high quality local services</li> </ul> <p><b>Integrated performance report area.</b></p> <p><b>Clinical Quality and Patient Safety</b></p>				

See following sheet for next risk



RISK NUMBER: 20

DATE RISK ADDED: MAY 2014

ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
RW + SA	Failure to redesign and commission services covered by the Urgent Care and Health and Independence reviews within required timescales	<ul style="list-style-type: none"> <li>Potential for services to fall out of contract including with the pause NHS England have put onto the Integrated Urgent Care procurement</li> <li>Risk that the full potential benefits of a transformational redesign are not met leading to patient care being adversely affected and inefficiencies in the system</li> <li>Reputational damage to commissioners</li> </ul>	4x4 16	<ul style="list-style-type: none"> <li>Contracts in place with the Consortium (West Suffolk Hospital, Ipswich Hospital and Norfolk Community Services) for adult and children's community services plus extension of contract to 111 and Out of Hours with Care UK all running to October 2017.</li> <li>Redesign of core components of the Urgent Care and Health and Independence Review underway since mid-2015 such as development of Connect East Ipswich, creation go Crisis Action Team and Frailty Assessment Base at Ipswich Hospital.</li> <li>Clinical Executive considered and agreed approach to wider redesign of services for commissioning by October 2017 in November 2015.</li> <li>Programme staff</li> </ul>	<ul style="list-style-type: none"> <li>COT review</li> <li>Executive Group review</li> <li>Health &amp; Wellbeing Board review</li> <li>Governing Body Review</li> <li>Area Team Strategic Plan Review</li> </ul> <p><b>CCG PRIORITY:</b></p> <ul style="list-style-type: none"> <li>Demonstrate excellence in patient experience and patient engagement</li> <li>Improve the health and care of older people</li> <li>Improve access to mental health services</li> <li>Improve health and wellbeing through partnership working</li> </ul> <p><b>Integrated performance report area.</b></p>	 <b>CHALLENGING</b>	3x4 12	3x4 12 	11 Integrated Urgent Care Service ITT part of the procurement to commence
									<b>Target: July 2017 Completed: July 2017</b>
									12. Approval of contract award for Integrated Urgent Care Service
									<b>Target: October 2017 Completed:</b>
									14. Community Services contract developed and agreed
									<b>Target: September 2017 Completed:</b>
									15. Community Services contract commences
									<b>Target: October 2017 Completed:</b>
									16. Integrated Urgent Care Service commences
									<b>Target: April 2018 Completed:</b>



				<p>recruited to and project plan in development.</p> <ul style="list-style-type: none"> <li>• Associate Director Redesign leads agreed for each component part of the work programme and a fortnightly delivery group meeting involving all parts of the two CCGs in place.</li> <li>• Task and finish groups set up with wider system partners for each of the component parts of the programme to develop the clinical models and specifications.</li> <li>• Contract extension of 3 + 3 months with Care UK being discussed to take account of the NHS England pause in the procurement since late December 2016</li> </ul>	Clinical Workstream					

See following sheet for next risk

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
JT + SA	A&E failing to meet 4 hour standard presenting a potential risk to patient safety and experience.	<ul style="list-style-type: none"> <li>Clinical risk of patients not being seen in appropriate timescales or insufficient beds to accommodate appropriate environments.</li> <li>Risk of patient experience deterioration due to long waits.</li> <li>Risk of breaching constitutional obligations.</li> </ul>	4x3 12	<ul style="list-style-type: none"> <li>Where required, daily system wide teleconferences designed to ensure all actions to improve patient flow are taken</li> <li>Team of escalation managers in place to support system and directors <b>on call</b>.</li> <li>Service review completed               <ul style="list-style-type: none"> <li>- on site</li> <li>- transformation programme</li> </ul> </li> <li>Implementation of new A&amp;E Board as per NHSE guidance</li> <li>Recovery sustainability trajectory: Q1 17 - 95%</li> </ul>	Daily performance information monitored, regular discussions and monthly formal contract meetings.  <b>CCG PRIORITY:</b> <ul style="list-style-type: none"> <li>Improve health and wellbeing through partnership working</li> </ul> <b>Integrated performance report area.</b>  <b>Contractual Performance</b>	 <b>CHALLENGING</b>	3x4 12	3x4 12 	1. Continued close working across the health system with the intention of improving 95% performance for future months throughout 2017/18 contract year
									<b>Target</b> 95% to be met monthly: <b>Completed:</b> Remedial Action Plan with recovery trajectory and associated actions in place with WSFT to enable achievement of target by April 2017
									2. Complete actions from A&E Delivery Board Action Plans: <ol style="list-style-type: none"> <li>Improve streaming options in A&amp;E</li> <li>Improve NHS111 call triage and streaming to clinicians</li> <li>Improve ambulance triage and streaming to alternative responses</li> <li>Improved patient flow within the hospital</li> <li>Improved discharge from hospital</li> </ol> Actions are monitored monthly by the A&EDB <ol style="list-style-type: none"> <li>Sustainability of achieving target to be observed for Q1</li> </ol>



									<b>Target: July 2017</b>
									<b>Completed:</b> Compliance achieved for Q1
									<b>3.</b> Contracting to seek assurance at SLA meetings
									<b>Target: Review monthly</b>
									<b>Completed:</b> Ongoing agenda item at contracting meetings

See following sheet for next risk

ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
BMcL + RT	Potential impact of service quality delivered by NSFT	<ul style="list-style-type: none"> <li>Reduction in quality of service and inability to meet performance and clinical quality targets</li> <li>Maintaining safer staffing levels in accordance with NICE &amp; NQB guidance</li> <li>Adverse financial position may impact adversely on the quality of care delivered</li> <li>Potential increase in contract issue log referrals</li> </ul>	<b>4x4</b>  <b>16</b>	<ul style="list-style-type: none"> <li>Monthly meetings to review / challenge quality performance</li> <li>On-going development of quality dashboard</li> <li>Attendance at monthly stakeholder assurance meetings led by NHS Improvement / CQC</li> <li>Oversight of quality improvement plans (trust / local) and monthly monitoring of progress by quality team and workstream</li> <li>Support for NSFT mock CQC inspections and feedback</li> <li>Announced and Unannounced quality improvement visits</li> <li>Sign off provider CIPs and associated QIAs</li> </ul> <p>Monitor primary care contract issues and Trust response</p>	<ul style="list-style-type: none"> <li>Demonstrated improvement against identified contractual key performance indicators evidenced through quality dashboard escalation of issues via SLA meetings</li> <li>Confidence that NSFT have structures in place to deliver the required quality improvements</li> <li>Assurance that actions detailed in the quality improvement plan have been implemented</li> <li>Test that actions detailed in the quality improvement plan have resulted in changes at an operational level</li> <li>To ensure that CIP</li> </ul>	  <b>CHALLENGING</b>	<b>4x4</b>  <b>16</b>	<b>4x4</b>  <b>16</b>  	5. Schedule meeting to gain assurance of robust process to sign off CIPs and to review QIAs associated with the CIPs to assess potential negative impact on quality. <b>Target:</b> May 2017 <b>Completed:</b> June 2017
	CQC Inspection report February 2015 highlighted serious concerns in service quality and rated the Trust inadequate overall								6. Support NSFTs mock CQC inspections planned for 2017 <b>Target:</b> June 2017 <b>Completed:</b> June 2017
	Trust internal mock CQC inspection report identifies that the Trust has failed to make significant improvement in areas of concern identified in the CQC inspection report of February 2015								7. Integrate CQC actions into service transformation plans E.G. Walker Close <b>Target:</b> July 2017
	Monitor concluded investigation into Trust finances in June 2015 and notes breach of license – Potential for actions to address presenting compromise to quality of services								
	CQC Re-inspection								

	<p>report October 2016 gave the Trust an overall rating of requires improvement, however "Are services safe" continued to be rated as inadequate.</p>			<p>schemes do not have an adverse impact on quality</p> <ul style="list-style-type: none"> <li>• Timely response to contract issues with effective learning reducing numbers</li> <li>• Joint review of plans to act on the areas of concern identified in the Trust mock CQC inspection report.</li> </ul> <p><b>CCG PRIORITY:</b></p> <ul style="list-style-type: none"> <li>• Improve access to mental health services</li> </ul> <p><b>Integrated performance report area.</b></p> <p><b>Contractual Performance</b></p>					
--	---	--	--	--	--	--	--	--	--

See following sheet for next risk



ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
JT / RT	Poor performance of mental health services	<ul style="list-style-type: none"> <li>There was an absence of performance data between May and September due to the roll out of Lorenzo, the Trust's new information system</li> <li>Performance against a number of key areas has fallen significantly in this period</li> <li>Key areas such as the access and assessment team (AAT), 7 day follow up for inpatients, memory assessment services, care plan reviews and overall waiting times have deteriorated</li> <li>Service Users are not receiving timely interventions impacting on their health and wellbeing.</li> </ul>	<div>4x4</div> <div>16</div>	<ul style="list-style-type: none"> <li>Contract Performance Notices for AAT, 7 day follow up and care plans issued. RAPs to be agreed</li> <li>Information Notices issued on data completeness and data quality</li> <li>Exception Notices issued for AAT, CMAS, CPA (completion date column amended to reflect this)</li> </ul>	<ul style="list-style-type: none"> <li>Reported to the workstreams, Clinical Executive and Governing Body as appropriate</li> </ul> <p><b>CCG PRIORITY:</b></p> <ul style="list-style-type: none"> <li>Improve access to mental health services</li> </ul> <p><b>Integrated performance report area.</b></p> <p><b>Contractual Performance</b></p>	<div>  <b>CHALLENGING</b> </div>	<div>3x4</div> <div>12</div>	<div>3x3</div> <div>9</div> <div>  </div>	1. AAT Recovery
									<b>Target:</b> Consistently meeting 90% plus against the 95% target
									2. CMAS Joint Review
									<b>Target</b> October 2017
									<b>Completed:</b>




ACCOUNTABLE OFFICER & GP OWNER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
BMc	High risk that patient safety standards will be compromised due to issues that have been experienced by West Suffolk Hospital NHS Foundation Trust following the implementation of e-care.	WSFT have experienced more patients exceeding referral to treatment standards: 18 weeks 2 week wait – cancer patients 31 / 62 day standards – cancer patients Since e-care implementation.	4 x 4  16	WSFT internal reporting reviewed to gain oversight of all reportable quality metrics.	Reporting to WSFT those quality metrics that have not been reported.	<div> <div></div> <div>CHALLENGING</div> </div>	3 x 4  12	3 x 4  12  ➔	4. Assurance that robust validation processes are in place to assess if patients have experienced harm as a result of a delay in their pathway.
				Referral to treatment times regularly discussed at contractual meetings	Number of patients waiting in excess of the referral to treatment standards decreases				<b>Target: June 2017 Completed:</b>
				RCA's completed for all patients breaching referral to treatment time standards (2ww, 31/62 day standards, 18 weeks)	Patients are not experiencing harm as a result of waiting in excess of the standard waiting times				5. Assurance process for patient review ongoing for agreed audit sample for each specialty affected <b>Target: Ongoing</b>
				Detailed RCA's completed for all cancer	As above				6. Seek to gain assurance that the validation process to assess patient harm is being robustly implemented <b>Target: August 2017 Completed:</b>

		<p>stroke standards due to issues operational issues within A&amp;E.</p> <p>WSFT have experienced issues reporting against all the contractual quality indicators. They are therefore unable to provide assurance internally or to the CCG that patient safety and quality standards are being robustly monitored and maintained.</p>		<p>patients waiting over 104 days to receive definitive treatment As per NHSE guidance.</p> <p>Review of complaints / PALs issues to monitor for patient harms resulting from delays in treatment</p> <p>Contractual performance levers</p>	<p>No evidence that patients are reporting experiencing harm due to prolonged waiting times</p> <p><b>CCG Priority</b> - To ensure high quality local services</p> <p><b>Integrated Performance Report area –</b></p> <p><b>Contractual Performance</b></p>					
--	--	---	--	---	---	--	--	--	--	--


See following sheet for next risk

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
JT	Unclear RTT performance due to e-care and risk of poor performance in a number of specialties.	<p>Due to the implementation of e-care, WSFT are estimating the RTT performance</p> <p>Deep dive into specialty level demand has shown a risk of long waiting times for ENT and Dermatology</p>	<p><b>4 x 4</b></p> <p><b>16</b></p>	<p>Contractual performance review at each contract meeting</p> <p>CCG representation at e-care board</p> <p>Prior approvals commencement with CCG staff for ENT</p> <p>Audit of ENT as a test specialty for issues</p> <p>Commence specialty level pathway redesign programme</p> <p>To restrict ENT referrals for patients registered to GPs within WSCCG for a 3 month period</p>	<p>Database for recording the LPP approvals and rejections.</p> <p>Database for the prior approval rejections.</p> <p>Monthly review of waiting times going forward when e-Care allows.</p> <p>Backlog - trajectory for reduction to be set once patient stratification is completed for rejection or onward booking.</p> <p><b>CCG Priority:</b> To ensure high quality local services</p> <p><b>IPR – Contractual performance</b></p>	<p></p> <p><b>CHALLENGING</b></p>	<p><b>4 x 4</b></p> <p><b>16</b></p>	<p><b>4 x 4</b></p> <p></p>	1. Additional representation at e-care board and full visibility on Cerner actions
									<b>Target:</b> Ongoing <b>Completed:</b>
									2. Action plan requested through contracting for each specific risk areas
									<b>Target :</b> July 2017 <b>Completed:</b>
									3. ENT referrals restricted from 10/4. Letter issued to associate commissioners restriction to be removed when completed
									<b>Target:</b> July 2017 <b>Completed:</b>
									4. Joint Action plan agreed to support management of increased dermatology waiting lists.
									<b>Target :</b> Waiting list reduction by August 2017

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD)	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
BMC	<b>New Risk</b> Significant issues identified with the blood transfusion service at West Suffolk Hospital (WSH) run by TPP during an inspection by the MHRA – January 2017	<ul style="list-style-type: none"> <li>Critical deficiencies identified</li> <li>Staffing – insufficient numbers of staff, staff without the appropriate training or competence.</li> <li>Governance – appropriate systems and processes not in place to ensure that patients receive the right blood products.</li> <li>Regulator concern has raised the prospect of the service being suspended</li> <li>Significant risk that patients will receive the wrong blood products</li> <li>Incidents of inappropriate</li> </ul>	<b>4x5</b>  <b>20</b>	<ul style="list-style-type: none"> <li>Trust / TPP improvement plan</li> <li>Weekly Trust / TPP updates on progress against plan to MHRA / NHSI</li> <li>Serious Incident Reporting</li> </ul> Further MHRA inspections	MHRA / NHSI review and sign off of proposed actions  Target dates for improvements to made by are met leading to regulatory compliance  Review of Serious Incidents to assess if harm has resulted  Inspection findings support the assurance provided in the weekly updates of the improvements being made within the service  <b>CCG Priority:</b> To ensure high quality local services		<b>3 x 5</b>  <b>15</b>	<b>3x5</b>  <b>15</b>  	3. Monitoring of SI reports
									<b>Target:</b> On-going <b>Completed:</b>
									5. Effective communication on developments to stakeholders E.G. Primary Care
									<b>Target:</b> Ongoing
									6. NHSE coordination of risk summit to encourage direct communication from the MHRA to commissioners
									<b>Target:</b> June 2016 <b>Completed:</b>  7. CCG to monitor the implementation of the provider agreed actions  a. Staff to undertake concise RCA training <b>Target:</b> 08/08/2017 <b>Completed:</b>

		<p>transfusion of products have been reported. No harm reported through these incidents. It is unknown if harm has been caused through other inappropriate / incompatible transfusions.</p> <ul style="list-style-type: none"> <li>A service suspension would mean that an alternative service provider would have to be found for WSFT to provide: Emergency Department, Maternity, Major Surgery and Intensive Care Services amongst others.</li> </ul> <p>Provider unable to provide evidence to the MHRA to support the assurances provided around safe staffing levels</p> <p>Provider unable to evidence that protocols were followed in the commissioning of new issue fridge</p>		IPR			<p>b. Staff to be trained in the use of the Q Pulse incident reporting system <b>Target: 31/05/2017</b> <b>Completed:</b></p> <p>c. Staff to receive audit training <b>Target: 30/06/2017</b> <b>Completed:</b></p> <p>d. Service to clarify gaps in governance and assurance processes <b>Target: 19/04/2017</b> <b>Completed:</b></p> <p>e. Recruitment plan to be developed and implemented <b>Target: Ongoing</b> <b>Completed:</b></p> <p>f. MHRA to be provided with details of the WPE LIMs validation process <b>Target: 24/03/2017</b> <b>Completed:</b></p> <p>g. New issue fridge to be purchased and commissioned <b>Target: June 2017</b> <b>Completed: June 2017</b></p> <p>h. CCG QIV to review service <b>Target: 31/07/2017</b> <b>Completed:</b></p>
--	--	--	--	-----	--	--	--

See following sheet for next risk

ACCOUNTABLE OFFICER	DESCRIPTION OF STRATEGIC RISK	GRANULAR OPERATIONAL RISKS	INITIAL RAG RATING (LIKELIHOOD) x	KEY CONTROLS ESTABLISHED	ASSURANCE OF CONTROLS	RAG RATING OF GAPS IN CONTROLS	RAG RATING LAST MONTH	REVISED RAG RATING	ACTION POINTS & TARGET DATES FOR COMPLETION
BMc	Failure to comply with SEND Reforms	<ul style="list-style-type: none"> <li>The failure to implement the requirements of the SEND reforms has resulted in the cohort of children receiving a sub-optimal service which could potentially significantly restrict their development / potential and has led to regulatory noncompliance and resultant adverse publicity</li> </ul>	5x4 20	<ul style="list-style-type: none"> <li>Written statement detailing implementation actions to achieve compliance</li> <li>SEND Programme Board (&amp; associated sub-groups) established to provide strategic leadership and governance overseeing implementation of improvement actions</li> <li>Appointment of programme manager to deliver implementation of improvements</li> <li>Appointment of band 7 SEND support worker to operationally deliver SEND reforms</li> </ul>	<p>Written statement signed off by Regulators</p> <p>Milestones to achieve implementation are achieved</p> <p>Individual recruited to post. Milestones to achieve implementation are achieved</p> <p>Individual recruited to post. Milestones to achieve implementation are achieved</p> <p><b>CCG Priority:</b> To ensure high quality local services</p> <p><b>IPR:</b></p>		5 x 3 15	5x3 15 	8. Workstreams established for redesign/improvement of key elements identified through inspection.
									<b>Target:</b> September 2017 <b>Completed:</b> On target
									9. Scoping of SEND need identified through accurate data collation and analysis from all stakeholder
									<b>Target:</b> October 2017 <b>Completed:</b> On target
									10. Support and monitor progress of the implementation of the strategy action plans and plan for governance and leadership: Communication of the local offer The SEND journey Developing services and provision Transitions / moving into adulthood Governance and leadership <b>Target:</b> Various dates / plan <b>Complete:</b>



## Departmental Risk Register summary of top risks

Date: July 2017

For: COT

Department	Risk Description / consequences	Current controls / assurance	RAG	Actions with status	Completion date	Responsible person
Corporate Services	Disruption from cyber attack	IT provider (NEL) have enhanced network security tools and monitoring	12	Review CCG policies/procedures to shown gaps and produce action plan. NEL have group for Cyber security. Notes reviewed by Audit Committee <b>In progress</b>	Sept 17	Anna Sheldrake-Cochrane
Corporate Services	Delay in implementing GDPR	Audit committee receive regular updates Work underway with partner organisations	10	Raise awareness with staff and GB's. Review national progress	25 May 2018 (national deadline)	Julie Irving
	Risk Description / consequences	Current controls / assurance		Actions with status	Completion date	Responsible person
Chief Officer	Lack of substantive CFO	Interim CFO with regular 1 to 1 meetings in place. NHSE assurance	12	Interviews planned for 6 July	1 Aug 17	Ed Garratt
Chief Officer	CNO provision	Deputy CNO covering post	12	Work with NHSE	Ongoing	Ed Garratt
	Risk Description /	Current controls /		Actions with status	Completion	Responsible



	<b>consequences</b>	<b>assurance</b>			<b>date</b>	<b>person</b>
<b>COO Ips &amp; East</b>	Significant number of practices ceasing to provide the LES	Ongoing liaison with practices.	<b>16</b>	Draft LES developed	Agreed 30 June	David Brown
<b>COO Ips &amp; East</b>	Substantial increase in use of DOACs with cost pressures (IHT want to switch 1000 patients from warfarin to a DOAC)	Meeting arranged to discuss IHT proposal	<b>16</b>	None	On target	Cat Butler
<b>COO Ips &amp; East</b>	CQC report rating 'inadequate' Hawthorn Drive surgery	Individuals identified to work with surgery. Regular communication	<b>25</b>	Re-inspection planned for Feb 17 (of warning notice concerns) Further re-inspection planned for 17th 2017July		Louise Hardwick
	<b>Risk Description / consequences</b>	<b>Current controls / assurance</b>		<b>Actions with status</b>	<b>Completion date</b>	<b>Responsible person</b>
<b>COO West</b>	Practices under extreme pressure may disengage with CCG and fail to take up GPFV initiatives/joint working	Continue to work with the GPs. Locality meetings in place. Training and Education / Shutdown sessions	<b>9</b>	Locality and practice visits in progress. Meetings under review. 'Shutdown' event scheduled for 4/10/17, quarterly in 2018	Ongoing	Kate Vaughton / Lois Wreathall
<b>COO West</b>	Under-delivery of savings from the specific QIPP schemes	Monthly monitoring of prescribing spend. Proactive and targeted approach. Monthly reporting	<b>9</b>	Enhanced programme of practice visits. Monthly monitoring	Ongoing	Andrew Eley / LL
<b>COO West</b>	Sustainability of robust primary care in Haverhill	Work with Haverhill practices and GP Fed to ensure sustainable primary care Encourage / support practices as appropriate to put in place a decision making structure / project plan	<b>12</b>	Meetings held with local practitioners to identify issues / potential solutions. Governance arrangements in place	Ongoing	Andrew Eley
	<b>Risk Description /</b>	<b>Current controls /</b>		<b>Actions with status</b>	<b>Completion</b>	<b>Responsible</b>

	<b>consequences</b>	<b>assurance</b>			<b>date</b>	<b>person</b>
<b>Contracts</b>	Lack of visibility on 18 week RTT at WSFT. Patients not seen in timely manner	On GBAF	<b>16</b>	Reviewed on GBAF		
<b>Contracts</b>	Failure to deliver sufficient demand management to reduce the outpatient activity growth	Ongoing joint work on the NHSE national blueprint for demand management	<b>12</b>	Joint PMO Portfolio Board Review with reports. Specific trajectories for monitoring. Review against the NHSE 17/18 planning CCG monthly activity template return	May 17	Jon Reynolds
	<b>Risk Description / consequences</b>	<b>Current controls / assurance</b>		<b>Actions with status</b>	<b>Completion date</b>	<b>Responsible person</b>
<b>Finance</b>	Property charges dispute relating to 15/16 costs charged by NHS Property Services to Community Services	Financial provision made in 16/17 accounts to mitigate some of the potential costs. This still leaves a risk of nearly £450k that has not been mitigated.	<b>12</b>	Referred to DH for arbitration (2016). NHS England and DH have escalated the arbitration to a very senior level; no decision / arbitration date agreed	Ongoing	Chris Armit
<b>Finance</b>	High staff turnover, long-term staff sickness and maternity leave. No permanent CFO; additional strain on existing workforce.	Processes documented and consistent across both CCGs to enable easier staff cover. Staff rotation	<b>12</b>	Recruitment on-going. Absence of permanent CFO likely to be long-term. 6 month notice period when appointed?	Ongoing	Chris Armit
<b>Finance</b>	Financial data and systems unavailable due to loss of access to systems or IT failure (cyber attack)	IT disaster recovery plans in place and tested	<b>12</b>	Continue to assess staff awareness of issues and ensure all users are vigilant	Ongoing	Chris Armit (in conjunction with Chief Corporate Services Officer)
	<b>Risk Description / consequences</b>	<b>Current controls / assurance</b>		<b>Actions with status</b>	<b>Completion date</b>	<b>Responsible person</b>

<b>Nursing</b>	Children's CHC – SCH not reviewing care packages	Discussed at CCG provider meetings	<b>15</b>	SCH asked to develop action plan	June 17	Barbara McLean/Chris Hooper
<b>Nursing</b>	Care home project – insufficient resources	Band 7 recruited May 17 – awaiting start date Discussions underway regarding band 4 post	<b>15</b>		May 2017 - ongoing	Barbara McLean/Chris Hooper
<b>Nursing</b>	Paediatric speech and language service delivered by SCH has a back log	The CCG has allocated additional funding to the service and is working with SCC on a new working model	<b>12</b>	New paediatric speech and language service model has been delayed with no foreseen commencement date	May 2017 - ongoing	Barbara McLean/Chris Hooper
<b>Nursing</b>	Infection prevention and control Lead due to retire November 2017	Recruitment to commence June 17	<b>12</b>	Commence recruitment and local shadowing opportunities April/May 17	Nov 2017	KS/LF
	<b>Risk Description / consequences</b>	<b>Current controls / assurance</b>		<b>Actions with status</b>	<b>Completion date</b>	<b>Responsible person</b>
<b>Transformation</b>	Risk that high staff turnover and long term absence will compromise the team to deliver the expected work plan	Senior leadership, regular 1 to 1's, succession planning, cross department working	<b>15</b>	6 monthly PDPs. Plan to fill vacant posts	30 June 2017	Relevant line managers
<b>Transformation</b>	Failure to redesign and commission services covered by the Urgent Care and Health and Independence reviews within required timescales	Contracts in place, redesign of key components, programme staff recruited and project plan to be developed On GBAF	<b>12</b>	Five actions in place	Various dates – all current	Assistant Director and relevant line managers
<b>Transformation</b>	Risk of changing/competing priorities could detract resources from their project work	All areas of work reviewed to establish the highest priority	<b>12</b>	Sustaining by weekly review and 1 x Project Manager	On target	Assistant Directors



integrated working

## GOVERNING BODY

Agenda Item No.	12
Reference No.	WSSCCG 17-45
Date.	246 July 2017

Title	Minutes of Meetings		
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer		
Author(s)	Jo Mael, Corporate Governance Officer		
Purpose	The report incorporates for endorsement, minutes and decisions from the following meetings;		
	a) <b>Audit Committee</b> <i>The confirmed minutes of an extraordinary meeting held on 22 May and unconfirmed minutes of a meeting held on 13 June 2017.</i>		
	b) <b>Finance and Performance Committee</b> <i>The confirmed minutes of meetings held on 17 May 2017 and 21 June 2017</i>		
	c) <b>Remuneration and HR Committee</b> <i>The unconfirmed minutes of a meeting held on 20 June 2017</i>		
	d) <b>Clinical Scrutiny Committee</b> <i>The unconfirmed minutes of a meeting held on 28 June 2017</i>		
	e) <b>CCG Collaborative Group</b> <i>The unconfirmed minutes of a meeting held on 15 June 2017</i>		
	f) <b>West Suffolk CCG Commissioning Governance Committee</b> <i>Decisions from meetings held on 28 June 2017 and 12 July 2017.</i>		
Applicable CCG Priorities			
1.	Develop clinical leadership		✓
2.	Demonstrate excellence in patient experience & patient engagement		✓
3.	Improve the health & care of older people		✓

4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓

--	--	--

**Action required by Governing Body:**

To endorse the minutes as attached to the report whilst noting that 'unconfirmed' minutes remain subject to change by the relevant Committee/Group.



integrated working

## **Minutes of an Extraordinary Meeting of the West Suffolk Clinical Commissioning Group Audit Committee held on Tuesday 22 May 2017**

### **PRESENT**

Bill Banks	-	Lay Member for Governance (Chair)
Kevin Bernard	-	Governing Body Member
Steve Chicken	-	Lay Member

### **IN ATTENDANCE**

Neil Abbott	-	Head of Internal Audit
Mark Game	-	Head of Accounting and Control
Mark Hodgson	-	Ernst and Young: External Audit
Jo Mael	-	Corporate Governance Officer

### **17/045 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting and apologies for absence were noted from:

Chris Armitt	-	Acting Chief Finance Officer
Colin Boakes	-	Governance Advisor
Kevin Limn	-	TIAA
Amanda Lyes	-	Chief Corporate Services Officer
Melanie Richardson	-	Ernst and Young: External Audit

### **17/050 DECLARATIONS OF INTEREST**

No declarations of interest, additional to those already published were received.

### **17/051 AUDIT RESULTS REPORT AND CONCLUSION ON THE CCG'S ARRANGEMENT FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN THE USE OF RESOURCES.**

The Audit Committee was in receipt of the Audit Results Report from Ernst and Young the CCG's External Auditors. Members were being asked to reflect on the content of the Audit Results Report and consider the appropriateness of the proposed management response.

The Committee was advised that the audit had been good and the External Auditors were in a position to issue an unqualified audit opinion on the financial statements in the form that appeared in Section 3 of their report, before the statutory deadline on 31 May 2017. There were also no matters to report about with regard to the CCG's arrangements to secure economy, efficiency and effectiveness in its use of resources.

The External Auditors had also reviewed information presented within the Annual report and Annual Governance Statement for consistency, together with parts of the remuneration and staff report disclosures that were required to be audited. There were no matters to report as a result of that work.

The Committee noted that the Annual Report had not been included within the papers and it was explained that finalisation of the report continued and was

expected by the end of the day in order that it might be presented to the Governing Body on 24 May 2017. The Annual Report and Accounts were to be submitted to NHS England by 31 May 2017.

There was one unadjusted difference highlighted within the report. The unadjusted difference related to West Suffolk CCG not recognising its share of a provision held by Ipswich & East CCG in respect of property charges from NHS PropCo (as per the risk share arrangement between the two CCGs). There were no issues resulting from the misstatement that affected the Auditors opinion.

The **Audit Committee accepted** the non-correction.

The CCG had entered into a severance payment (exit package) with an ex-member of staff during the year. As there was usually an expectation that any employee would work out their notice unless there are clear justifiable reasons why that should not be the case, the Auditors had carried out further procedures to confirm the rationale and were satisfied that they are appropriate to the circumstances.

The Auditors had, however, not been satisfied that appropriate documentation supported the governance arrangements and had subsequently recommended; that the Governing Body and the Remuneration Committee satisfy themselves that the process for making any such future payments followed NHS guidance, included all the appropriate approvals, and that the process was clearly documented.

The Chair advised that the Chief Corporate Services Officer had since given assurance that any future exit packages would be subject to the correct processes.

The External Auditors thanked the CCG's finance directorate for assistance provided during the 2016/17 Audit.

The Committee **noted** the content of the reports and **thanked** the External Auditors and Finance Team for their work.

## **17/052 ANNUAL REPORT AND ACCOUNTS**

The Committee was in receipt of a report from the Head of Accounting and Control which provided an updated version of the Accounts and draft Letter of Representation.

Key points included;

- As previously reported the Annual Report had not been included within the papers.
- As at the date of the report, the audit of the CCGs accounts was on-going and therefore could result in further amendments to the accounts.
- Management had made various amendments to the Annual Report and Accounts since the drafts that were presented to members on 24 April 2017. In respect of the Governance Statement and Accounts the amendments had been relatively minor in nature and agreed with audit colleagues during the audit process. None of the amendments resulted in a change to the previously reported surplus of £5,817k.
- As previously reported, management had decided not to amend a misstatement identified during the audit process. The reason for not amending the misstatement was included in the draft Letter of Representation.

Having considered the latest version of the Accounts and reviewed the appropriateness of the management response to the Audit Results Report, the Audit Committee **recommended** that the CCG Governing Body approve the Accounts and draft Letter of Representation.

**17/053 INTERNAL AUDIT ANNUAL REPORT 2016/2017**

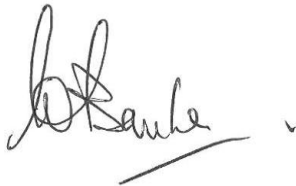
The Committee was in receipt of the Internal Audit Annual Report 2016/17 which, it was explained supported the Annual Governance Statement.

All planned audits had now been completed with outstanding reports expected to be presented to the Audit Committee on 13 June 2017.

**The Committee noted** the report.

**17/054 DATE OF NEXT MEETING**

The next meeting of the CCG's Audit Committee was to be held on **13 June 2017 2017 at 2.00pm** in the Paddock meeting room at Rushbrook House.

A handwritten signature in black ink, appearing to read 'Bill Banks', with a horizontal line underneath.

**13 June 2017**

---

**Chairman (Bill Banks)**

---

**Date**





integrated working

**Minutes of a meeting of the West Suffolk Clinical Commissioning Group Audit Committee held on Tuesday 13 June 2017**

**PRESENT**

Bill Banks	-	Lay Member for Governance (Chair)
Kevin Bernard	-	Governing Body Member

**IN ATTENDANCE**

Chris Armitt	-	Acting Chief Finance Officer
Neil Abbott	-	Head of Internal Audit
Mark Game	-	Head of Accounting and Control
Lisa George	-	Local Counter Fraud Specialist, TIAA
Mark Hodgson	-	Ernst and Young: External Audit
Kevin Limn	-	TIAA
Amanda Lyes	-	Chief Corporate Services Officer
Jo Mael	-	Corporate Governance Officer

**17/055 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting and apologies for absence were noted from:

Steve Chicken	-	Lay Member
---------------	---	------------

**17/056 DECLARATIONS OF INTEREST**

Kevin Bernard declared an interest in agenda item 13 (Waivers of Competitive Tendering) insofar as it related to Botesdale surgery where he was practice manager. As there was no decision required from the Committee in respect of that item Kevin remained in the meeting.

**17/057 MINUTES OF THE PREVIOUS MEETING**

The minutes of the West Suffolk CCG Audit Committee held on 4 April 2017 and Extraordinary meeting held on 22 May 2017 were **approved** as correct records.

**17/058 MATTERS ARISING AND REVIEW OF THE ACTION LOG**

There were no matters arising and the action log was reviewed and updated with comment as follows;

17/038 – Information Governance Update – the Chief Corporate Services Officer reported that, following comments at the previous meeting, NEL (the CCG's IT service provider) had advised that layers of back-up data were in existence, with copies held on various servers, discs were backed up on a weekly basis, a number of back-up sites were available and there was opportunity for staff to work at 147 NEL sites across Suffolk. Cyber security was monitored via a sliding scale of impact and the on-going transfer of sites to a new domain should provide increased security.

As there was a number of Action Log items with no update recorded, the **Committee requested** that the Chief Corporate Services Officer highlight the importance of responding to actions at a forthcoming Chief Officer Team meeting.

## 17/059 EXTERNAL AUDIT BRIEFING

The Committee was in receipt of the external auditor's Audit Committee briefing with key messages highlighted being;

- 1) Tackling Conflicts of Interest – NHS England had recently published new guidelines in respect of conflicts of interests which were applicable to all CCGs, NHS Trusts and NHS Foundation Trusts. The new guidelines came into effect on 1 June 2017.

The **Chief Corporate Services Officer agreed** to review the new guidance in order to identify any gaps or actions, prior to reporting back to the September Audit Committee. In the event that the new guidance required an urgent update to local policy, the matter would be reported to the July 2017 Governing Body meeting.

- 2) Gender Pay Gap – gender pay gap reporting regulations came into effect from April 2017 and would impact on every organisation that had 250 or more employees. The CCG was advised of the need to acquire comparative information in readiness for reporting in 2018.
- 3) Health and Social Care Integration – it was suggested that integration locally would be subject to assessment by the Sustainability and Transformation Programme (STP). The STP would also assess the success, or otherwise, of the Better Care Fund. The Committee noted that an internal audit in respect of the Better Care Fund had been scheduled. The need for the audit to take account of work being carried out by the STP was emphasized.

The Committee **noted** the external audit briefing.

## 17/060 INTERNAL AUDIT PROGRESS REPORT INC RECOMMENDATION TRACKER

The Head of Internal Audit presented the internal audit progress report with highlighted points being;

- Five audits had been summarised, of which, three had been given “substantial” assurance and two “reasonable”.
- There were no major issues to report.
- There were presently 17 recommendations outstanding, of which 12 had exceeded their target date. Extensions had been sought in respect of Individual Funding Request and Continuing Healthcare recommendations, with an extension to December 2017 being sought in relation to the Continuing Healthcare recommendation. The process of granting an extension of such length was queried, hence the report to the Committee.

The **Committee agreed** extension to the target date for the Continuing Healthcare recommendation as requested, and that it ‘drop off’ the reporting schedule until such time as it became overdue.

The **Chief Corporate Services Officer agreed** to pursue other outstanding issues in order to be able to confirm closure.

The process for ensuring corporate oversight of recommendations was queried and it was explained that the report was reviewed by the Chief Officer Team (COT) on a regular basis. The **Head of Internal Audit agreed** to ensure that the report was made available for COT to review prior to Audit Committee paper submission dates.

The Committee **noted** the content of the report.

## 17/061 INTERNAL AUDIT REPORTS

The Committee received the following reports from internal audit:

a) Review of personal health budgets.

The assurance assessment for review of personal health budgets had resulted in an overall 'reasonable' assurance level being achieved.

b) Review of QIPP

The assurance assessment for review of QIPP had resulted in an overall 'reasonable' assurance level being achieved.

c) Review of quality-GP-public engagement

The assurance assessment for review of quality-GP-engagement had resulted in an overall 'substantial' assurance level being achieved.

d) Review of IT support contract

The assurance assessment for review of the IT support contract had resulted in an overall 'substantial' assurance level being achieved.

e) Review of commissioning - contracts

The assurance assessment for review of commissioning-contracts had resulted in an overall 'substantial' assurance level being achieved.

The Committee **accepted** the reports.

#### **17/062 LOCAL COUNTER FRAUD PROGRESS REPORT**

The Committee was in receipt of the Local Counter Fraud Progress Report with key points highlighted being;

- The work-plan for 2017/18 had been agreed by the Audit Committee in April 2017.
- Fraud and Bribery Act training sessions for staff continued.
- A fraud awareness survey was due to be issued to staff in the near future in order to assess level of awareness.
- The latest Fraud Stop newsletter was attached to the report.
- A number of crime bulletins had been issued as detailed within the report.
- Cyber-crime awareness training was now available and counter fraud would be liaising with CCGs to identify appropriate staff for training. Having questioned what support was provided to practices, it was explained that NHS England was responsible for providing counter fraud support for practices. **The Local Counter Fraud Specialist agreed** to explore the feasibility of increased awareness training for practices.
- An existing hold to account inquiry had been scheduled for closure as detailed within Appendix A to the report. It was suggested that thought be given to exploring the feasibility of issuing a letter to practices to remind patients of what to do with surplus medications; or whether it might be possible to include some wording on repeat prescriptions. **The Local Counter Fraud Specialist agreed** to draft wording for entering onto repeat prescriptions together with identifying posters that could be displayed within surgeries.

**The Committee noted** the report.

#### **17/063 INDIVIDUAL FUNDING REQUEST UPDATE**

No report had been received prior to the meeting date and the item was deferred to the 5 September 2017 meeting.

#### **17/064 CYBER SECURITY UPDATE**

The Committee was in receipt of a report which provided an update on cyber security work.

The CCG relied on its ITSM provider (Currently NEL CSU) to address the technical aspects of Cyber Security, although staff awareness also played a part. CCG staff had recently received a presentation from Forsys (a systems security provider) together with NEL CSU on cyber security in the workplace and at home, reinforcing the need for continued vigilance. NEL were currently being pursued as to when testing of the learning would be carried out.

The Committee was aware that the NHS, together with many organisations worldwide, had been victim to a series of “ransom ware” attacks over the weekend of Friday 12 May to Monday 15 May 2017. Whilst many NHS trusts had been affected the CCG had not suffered as a direct result of the attacks.

The attacks had tested the CCGs capability to resist cyber-attacks and had proved current measures to be adequate. NEL CSU had worked over that weekend to ensure the CCG would continue to be protected from attack and that all security measures were up to date. Since then the CCG had suffered some disruption to services which had been minimal and, whilst not directly related to the ransom-ware attacks, were due to changes made whilst strengthening protection.

NEL CSU would continue to ensure robust processes were in place to protect the CCG from any attack.

Lessons learnt from the recent potential attack were due to be presented to Chief Officers at a business review day scheduled to take place on 19 June 2017, prior to presentation to the Governing Body in July 2017. Having highlighted that assurance was required in relation to concerns surrounding the potential for emergency planning alongside a cyber- attack, it was explained that NHS England was completing its own ‘lessons learnt’ exercise.

The Committee repeated its previous request for independent assurance that the cyber security standards applied by the CCG’s ITSM provider are of an appropriate scope and quality. The **Chief Corporate Services Officer agreed to investigate.**

**The Committee noted** the content of the report.

#### **17/065 GOVERNING BODY ASSURANCE FRAMEWORK**

The Chief Corporate Services Officer presented the Governing Body Assurance Framework (GBAF) for May 2017 which, it was explained, was the same as that presented to the Governing Body in May 2017.

The Chief Officer Team was currently reviewing the June version of the GBAF prior to its presentation to Clinical Scrutiny Committee at the end of June 2017. Whilst no risk ratings had been reduced, narratives had been strengthened.

Having queried the West Suffolk CCG risk associated to finance, the Committee was informed that unidentified savings were being addressed via a current ‘spring clean’ week.

**The Committee noted** the content of the GBAF presented.

#### **17/066 SELF-ASSESSMENT**

The Committee was in receipt of a report from the Chief Corporate Services Officer which sought consideration of the undertaking of an annual self-assessment.

**The Audit Committee approved** both the undertaking of a self-assessment, and the attached questionnaire, for circulation.

#### **17/067    WAIVERS OF COMPETITIVE TENDERING**

The Committee received the following waivers of competitive tendering:

**040** - GP IT Capital £310,028

**041** - GT IT Capital £192,680

**044** - Suffolk GP Federation and Botesdale Health Centre – Ultrasound and X-ray services.

The Committee **noted** the presented waivers of competitive tendering.

#### **17/068    ANNUAL PLAN OF WORK**

The Committee **reviewed and noted** the annual plan of work as presented.

#### **17/069    ANY OTHER BUSINESS AND REFLECTION**

The Committee felt that the meeting had been good.

Bill Banks informed the Committee that it would be his last meeting and thanked everyone for their support during his period as Chair of the West Suffolk CCG Audit Committee. The Committee thanked Bill for his contribution and wished him well for the future.

#### **17/070    DATE OF NEXT MEETING**

The next meeting of the CCG's Audit Committee was to be held on **5 September 2017 at 2.00pm** in the Paddock meeting room at Rushbrook House.

---

**Chairman    (Bill Banks)**

---

**Date**

**Minutes of WS CCG Financial Performance Committee held on  
Wednesday 17 May 2017 from 1045 - 1230  
Room 14, Ground Floor, West Suffolk House, Bury St Edmunds**

**PRESENT:**

Dr Zohra Armitage, GP Governing Body Member  
Chris Armitt, Acting Chief Finance Officer  
Dr Simon Arthur, GP Governing Body Member  
Bill Banks, Lay Member – Governance  
Kevin Bernard, Governing Body Member  
Dr Christopher Browning, GP Governing Body Member  
and CCG Chair  
Steve Chicken, Lay Member (Chair)  
Andy Eley, Deputy Chief Operating Officer  
Ed Garratt, Chief Officer  
Dr Andrew Hassan, GP Governing Body Member  
Dr Emma Holland, GP Governing Body Member  
Dr Sarah Hughes, GP Governing Body Member  
Dr Bahram Talebpour, GP Governing Body Member  
Jan Thomas, Deputy Chief Officer/Chief Contracts  
Officer  
Dr Firas Watfeh, GP Governing Body Member

**APOLOGIES:**

Jo Finn, Lay Member – Patient and Public  
Involvement  
Amanda Lyes, Chief Corporate Services  
Officer  
Barbara McLean, Chief Nursing Officer  
Chris Singleton, Head of PMO  
Kate Vaughton, Chief Operating Officer  
Richard Watson, Chief Transformation  
Officer

**IN ATTENDANCE:**

Ameeta Bhagwat, Finance Manager

**MINUTES:**

Jo Wyatt, Office Manager and EA to Chair, COO &  
DCOO

Item	Action
<b>1. WELCOME &amp; APOLOGIES</b>	
The Chair welcomed all to the meeting and apologies were <b>noted</b> .	
<b>2. DECLARATIONS OF INTEREST</b>	
There were no new declarations of interest expressed.	
<b>3. MINUTES OF FP COMMITTEE – 19/04/17</b>	
The minutes of the Financial Performance Committee held on 19/04/17 were reviewed and <b>agreed</b> as a <b>true</b> and <b>accurate</b> record of the meeting.	
<b>4. MATTERS ARISING</b>	
There were no matters arising from the minutes of the 19/04/17.	
<b>5. ACTION LOG – 19/04/17</b>	
The Chair presented the Action Log, and the following updates were provided:	
<ul style="list-style-type: none"><li><b>Action 32 – Property Services Update</b></li></ul>	
With regards to the void charges, the ACFO advised that he is still awaiting answers from NHSPS. It was <b>noted</b> that payment is being withheld in lieu of answers.	
<ul style="list-style-type: none"><li><b>Action 34 – PMO Update</b></li></ul>	

The ACFO advised that he has met with the Head of PMO in regards to a timetable for 18/19. It was **noted** that this timetable would be shared at the meeting of 21/06/17.

CA/CS

The DCO/CCO advised that the Contracts Team are working on an “events” timetable in regards to the contracting round. It was **agreed** that this would be presented at the meeting of 21/06/17.

JT

- **Action 35 – System Finance Update**

With regards to the Trust’s CIP plans, it was **noted** that the CO has spoken to the CEO and DFO at WSFT in this regard, and that this is being shared at the Portfolio Board.

- **Action 36 – System Finance Update**

The ACFO advised that CHUFT information has now been added to the IPR and will be included in the papers for the Governing Body scheduled for 24/05/17 and will be available in the FPC papers going forward.

- **Action 37 – System Finance Update**

The ACFO advised that no response has been received from the Trust in regards to the request for information of their loans. It was **noted** that this information would be published in the year end accounts and that they will be incorporated in the next system finance update.

**1053 – BT joined the meeting.**

The **Committee** noted the updates.

## **6. Financial Position**

The ACFO presented the latest financial position. The following headlines were noted:

- **Variance from Plan**

At the end of the financial year the financial performance was on plan. Key adverse variances from plan are QIPP schemes in development (£4.3m), Property Recharges (£0.1m) and Prescribing (£0.3m). These are mitigated by the use of Contingency (£1.5m) and underspends in Other Programme Services (£1.1m), Community (£0.4m), Continuing Healthcare Services (£0.8m), Mental Health & LD Services (£0.3m), Acute Services (£0.2m), Corporate Costs (£0.4m), Other Primary Care (£0.1m) and Non Recurrent Fund (£2.9m).

- **Forecast Risks and Mitigations**

At the end of the Financial year the CCG finished with a balanced position.

- **Underlying Surplus / (Deficit)**

Key drivers are potential under-delivery of QIPP shown in the current year (£3.74m) and Funded Nursing Care price increase (£0.76m), plus any mitigations in the current year deemed to be non-recurrent such as prior year benefits (£0.65m). This is partially offset with the underspend of non-recurrent spends of (£1.16m)

- **QIPP Delivery**

At the end of the Financial year the CCG has delivered £11.98m of QIPP against a target £13.98m (86% delivery).

With regards to the condensed income and expenditure report, it was **noted** that the

NHS has been operating in a highly challenging financial environment which resulted in the requirement for all Clinical Commissioning Groups to hold 1% of budget to mitigate deficits elsewhere in the system. This was transacted in month 12, increasing the in-year control total from break even to a £2.9m surplus.

With regards to progress against the recovery trajectory, it was **noted** that the trajectory indicated that the position would continue to deteriorate to a low point of a £2.77m in year deficit at month 6.

From month 7 onwards the trajectory showed a stabilisation and steady improvement to a £1.96m deficit by month 9 as the benefits of the additional QIPP schemes and recovery actions are realised with a further acceleration towards breakeven in the final quarter.

It was **noted** that at the year end the position was on plan due to the recovery actions and improved QIPP delivery.

Members **noted** the top ten variances.

BB queried if there are any opportunities or risks going forward in regards to the key lines of expenditure. The ACFO advised that he is not aware of anything significant.

However, tPP remains a significant risk, due the move to a cost and volume contract. The West has traditionally been underpaying in the past. It was **noted** that it is hoped that a risk-share will be in place between the Suffolk CCGs and North East Essex. It was **noted** that a meeting is to take place with tPP and CHUFT in the next few weeks.

The DCO/CCO advised that there is to be a service review of the Ambulance Service by the end of Q2; members **noted** that this could be a potential risk.

It was **noted** that the Audit Committee is due to meet on 22/05/17 to finalise the final accounts and that the external auditor is to attend. These accounts will then be received by the Private Governing Body on 24/05/17.

The Chair **thanked** the ACFO for the update. The Committee **noted** the update.

## 7. GP DELEGATED BUDGETS

In the absence of the COO, AB presented a paper to summarise the 2017-18 GP Delegated budget. It was **noted** that the budgets are based on the plans submitted to NHSE in 03/17 and that they have been adjusted for material changes to forecast such as list size adjustments and increase in reimbursements to practices.

Members **noted** the increases in core funding that will be received by GP Practices.

Members noted the following key risks:

- Funding to cover expenses relating to additional CQC costs have not been budgeted for. This is estimated at £194k for IESCCG and £121k for WSCCG.
- Additional Primary Care Postal/Transport costs which have not been budgeted for. This is estimated at £177k for IESCCG and £135k for WSCCG.
- Business Improvement District (BID) Levies will be reimbursed to practices. There are 3 practices in WSCCG which are eligible to claim and the cost is estimated at £4k.
- Increase in sickness leave reimbursement from £1,131.74 to £1,7734.18 per week. Payments are no longer discretionary and the qualifying criteria for reimbursement are when the absence is two weeks or more weeks as opposed to the previous arrangement when it was linked to patient numbers and period of absence.
- Changes and increase payments to GP retention Scheme. There was an interim scheme in 2016 where payments increased from £59.18 to £76.92 per session. The scheme pays for up to a maximum of four sessions per week to GP's to remain in clinical practice. In 2017 this will be funded from



within the primary care budget.

Members **noted** the following opportunities:

- Lower uptake and claims of Enhanced Services.
- Reduction in dispensing fees in line with reduced prescribing costs.
- Reduction in the apportioned costs if these are billed on actual spend.
- General Reserve
- Contingency
- Non-Recurrent Funds

It was **noted** that any underspend can be invested back into Primary Care.

It was **noted** that the focus of the deep dive in the meeting of 21/06/17 is Mental Health.

The Chair **thanked** AB for the update. The Committee **noted** the update.

## 8. **PMO REPORTS**

In the absence of the Head of PMO, the DCO/CCO presented the PMO reports.

Members **noted** the following:

- 3 Corporate change control documents are due to be considered by the Executive on 17/05/17.
- Integrated Care Proactive and Reactive schemes are ready for Gateway 3 approval at the Executive on 17/05/17.
- All 12 Prescribing schemes are due to be considered by at the Executive on 17/05/17.
- CHC scheme is ready for Gateway 3 and should be agreed at the Executive on 17/05/17.
- Planned Care is currently being divided into Demand Management or Transformation schemes
- Right Care schemes will have separate workbooks

The DCO/CCO expressed her concern about the £1.7m gap in QIPP. She stressed the need to discuss a plan, adding that although we may have mitigations against this, we want to be in a position where we have a surplus.

It was **noted** that at Chief Officer level dissatisfaction has been expressed and there needs to be momentum before the summer holidays. It was **noted** that the CO, the DCO/CCO, the ACFO and the DCCO are to meet on 17/05/17 to discuss.

The CO commented that there needs to be focus on closing the QIPP gap, and that if there is a need to shorten Executive meetings, have fewer Executives, or cut down on the Workstreams to focus on QIPP then this should be done.

It was **noted** that Scrutiny Committee in regards to QIPP is to convene in a couple of weeks.

It was **agreed** that a full and frank evaluation of QIPP be brought to the meeting of 21/06/17, identifying schemes, key risks and mitigations.

**CA/CS**

Members expressed their concern.

The Chair **thanked** the DCO/CCO for the update. The Committee **noted** the update.

## 9. **ANY OTHER BUSINESS**

There were no further matters of business discussed.

*The meeting closed at 1144.*

**10. DATE AND TIME OF NEXT MEETING**

Wednesday 21 June 2017, 1000 - 1200, Room 14, Ground Floor, West Suffolk House

**Minutes of WS CCG Financial Performance Committee held on  
Wednesday 21 June 2017 from 1045 - 1230  
Conference Room, West Suffolk House, Bury St Edmunds**

**PRESENT:**

Dr Zohra Armitage, GP Governing Body Member  
Chris Armitt, Acting Chief Finance Officer  
Dr Simon Arthur, GP Governing Body Member  
Bill Banks, Lay Member – Governance  
Kevin Bernard, Governing Body Member  
Dr Christopher Browning, GP Governing Body Member and CCG Chair  
Steve Chicken, Lay Member (Chair)  
Andy Eley, Deputy Chief Operating Officer  
Jo Finn, Lay Member – Patient and Public Involvement  
Ed Garratt, Chief Officer  
Dr Andrew Hassan, GP Governing Body Member  
Dr Emma Holland, GP Governing Body Member  
Chris Singleton, Head of PMO  
Dr Bahram Talebpour, GP Governing Body Member  
Jan Thomas, Deputy Chief Officer/Chief Contracts Officer  
Kate Vaughton, Chief Operating Officer  
Dr Firas Watfeh, GP Governing Body Member  
Richard Watson, Chief Transformation Officer

**APOLOGIES:**

Dr Sarah Hughes, GP Governing Body Member  
Amanda Lyes, Chief Corporate Services Officer  
Barbara McLean, Chief Nursing Officer

**IN ATTENDANCE:**

Ameeta Bhagwat, Finance Manager  
Mark Game, Head of Accounting & Control

**MINUTES:**

Jo Wyatt, Office Manager and EA to Chair, COO & DCOO

Item	Action
<b>1. WELCOME &amp; APOLOGIES</b>	
The Chair welcomed all to the meeting and apologies were <b>noted</b> .	
<b>2. DECLARATIONS OF INTEREST</b>	
There were no new declarations of interest expressed.	
<b>3. MINUTES OF FP COMMITTEE – 17/05/17</b>	
The minutes of the Financial Performance Committee held on 17/05/17 were reviewed and <b>agreed</b> as a <b>true</b> and <b>accurate</b> record of the meeting.	
<b>4. MATTERS ARISING</b>	
There were no matters arising from the minutes of the 17/05/17.	
<b>5. ACTION LOG – 17/05/17</b>	
The Chair presented the Action Log, and the following updates were provided:	
<ul style="list-style-type: none"><li><b>Action 29 – PMO Reports (Telederm)</b></li></ul>	
It was <b>noted</b> that Vantage has been available since the beginning of this week, although there have been some teething problems. This action was confirmed as	

complete.

- **Action 32 – Property Services Update**

With regards to the void charges, MG advised that a response has still not been received from NHSPS. It was **noted** that payment is being withheld in lieu of answers. It was **noted** that further to the conversations that took place in the Executive of 21/06/17, void space needs to be feed in to the Estates strategy going forward.

CA

**1051 – RW joined the meeting.**

The **Committee** noted the updates.

## 6. **Financial Position**

The ACFO presented the latest financial position. The following headlines were noted:

- **Variance from Plan**

At the end of month 2, the financial performance was on plan. Key adverse variances from plan are Acute Services (£0.5m) and Community (£0.1m). These are mitigated by the use of Contingency (£0.3m) and underspends in Other Programme Services (£0.2m) and Continuing Healthcare Services (£0.1m).

- **Forecast Risks and Mitigations**

The CCG currently has a balanced position. Identified risks are QIPP under delivery, potential Continuing Healthcare historical claims and delegated Primary Care budget overspends. These are mitigated by contingency, reserves and quality premium.

- **Underlying Surplus / (Deficit)**

Key drivers are potential delivery of QIPP on a non-recurrent basis in the current year £1.7m being offset by non-recurrent expenditure.

- **QIPP Delivery**

At month 2, the CCG has delivered £1.56m of QIPP against a target £1.7m (91% delivery). This is mainly delivered through QIPP from WSFT GIC, Corporate QIPP, CHC QIPP and an assumed 100% delivery on prescribing.

Members **noted** the top ten variances.

The CO commented that at this point in 2016 we were £6m in deficit, so to have a surplus of £1m is an excellent achievement.

AB commented that by month 5 or 6 we will be in a better position to forecast.

Members **noted** the risks and mitigations.

Members **noted** that the contract reserves are a mixture of CCG and Primary Care commissioning reserves.

The Chair **thanked** the ACFO for the update. The Committee **noted** the update.

## 7. **DEEP DIVE – CLINICAL QUALITY**

In the absence of the CNO, the DCNO, AB and MG presented a paper to members to provide a budget deep dive for clinical quality.

It was **noted** that overall the performance at month 2 is on plan including the delivery of QIPP.

It was **noted** that the risk lies with more clients being placed out of county due to their clinical presentation.

With regards to insulin pumps, it was **noted** that the increased spend is due to pumps being replaced. The DCNO advised that Contracts are working with SCH to include the costs within the contract going forward. It was **noted** that replacements are being managed through IFRs on an ad hoc basis.

BB queried if there are any risks that the committee needs to be aware of. The DCNO advised that the main risk is specialist treatment out of area placements and the costs associated with these placements. He added that governance and monitoring has improved due to robust reviews and that placements are made with providers that provide excellent quality services within the financial envelope.

With regards to the LD cohort, it was **noted** that due to the Transforming Care agenda, there are signs that there is a reduction in out of county placements as more clients are being brought back in county.

It was **noted** that there is risk in respect of children requiring complex care in the community as long term care packages are required. The DCNO advised that efforts are underway to build up the Community Paediatric Team, but that this will take time.

Following discussions it was **agreed** that future deep dives require further detail in regards to key service issues, both financial and non-financial. It was also **agreed** that the summary sheet requires more detail. It was **agreed** that MG would feed this back to the ACFO.

**MG / CA**

It was **noted** that the deep dive for the 19/07/17 meeting is to focus on the corporate budget. It was **noted** that the CCSO be informed of the level of detail that is required.

The Chair **thanked** the DCNO, AB and MG for the update. The Committee **noted** the update.

## **8. PMO REPORTS**

The DCO/CCO presented a revised version of the PMO reports, advising that amendments have been made to the format in order for it to be clearer and more informative.

The DCO/CCO apologised for the error on the variance column in the table relating to the savings summary.

It was **noted** that the findings from “spring-clean week” have yet to be incorporated into the reports.

It was **noted** that approximately £2m of QIPP has yet to be identified.

Members **received** and **noted** programme summary reports in respect of:

- Prescribing
- CHC
- MH OOA Placements
- Corporate Pay Cost Review
- Corporate Non Pay Cost Review
- West Reactive
- CYP and Maternity

It was **noted** that there are a total of 43 schemes registered, 25 of which are West and 18 are East / West. CS advised that all are monitored and can be included in future reports should they be required or requested.

It was **noted** that as the information within the reports contains a mixture of month 11

and month 2 actuals is difficult to predict trends at this stage.

The CTO and COO both commented that they liked the new format as it is much clearer to see what is happening with each scheme. It also allows for us to ascertain if we have our capacity aligned correctly going forward.

CA/CS

BB commented that the format is good, but that he has issues with the content, querying what is being done to fill the QIPP gap.

The DCO/CCO advised that CS is leading on work on the output of the “spring clean” MDT meetings. She added that these MDTs had not only identified savings, but had reinforced rigour in regards to business as usual.

The DCO/CCO advised that she had attended a “Menu of Opportunities” meeting recently, at which NHSE provided a list of “things” that CCGs are allowed to do that were previously unpalatable. An example is ceasing of prescribing over the counter medications.

The CO added that of the twelve initiatives there is a lot that can be done without regulatory permission. He added that clarity is required in regards to what schemes we do or do not do too move forward.

The DCO/CCO advised that one of the questions asked at the MOO event was are we able to switch off independent sector on the choice menu. NHSE advised that we are not as it limits patient choice, but that an agreement is being sought for the independent sector to set the minimum treatment at 12 weeks. The advantage of this is that patients are seen quickly, but it will equalize levels in regards to waiting times over the system. Should the independent sector not agree, then in essence the contract can be terminated. However, there may be complications as any CCG can refer to the independent sector even if the “home” CCG does not refer to that hospital.

It was **noted** that Tracy Dowling, former AO at C&P CCG, gave a presentation at the MOO meeting. It was **agreed** that the DCO/CCO would share this presentation at a future Executive.

JT

The Chair **thanked** the DCO/CCO and CS for the update. The Committee **noted** the update.

## 9. SYSTEM FINANCE UPDATE

MG presented the system finance update to members for information.

It was **noted** that future reports will cover the whole STP footprint.

It was **noted** that the data will always be a month behind and that as this report provides month one data the report will be more beneficial as the year progresses.

The COO commented this is a very useful document and queried if the STF in regards to WSFT refers to the previous STF or a new one. MG advised that he was unsure and **agreed** to update the COO accordingly.

MG

The CO advised that WSFT have had KPMG to assist them in finding £12 - £13m savings, and although they have solid plans for £9m, their biggest cost saving would be in the re-banding of staff.

It was **noted** that we do not receive the same level of detail from WSFT that we do from IHT. For example, IHT attend a Joint Portfolio Board and share their SIP etc. The COO commented that conversations in this regard are starting at the informal Exec to Exec meetings with WSFT.

The DCO/CCO commented that the concern is around capacity.

It was **agreed** that this matter be discussed at the next Joint Executive Meeting with

WSFT scheduled for 02/08/17.

The Chair **thanked** MG for the update. The Committee **noted** the update.

**10. ANY OTHER BUSINESS**

Due to the commercial sensitivity of this item, the minutes are confidential and can be found in the confidential folder as requested.

***The meeting closed at 1207.***

**10. DATE AND TIME OF NEXT MEETING**

Wednesday 19 July 2017, 1000 - 1200, Training Room 2, Green Duck



integrated working



**Minutes of a meeting of the West Suffolk Clinical Commissioning Group  
Remuneration and Human Resources Committee Meeting held on  
Tuesday, 20 June 2017**

**PRESENT:**

Bill Banks	Lay Member for Governance (Chair)
Jo Finn	Lay Member for Patient and Public Engagement

**IN ATTENDANCE:**

Ameeta Bhagwat	Finance Manager (Part)
Amanda Lyes	Chief Corporate Services Officer
Jo Mael	Corporate and Governance Officer

**17/028 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting and no apologies for absence were received

**17/029 DECLARATIONS OF INTEREST**

No declarations of interest were received.

The variance in declarations was highlighted. It was explained that declarations were personal to individuals and that guidance in respect of interests was issued at the time of declaration request. **The Chief Corporate Services Officer agreed** to explore whether any further action could be taken.

**17/030 MINUTES OF THE PREVIOUS MEETING**

The minutes of the West Suffolk CCG Remuneration and Human Resources Committee meeting held on 18 April 2017 were reviewed and confirmed as a correct record.

**17/031 MATTERS ARISING AND REVIEW OF THE ACTION LOG**

Matters Arising

The Chief Corporate Services Officer confirmed that the previously reported changes to the transformation/redesign team had been concluded with staff now working across organisations. **The Committee requested** that it be provided with an update, in six months' time, on how well the reorganisation was working.

The action log was reviewed and updated with comment as follows;

16/053 – the Committee was advised that the action was no longer appropriate as an apprenticeship levy had been introduced from 1 April 2017 which should provide education and training opportunities. **The Chief Corporate Services Officer agreed** to provide a report to the next meeting.



## 17/032 WORKFORCE REPORT – QUARTER 1

The Committee was in receipt of a report from the Chief Corporate Services Officer which provided information on a wide range of key HR performance indicators and sought to benchmark where possible against national and local performance data.

As requested at the previous meeting, further detail in respect of management costs had been included within the report.

### **(Ameeta Bhagwat left the meeting)**

Other points highlighted during discussion included;

- Sickness/absence had decreased to 0.4% and there was confidence that absences were being managed well by managers. Having queried why a number of the causes for sickness listed within the nursing directorate were 'unidentified', the Committee was advised that could be due to there not being a suitable category or that staff had not chosen to disclose the reason.
- There was confidence that all staff personal development plans would be complete by the end of June 2017.
- The CCG currently only had one independent contractor for review in line with IR35.
- The agency worker listed was to become a permanent member of the CCG staff from August 2017.
- The CCG would be carrying out a staff survey later in the year.
- Directorate information, as contained within the report, was reported on a monthly basis to business review days.
- Vacancies continued to be reviewed by the Chief Officer and Chief Corporate Services Officer prior to recruitment.

**The Committee noted** the content of the report.

## 17/033 HR PLANNING REPORT 2017/18

As requested by the Committee at its previous meeting, it was in receipt of a report from the Chief Corporate Services Officer that provided a headline overview of work that HR would be undertaking in 2017/18.

As previously mentioned, the CCG was due to participate in a national staff opinion survey. The external organisers would be emailing the survey, which would incorporate a section on primary care, to staff for completion during September 2017.

In light of the forthcoming office move from Rushbrook House to Endeavour House, the Committee queried whether it should receive a report on the HR implications of the move. As the move was due to take place during a three week period commencing 20 October 2017, the **Committee agreed** that it receive a report to its next meeting.

In response to a question, the Chief Corporate Services Officer advised that whilst the HR team had many work-plans, the planning schedule presented had been developed in consideration of the available resource.

**The Committee noted** the report.

## 17/034 RETENTION SCHEME FOR ENDEAVOUR HOUSE MOVE

The Committee was in receipt of a report from the Chief Corporate Services Officer which advised of a proposed retention scheme to support the move to Endeavour House and Landmark House.

It was recognised that a change of base would provide staff with increased flexibility on how their journey to work was made. Staff on lower bands would be most impacted by the increased parking costs should they travel by car and wished to park at base. Currently all staff at Rushbrook had the option of free parking, therefore the change of base could impact an employee by as much as 4% (pre-tax). One solution to minimise the financial impact was for the CCG to financially assist staff for a set period of time.

In order that the CCG was able to join the County Council's existing Green Travel Scheme, any payment to staff would need to be instigated as a recruitment and retention payment regardless of base location.

The proposals, as set out within paragraph 3.5 of the report had been discussed at the Endeavour House HR and Communication work stream and were based on the current cost of parking at Landmark House (£1.50/day). All annual figures excluded an average six weeks annual leave entitlement per employee.

It was proposed that any option approved would apply for a 12 month period only and would apply to staff employed prior to 1 May 2017. It was further proposed that the start date of the 12 month period would be the date from which all employees had changed base. Options had been developed in line with agenda for change spinal points rather than banding, in order to ensure that where spine points crossed bands, no member of staff was disadvantaged. Part-time staff would receive a pro-rata of the premium based on hours worked.

Option 4 – for the recruitment and retention payment to apply to those staff on point 25 of the agenda for pay scales and below was being recommended. Approval of Option 4 would result in the scheme applying to a third of the workforce.

It was intended that there would be equity across both CCGs and that the scheme would also apply to West Suffolk CCG staff based at West Suffolk House.

If approved, it was anticipated that detail of the scheme would be circulated to staff along with other Endeavour House move information.

The Chief Corporate Services Officer confirmed that Trade Union Representatives and the CCG's Union Representatives and been advised of the proposal; and the CCGs Collaborative Group had also received a report to its meeting held on 15 June 2017. The Collaborative Group had recommended that the Remuneration and HR Committee approve Option 4 as detailed within the report.

After consideration, the **Committee approved** the pursuance of Option 4, as detailed within the report, in respect of a recruitment and retention payment to staff.

#### **17/035 STAFF AWAY DAY INCORPORATING THE STAFF RECOGNITION AWARDS**

The Committee was presented with the agenda for the Staff Away Day scheduled on 29 June 2017, at which the staff recognition awards would take place.

The Staff Away Day was being sponsored by Unison and MiP.

There were six categories within the staff recognition awards and 124 nominations had been received by staff. Decisions in respect of the winners of each category had been made by the Staff Good Ideas Group. Each nominee was to receive a letter from the Chief Officer.

**The Committee noted** the report.

#### **17/036 TALENT MANAGEMENT FRAMEWORK**

The Committee was in receipt of a talent management framework which it was anticipated would assist the CCGs to better identify and develop its current workforce talent. The framework linked with NHS England Leadership Academy and NHS England Midlands and East Regional Talent Board.

The Chief Corporate Services Officer explained that managers would be required to identify talent within their teams via the use of talent mapping. The aim being to ensure that the organisation had a reliable pipeline of talented people who were being prepared for key roles and promotions.

**The Committee welcomed** introduction of the framework and looked forward to receiving an update in six months' time.

#### **17/037 JOINT STAFF PARTNERSHIP COMMITTEE**

The Committee was in receipt of a report from the Chief Corporate Services Officer that summarised the main issues discussed and outcomes to emerge, from the Joint Staff Partnership Committee meeting held on 3 March 2016.

**The Committee noted** the content of the report.

#### **17/038 HEALTH AND SAFETY**

The Committee was in receipt of a report which set out work currently being undertaken in relation to Health & Safety.

The last meeting of the Health and Safety and Risk Committee had been held on 8 May 2017, with issues reviewed including;

- Health and Safety training was now on-line – staff had been provided with information about how to access the training.
- Latest Lone Worker guidance had been issued nationally and the Committee had been informed by Safetyboss (the CCG's health and safety advisors) about changes required in light of the guidance, which included a more robust risk assessment for lone workers.
- Staff were to be advised of the need to take care of themselves when sitting at work (and at home). The CCG was seeking guidance on how it could assist staff to make sure they were not put at an unacceptable level of risk of muscular skeletal problems due to bad posture.
- Following a medical incident involving a member of staff to which paramedics were called, the defibrillators at Rushbrook House had been fitted with new batteries and were ready for use if required.
- The Committee was updated on the work of the newly formed risk forum which had now met twice to work on improving risk management throughout the CCG. Work was on-going to improve local risk registers and their links to the governing body assurance framework (GBAF).
- The CCG's new risk manager had been in post since 15 May 2017.

The Committee questioned whether in light of recent national events there might be need to review fire safety. It was explained that the Health and Safety and Risk Committee would be reviewing fire safety and that the outcome would be reported to a future Remuneration and HR Committee via

the regular Health and Safety report.

The need to review relevant CCG policies in light of the forthcoming move to Endeavour House was also emphasised.

**The Committee noted** the report.

**17/039      POLICIES FOR APPROVAL**

No policies were received for approval.

**17/040      ANNUAL PLAN OF WORK**

The Committee **noted** its current annual plan of work.

**17/041      ANY OTHER BUSINESS**

No items of other business were received.

**17/042      DATE AND TIME OF NEXT MEETING**

The next meeting was scheduled to take place on Tuesday, 19 September 2017 in the Paddock at Rushbrook House.



integrated working

**Unconfirmed Minutes of WSCCG Clinical Scrutiny Committee held on  
Wednesday 28 June 2017 from 1045–1200hrs  
Ground Floor Room 14, West Suffolk House, Western Way,  
Bury St Edmunds, IP33 3SP**

**PRESENT:**

Bill Banks	Lay Member – Governance (Chair)
Dr Zohra Armitage	GP Governing Body Member
Simon Arthur	GP Governing Body Member
Steven Chicken	Lay Member
Jo Finn	Lay Member – Public and Patient Engagement
Ed Garratt	Chief Officer
Dr Andrew Hassan	GP Governing Body Member
Dr Emma Holland	GP Governing Body Member (Part)
Dr Sarah Hughes	GP Governing Body Member
Chris Hooper	Deputy Chief Nursing Officer
Amanda Lyes	Chief Corporate Services Officer
Dr Bahram Talebpour	GP Governing Body Member
Kate Vaughton	Chief Operating Officer
Dr Firas Watfeh	GP Governing Body Member
Richard Watson	Chief Redesign Officer
Jane Webster	Deputy Chief Contracts Officer

**IN ATTENDANCE:**

Jo Mael	Corporate Governance Officer
---------	------------------------------

**17/019 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed everyone to the meeting and apologies for absence were noted from;

Chris Armitt	Acting Chief Finance Officer
Kevin Bernard	Governing Body Member
Dr Christopher Browning	GP Governing Body Member and CCG Chair (Chair)
David Kanka	Assistant Director of Public Health
Barbara McLean	Chief Nursing Officer
Jan Thomas	Chief Contracts Officer

**17/020 DECLARATIONS OF INTEREST**

No declarations of interest were received.

**17/0021 MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 26 April 2017 were reviewed and **approved**, as a correct record.

**17/022 MATTERS ARISING & REVIEW OF ACTION LOG**

Matters Arising

Having noted from the previous meeting that stroke information had been removed

from the national reporting measures and was a local requirement, it was queried whether such information should continue to be reported to the Committee. **The Deputy Chief Nursing Officer agreed** to carry out a due diligence exercise of reporting measures to ensure that all relevant information was presented to the Committee for scrutiny.

The action log was reviewed and updated.

## **17/023 INTEGRATED PERFORMANCE REPORT**

The Committee was in receipt of the Integrated Performance Report, with key points highlighted during discussion being;

### Clinical Quality and Patient Safety

- Infection control – C.Difficile was above trajectory. There had been one case of MRSA, for which the outcome of a post-infection review was awaited.
- Harm free care – there had been good performance in respect of falls per 1000 bed days, with Suffolk Community Healthcare (SCH) performance having improved following increased focus. Information was awaited from West Suffolk Hospital in relation to pressure ulcer data.
- Serious incidents – reporting was at a low level.
- Patient experience – Friends and Family tests had been positive.
- Transforming care – the CCG was ahead of trajectory.
- Care homes – one care home had slipped back to an ‘inadequate’ rating and support was being provided.

In response to questions, the Committee was advised that confidence in data from West Suffolk Hospital following implementation of its new e-care system was expected with effect from May 2017, and further Panels were being convened in light of the current backlog of continuing healthcare appeals.

### Finance

The Committee noted that the financial position had been scrutinised by the Financial Performance Committee the previous week.

Achievement of the quality premium was highlighted and it was felt that consideration should perhaps be given to providing a report of processes and key risks to a future Executive meeting.

It was noted that the East of England Ambulance Service NHS Trust had been asked to develop an action plan in respect of the deployment of staff and vehicles, and handover times.

Although an action plan was in place in relation to referral to treatment (RTT) times at West Suffolk Hospital, the need to validate the current position was recognised. It was anticipated that an accurate position would be reported in July 2017 in respect of June 2017 data.

### Transformation

Integrated Care;

- A&E performance and non-elective admissions were ahead of plan.
- Despite improved DTOC performance during April/May 2017, performance was now starting to decline.
- Business cases for GP Streaming and Discharge to Optimise and Assess had been approved, with determination of finances being the next step. It was expected that a further report would be presented to the Executive in the next month.
- The Integrated Urgent Care Service procurement had commenced.
- The outcome of a readmission audit carried out with West Suffolk Hospital in respect of over 75s’ was awaited.

#### Planned Care;

- Outpatients were just below plan, although elective was ahead of plan.
- The ENT prior approval scheme had commenced.
- The MSK scheme had been launched.
- Ophthalmology and Respiratory schemes continued to be developed.
- The Pain business case was to be presented to the Executive by 12 July 2017, and following clinical review it was thought that, with Consultant support, 25-35% of patients could be managed in a different environment.

#### Mental Health and Learning Disabilities;

- Dementia diagnosis was an area of key focus as diagnosis rates were behind trajectory. Ideas to address the situation were being explored which included use of a common formula across IT systems that practices could utilise.
- Implementation of the emotional wellbeing hub was being worked through.
- Workshops were underway to redesign the 'front door' of Norfolk and Suffolk NHS Foundation Trust (NSFT) services.
- Psychiatric liaison – there was a case for change and proposals were being finalised.
- There had been 20 applicants for the four Buurtzorg posts advertised.

#### Contracts

- West Suffolk Hospital – A&E performance had been below trajectory in April 2017 and improvement was expected for May/June 2017.
- Suffolk Community Healthcare – areas of concern were increased DTOCs at community hospitals and increased re-admissions which were being monitored by the A&E Delivery Board, together with the forthcoming change of provider.
- 111/Out of Hours – an extension to the contract was currently being negotiated.
- East of England Ambulance Service Trust (EEAST) – the Trust was being monitored on a weekly basis.
- The Pathology Partnership – the first contract meeting had been held since split of the service. The meeting had been positive and a monthly service development meeting had been established.

**The Committee agreed** that a 'deep dive' into EEAST's performance in Suffolk be presented to a forthcoming Executive.

#### Project Management Office (PMO)

The Committee noted that the PMO position had been scrutinised by the Financial Performance Committee the previous week.

#### Chief Operating Office (COO)

- The COO section was new to the report and included primary care and prescribing information.
- Primary Care - next month's information would include extended access information. There was liaison with Ipswich and East Suffolk CCG in an attempt to avoid duplication.
- Prescribing – headline comments would be included in future reports. The CCG was currently £165k under plan. Support to practices was seen as positive and it was suggested that prescribing might be included within a forthcoming stakeholder revolution event.

The Committee **noted** the content of the report.

### **17/024 GOVERNING BODY ASSURANCE FRAMEWORK**

The Committee was in receipt of the current version of the CCG Governing Body Assurance Framework (GBAF) that was reviewed by the Chief Officer Team every

month and by the Governing Body and Audit Committee at each of their meetings.

Points highlighted included;

Risk 35 – SEND reforms – it was reported that current actions listed related to the status of action plan development and were soon to be refreshed in respect of delivery of the actions.

The Committee was advised that, with regard to local risk registers, the CCG's Risk Forum had now met on three occasions to review the registers. Key risks across departments were detailed within Appendix A to the report. The Forum was exploring the future use of an electronic system such as DATIX for risk management.

It was questioned whether in light of the recent events there might be a need to include a fire risk in respect of estate. The **Chief Corporate Services Officer agreed** to raise the issue at forthcoming Risk Forum and Health and Safety and Risk Committee meetings, as well as seeking consideration across the wider Sustainability and Transformation Plan (STP) area.

**(Dr Emma Holland left the meeting)**

The need for concerns with regard to the Pathology Partnership to be entered onto the GP Issues Log, in order for them to be followed up, was emphasized. It was also highlighted that GP input on the service development groups would be beneficial.

**The Deputy Chief Nursing Officer agreed** to review Risk 34 with a view to including a target date for improvement.

**The Committee approved** the GBAF as presented.

#### **17/025 SELF-ASSESSMENT**

The Committee was in receipt of a report that sought approval to the undertaking of an annual self-assessment exercise.

**The Committee approved** the carrying out of a self-assessment exercise for report back in August 2017.

#### **17/026 DATE OF NEXT MEETING**

Wednesday 16 August 2017, 1000-1200 hrs, Ground Floor Room 14, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3SP



**Ipswich & East Suffolk Clinical Commissioning Group  
West Suffolk Clinical Commissioning Group**

**Minutes of the CCG Collaborative Group meeting held on  
Thursday, 15 June 2017, 10.00am in the Pavilion, Rushbrook House**

**PRESENT**

Martin Smith (MS)	CCG Collaborative Group Chair
Bill Banks (BB)	Lay Member (Governance) West Suffolk CCG
Dr Christopher Browning (CB)	Chair, West Suffolk CCG Governing Body
Graham Leaf	Lay Member (Governance) Ipswich & East Suffolk CCG
Dr Mark Shenton (MS)	Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt (EG)	Chief Officer, Ipswich & East Suffolk and West Suffolk CCGs

**IN ATTENDANCE**

Amanda Lyes (AL)	Chief Corporate Services Officer (item 17/022 only)
Jo Mael (JM)	Corporate Governance Officer

**Minute**

**Action**

**17/020 Welcome and apologies**

The Chairman welcomed everyone to the meeting and no apologies for absence were received.

**17/021 Declarations of Interest**

No declarations of interest were received.

**The Chair agreed that agenda item 11 (Retention Scheme for Endeavour House Move) be taken first.**

**17/022 Retention Scheme for Endeavour House Move**

The Collaborative Group was in receipt of a report from the Chief Corporate Services Officer which advised of a proposed retention scheme to support the move to Endeavour House and Landmark House.

It was recognised that a change of base would provide staff with increased flexibility on how their journey to work was made. Staff on lower bands would be most impacted by the increased parking costs should they travel by car and wished to park at base. Currently all staff at Rushbrook had the option of free parking, therefore the change of base could impact an employee by as much as 4% (pre-tax). One solution to minimise the financial impact was for the CCG to subsidise staff for a set period of time.

In order that the CCG was able to join the County Council's existing Green Travel Scheme, any payment to staff would need to be instigated as a recruitment and retention payment regardless of base location.

The proposals, as set out within paragraph 3.5 of the report had been discussed at the Endeavour House HR and Communication work stream and were based on the current cost of parking at Landmark House (£1.50/day). All annual figures excluded an average six weeks annual leave entitlement per employee.

It was proposed that any option approved would apply for a 12 month period only and would apply to staff employed prior to 1 May 2017. It was further proposed that the start date of the 12 month period would be the date from which all employees had changed base. Options had been developed in line with agenda for change spinal points rather than banding, in order to ensure that where spine points crossed bands, no member of staff was disadvantaged. Part-time staff would receive a pro-rata of the premium based on hours worked.

Option 4 – for the recruitment and retention payment to apply to those staff on point 25 of the agenda for pay scales and below was being recommended. Approval of Option 4 would result in the scheme applying to a third of the workforce.

The Chief Corporate Services Officer advised that Trade Union Representatives and the CCG's Union Representatives and been advised of the proposal, and the Remuneration and HR Committee was due to receive a report at its meeting to be held on 20 June 2017.

The CCG Collaborative Group was supportive of Option 4, as detailed within the report and recommended that Remuneration and HR Committee approve that option at its meeting to be held on 20 June 2017.

#### **17/023 Minutes of meeting held on 6 April 2017**

The minutes of a meeting held on the 6 April 2017 were considered and **agreed** as a correct record.

#### **17/024 Matters arising and review of action log**

##### Matters Arising

The Chief Officer confirmed the following;

- That a joint Executive meeting with Norfolk and Suffolk NHS Foundation Trust had been held at which scrutiny had been addressed.
- That the £3 per head for primary care was being progressed.
- The SEND action plan had been submitted to the CQC and Ofsted by 23 May 2017.

The action log was reviewed and updated with comment as follows;

17/017 – Commissioning of Countywide Services – the Chief Officer reported that any future issues would be presented to the Collaborative Group for consideration.

#### **17/025 Chief Officer Update**

The Collaborative Group was in receipt of a paper from the Chief Officer which identified key updates since the previous meeting. Key points highlighted and comments included;

##### Finance

- Both CCGs had delivered their control totals for 2016/17.
- Both CCGs were in the process of closing unidentified QIPP and the outcome of the current 'spring clean' would be presented to Financial Performance Committees week commencing 19 June 2017.

##### Alliance Working

- Suffolk 'Accountable Care Approach' governance had been established.

- The CCG's response to the recent cyber-attack had been good.

### Primary Care

- The GP five year forward view plans had been rated as 'green' by national assessors.
- Suffolk Primary Care had gone live from 1 April 2017.
- Policies had been submitted in relation to the £3 per head investment in primary care.

### Performance

- A&E performance at West Suffolk Hospital was strong and Ipswich Hospital was improving but, at present, not consistent.
- West Suffolk Hospital's RTT performance continued to be of concern. The data cleanse was due to be completed by the end of June 2017.
- The recent inspection of West Suffolk Hospital Blood Transfusion service had gone well with two identified issues being fridge validation and staffing reporting.
- Norfolk and Suffolk NHS Foundation Trust performance had improved.
- East of England Ambulance Service Trust (EEAST) – the regional review continued with report expected in August 2017.

### Organisational Development

- A talent management strategy was in development and there had been a good response to nominations for the staff awards.
- A new governance lay member had been appointed for West Suffolk CCG.
- Chief Finance Officer interviews would be held during July 2017 – there were four candidates.

### Quality

- Early findings from a safeguarding review were of concern and the full report was expected in September 2017.
- The SEND statement of action had been submitted to the Care Quality Commission/Ofsted and a formal response was awaited.

Having raised concern that there might be other issues within the quality directorate that required attention, the Chief Officer reported that whilst he could not be 100% confident that no other issues would arise, there was now increased focus in that area. It had been recognised that governance across organisations in respect of SEND and safeguarding, needed to be more robust. A safeguarding action plan was to be launched which would be overseen by the Safeguarding Board. Joint recruitment of a project manager was also underway.

The **Collaborative Group noted** the content of the report.

## **17/026 Corporate Key Performance Indicators**

The Chief Officer circulated the corporate key performance indicators which were noted by the Collaborative Group.

## **17/027 Strategic Approach with regard to West Suffolk Hospital**

The Chair of Ipswich and East Suffolk CCG offered assistance in respect of determining a strategic approach with West Suffolk Hospital.

The Group was advised that West Suffolk Hospital's strategy was currently unclear due to the Ipswich Hospital/Colchester Hospital alliance.

**The Collaborative Group noted** the update. In light of difficulty identifying

ways in which both CCGs might work together to assist West Suffolk Hospital, the **Chief Officer agreed** to ask the Chief Contracts Officer to identify some options for future discussion.

#### **17/028 Prioritising Shared Resource – CHC**

The Chief Officer reported that in light of West Suffolk CCG's financial position, the continuing healthcare team had focused on carrying out West Suffolk reviews during quarter four, with Ipswich and East Suffolk reviews commencing again in quarter one.

There had subsequently been some discrepancy in the understanding of what had been agreed, as Ipswich and East Suffolk CCG had thought that only Ipswich and East Suffolk reviews would take place during quarter one, whereas they had taken place alongside West Suffolk reviews.

In order to avoid any future misunderstandings **it was agreed** that, any such future agreements, would be presented to the Collaborative Group for clarification and the outcome recorded.

#### **17/029 Clinical Oversight Group**

The Group was in receipt of the Clinical Oversight Group (COG) terms of reference, and was being asked to consider whether providers that sat on the COG should be awarded voting rights.

Although not clear from the terms of reference, the COG was not a decision making body and should be making recommendations to the CCGs Clinical Executives. In the event that the COG made recommendations the matter of voting rights for providers would not be an issue.

It was suggested that whilst not a decision making body, the COG held amongst its membership expertise that CCG Clinical Executives might find difficult to challenge.

The need to tighten governance to ensure that recommendations from the COG were reported to other Committees of the CCG was emphasized.

After careful consideration the Collaborative Group **approved**;

- That each provider organisation on the COG should have one vote.
- That the terms of reference should be revised to clarify that the COG, whilst able to recommend, was not a decision making body.
- That a governance route for the reporting of recommendations to the CCGs Clinical Executives should be established, with reports including the outcome of any vote.

#### **17/030 Productive and Information Governing Body Agendas**

The Chief Officer reported that both Chief Operating Officers were exploring ways of improving Governing Body forward planning. It was also highlighted that for those staff that worked across both CCGs there was much duplication across various Committees and questioned whether that was the best use of resources.

#### **17/031 Any Other Business**

As it was Bill Banks last meeting he was thanked for his contribution and wished well for the future.

#### **17/032 Date of next meeting**

In light of a number of apologies for the 17 August 2017 meeting, it was agreed that attempt be made to reconvene the meeting during September

2017.



**WEST SUFFOLK CCG  
PRIMARY CARE COMMISSIONING COMMITTEE**

**16-23 May 2017 (Virtual Meeting)**

**Decision Record**

**Christmas Maltings and Clements Surgery, Haverhill - request for  
Section 96 exceptional funding**

*WSSCCG/PCCC 17-04P*

*To receive and approve a report from the Chief Operating Officer*

**Primary Care Commissioning Committee Members:**

Chris Armitt, Acting Chief Finance Officer  
Bill Banks, Governing Body Lay Member for Governance  
Ed Garratt, Chief Officer  
Jo Finn (Chair), Lay Member for Patient and Public Engagement  
Jan Thomas, Chief Contracts Officer  
Kate Vaughton, Chief Operating Officer

**Declarations of Interest**

No declarations of interest were received.

**Decision**

That the payment of exceptional funding under Section 96, to the Christmas Maltings and Clements Practice, Haverhill (CMCP) to offset unforeseen additional locum costs, be approved.



**WEST SUFFOLK CCG  
PRIMARY CARE COMMISSIONING COMMITTEE**

**30 June 2017 (Virtual Meeting)**

**Decision Record**

**Christmas Maltings and Clements Surgery, Haverhill**  
***To receive and approve a report from the Chief Operating Officer***

*WSSCCG/PCCC 17-05P*

**Primary Care Commissioning Committee Members:**

Jo Finn (Chair), Lay Member for Patient and Public Engagement  
Bill Banks, Governing Body Lay Member for Governance  
Chris Armitt, Acting Chief Finance Officer  
Ed Garratt, Chief Officer  
Kate Vaughton, Chief Operating Officer

**Declarations of Interest**

No declarations of interest were received.

**Decision**

That the letter to the Suffolk GP Federation, as appended to the report WSSCCG PCCC 17-05P, be approved.



integrated working

## WEST SUFFOLK CCG COMMISSIONING GOVERNANCE COMMITTEE

### Decision Record 28 June 2017

#### Commissioning Governance Committee Members:

##### COMMITTEE:

Bill Banks	Lay Member: Governance (Chair)
Johanna Finn	Lay Member: Patient and Public Engagement
Ed Garratt	Chief Officer
Dr Crawford Jamieson	Secondary Care Doctor
Jane Webster	Deputy Chief Contracts Officer

#### 1 GP+ WAIVER OF COMPETITIVE TENDERING

WSCCG/CGC 17-07

##### Decision

The Commissioning Governance Committee was in receipt of a report which sought approval of an extension of the current GP+ contract with the Suffolk GP Federation for a further nine months, effective 1 July 2017.

**The Commissioning Governance Committee subsequently approved** the Tender Waiver for the extension of the current contract for the west Suffolk service for a further nine months (until 31<sup>st</sup> March 2018), at an anticipated cost of £659,000.

#### 2 LEG ULCER PROVISION IN THE BURY AND BLACKTHORNE LOCALITY

WSCCG/CGC 17-08

##### Decision

In 2015 the CCG had served notice to eight GP practices in expectation that Suffolk County Healthcare (SCH) would provide the service on its behalf from the start of the new community contract i.e. October, 2015. It was subsequently identified that the service could not transfer to SCH and the CCG re-negotiated the terms of the enhanced service. The CCG agreed to ask the practices to continue to provide the service until the end of the community contract i.e. up to 30 September, 2017, and further agreed that the service should transfer to the community contract on, or before 1 October, 2017.

**The Committee approved** the recommendations in the report, those being;

1. That the leg ulcer service be retained at the eight practices for the immediate future by rolling over the existing contract until March 2018, with the proviso that arrangements are developed to collect healing rate data and achieve VLU rates; and for GPs to establish better links to tissue viability nurses.
2. That the forthcoming 2018/19 contract should include key performance



indicators in respect of healing rates; improved access to tissue viability nurses; the treatment of all leg ulcers; and the availability of prescribers at every clinic.

- 3.** That the current Suffolk Community Healthcare contract be developed so that the provider works to: achieve VLU rates; treat all leg ulcers; have prescribers at every clinic.



integrated working

## WEST SUFFOLK CCG COMMISSIONING GOVERNANCE COMMITTEE

### Decision Record 12 July 2017

	<b>Commissioning Governance Committee Members:</b>	
	<b>COMMITTEE:</b> Bill Banks Lay Member: Governance (Chair) Johanna Finn Lay Member: Patient and Public Engagement Ed Garratt Chief Officer Chris Armit Acting Chief Finance Officer Jane Webster Deputy Chief Contracts Officer	
<b>1</b>	<b>GP FORWARD VIEW INVESTMENT</b>	<i>WSCCG/CGC 17-08</i>
	<b>Decision</b>	
	<p>NHS England had written to CCGs requiring them to invest up to £3 per head in local practices to support the implementation of the 10 High Impact Actions of the GP Forward View and working together 'at scale' to ensure increased practice resilience.</p> <p>The CCG wrote to all practices on the 24 May 2017 setting out the broad details of the funding together with eligibility criteria. Practices were invited to submit proposals by 30 June 2017 setting out how they would utilise the funds to meet the criteria.</p> <p>11 proposals were received from practices. These were reviewed by CCG officers against the "Bid Information Requirements" and recommendations made to the Committee to either;</p> <ul style="list-style-type: none"> <li>• Approve;</li> <li>• Approve with caveats;</li> <li>• Defer a decision (pending further information being provided);</li> <li>• Refuse (including grounds for refusal).</li> </ul> <p>The <b>Commissioning Governance Committee</b> considered the component parts of each submission and either <b>approved with caveats</b> the requested payment in principle, <b>deferred a decision</b> pending further information being sought, or <b>refused</b> to support one or more component part of the proposals as detailed in the report.</p>	

<b>2</b>	<b>PRIMARY CARE STREAMING</b>	WSCCG/CGC 17-09
	<b>Decision</b>	
	<p>NHS England mandated that a primary care streaming service be established within every emergency department by 1 October 2017 with all building redevelopments completed by 31 October 2017.</p> <p>West Suffolk Hospital NHS Foundation Trust (WSFT) and the CCG worked collaboratively with the west Suffolk health and care system to develop a business case to meet the requirements of NHS England. The business case was developed and approved by the project executive sponsors before being submitted to NHS England.</p> <p>It is expected that the primary care streaming service will be incorporated into the Integrated Urgent Care service from 1 October 2018</p> <p>The <b>Commissioning Governance Committee supported</b> the recommendations below, which would subsequently presented to the Governing Body for ratification:</p> <ol style="list-style-type: none"> <li>4. <b>Agreed</b> to fund the 2017/18 in-year WS CCG costs to support the primary care streaming service of £126,228.</li> <li>5. <b>Agreed</b> to fund the 2018/19 WS CCG costs to support the primary care streaming service 01/04/18 – 30/09/18 of £140,361.</li> <li>6. <b>Agreed</b> to include the £230k streaming service costs into the Integrated Urgent Care service from 01/10/18.</li> </ol>	



integrated working



**West Suffolk**  
Clinical Commissioning Group

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>14</b>
<b>Reference No.</b>	<b>WSSCG 17-46</b>
<b>Date.</b>	<b>26 July 2017</b>

<b>Title</b>	<b>Ophthalmology Transformation – Procurement of the digital platform.</b>
<b>Lead Chief Officer</b>	Richard Watson, Chief Transformation Officer Dr Bahram Talebpour
<b>Author(s)</b>	Claire Jay, Transformation Lead in association with Karen L Dowsing, Ipswich and East Suffolk Clinical Commissioning Group (I&ESCCG).
<b>Purpose</b>	To seek approval from the Governing Body on behalf of West Suffolk Clinical Commissioning Group (WSSCG) to commence procurement for an IT platform as part of the integration of ophthalmology services for the next five years.

### Applicable CCG Priorities

1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	✓
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓

### Action required by Governing Body:

The Governing Body is asked to formally approve the following recommendations:

- To procure the digital platform for referral and remote review for ophthalmology services (Lot 1)  
– Note: This will be a joint procurement with Ipswich and East Suffolk Clinical Commissioning Group (I&ESCCG).

## 1. **Purpose**

- 1.1 To seek approval from the Governing Body on behalf of West Suffolk Clinical Commissioning Group (WSCCG), to commence the procurement for the digital platform including the remote review software for the next five years, as Phase 1 of a 5 year transformation programme.
- 1.2 The CCG's proposed plans for the future are to develop a fully integrated approach to eye care services by aligning existing structures, bringing the governance of all services together in a single structure.
- 1.3 The procurement of a digital partner to support innovation is required to provide the latest IT technology to promote full integration in the future and maximise efficiency of all components of the system. The proposed clinical system will provide:
  - an efficient and effective eye service closer to home;
  - a sustainable eye service for future population needs;
  - a service that promotes self-care;
  - eye care services within NICE guidance;
  - eye care services delivered within a programme budget;
  - eye care in line within the Royal College of Ophthalmology guidelines.

## 2. **Background**

- 2.1 New technology, increased national guidance, together with population projections, suggest that there will be a predicted 5-6% increase in demand for eye care services over the next 20 years. This is compounded by the care and support required for individuals with poor eyesight or blindness, with its social care implications and hidden costs as well.

Historically, predictions for the demand for eye care services have seen lower increases of 3% in services; this was partially due to the introduction of community-based interventions that created more capacity such as:

- Single point of access
- Optometry led enhanced services (ESP)
- Optometrist triage
- Glaucoma monitoring service (new patients and follow-ups).

These interventions are delivered by optometrists and private companies within the community setting and secondary care eye services. The traditional commissioning framework involving payment by results was a barrier to delivering provider collaboration for integrated care pathways, resulting in disjointed care, duplication of effort and transfers between services. The community services contracts are at an end and have been extended to allow integration of eye care services to be explored and align with the IESCCG ophthalmology procurement.

- 2.2 The West Suffolk System is committed to commissioning the provision of the most effective ophthalmology services to the population of Suffolk. In 2010, McKinsey & Co. Ltd. identified that the Hospital Eye Services were oversubscribed for first and follow up appointments. Outpatient costs per capita in Suffolk were found to be some of the highest in the East of England. NHS Suffolk explored options for a viable alternative for ophthalmology services in Suffolk that would improve patient experience, value for money and increase the breadth of service provision within a community setting. Working with our Local Optometry Committee (LOC), training was implemented to enhance the skills of trained optometrists to undertake community based enhanced services. A single point of access into a referral platform that supported optometry led triage was introduced as a way of managing referrals and supporting a series of community based services performed by trained optometrists.
- 2.3 An ophthalmology operational team transformation started in October 2015, to develop new pathways of care. The pathways were completed and in September 2016, West Suffolk Foundation Trust (WSFT) and WSCCG agreed the work to be business as usual. One key

outcome was the procurement by WSFT of a community service for patients with high intraocular pressure from enhanced opticians in line with NICE guidance and patients with 'stable' glaucoma. This is the first in the country to be formally procured.

- 2.4 In May 2017, the Clinical Executive agreed to link with I&ESCCG for the procurement of the IT platform and to develop strategic partnership working with WSFT for triage and management of ESP's. The continuation of an ophthalmology platform will enable the health system to build the foundations for integrated eye services with one single governance structure and an outcome based focus.
- 2.5 As part of a 5-year transformation programme WSCCG and WSFT will form an Ophthalmology Strategic Partnership whose ambitions will be to deliver services together, this will be phase two of the programme which will present a new model of care later in the 2017.

### **3. Current Services**

- 3.1 Eye care services across West Suffolk are currently provided by a range of healthcare providers with WSFT providing predominantly acute and emergency care. There are different providers supplying community services for disease specific services and the referral/triage platform. The services have minimal interaction with each other, with individual governance which is identified as a limiting factor for efficient integration of services, to be addressed in the integrated model. The IT platform is a key enabler in allowing the addressing integration.

### **4. The Rationale for Change**

- 4.1 Ophthalmology Service Transformation is one of the key transformation programmes for the CCG. Ophthalmology services were prioritised as an area for change due to a number of factors:
  - Increasing elderly population (over 65 age group is predicted to rise 5% year on year);
  - NICE Guidance decreased treatment thresholds for Glaucoma and Wet Age-Related Macular Degeneration which led to increased demand on eye care services;
  - Increases in activity and spend;
  - New technologies to prevent sight loss are raising expectations for treatment;
  - Changes to treatment modality means delivery of care is much more amenable to community delivery and care closer to the patients home;
  - Hospital services are experiencing high demand and longer waits;
  - Capacity issues in current service delivery;
  - Changes in contractual arrangements with our acute providers have seen the withdrawal of the Payment by Results (PbR) methodology and introduction of a programme budget approach;
  - Contracts for our current community providers are at an end.

### **5. Options Reviewed**

- 5.1 The proposed model over time will be a hub and spoke model, with the hub (West Suffolk Hospital) holding the clinical governance for all services. This will be achieved by aligning community based ESP's within the hospital clinical services supported by consultant led training, allowing in-house development for bespoke ESP services. Initially, the management of these contracts will be provided through Local Optometric Community Support Unit (LOCSU), to manage the contracts with ESP via a third party company for a year. This will provide additional management support to the optometrists whilst the system is transforming.
- 5.2 Options considered:

Option	Benefit	Risk
--------	---------	------

<p><b>Option 1</b> Do nothing - not replacing current community services infra-structure or referral mechanism – All activity now carried out by the community providers will revert back to the hospital</p>	<ul style="list-style-type: none"> <li>• Clinical governance will be with one organisation</li> <li>• Avoidance of procurement</li> </ul>	<ul style="list-style-type: none"> <li>• WSFT unable to sustain predicted rise in activity if supporting community services are not replaced leading to demand exceeding capacity</li> <li>• Loss of skilled work force if ESPs are not utilised</li> <li>• Allocated budget will not be adequate</li> <li>• Will not support STP 5-year plan</li> <li>• No direct access (for optometrists) for referrals into hospital</li> <li>• Does not cover all system concerns voiced in engagement</li> <li>• Optometrist would have to use paper methods of referral with an increase of 150 new referrals a month in paper to the Hospital.</li> <li>• The impact would affect the NHS direction of 100% electronic referral by October 2018.</li> </ul>
<p><b>Option 2</b> Use of electronic referral system for optometrist referrals</p>	<ul style="list-style-type: none"> <li>• Would provide electronic referral within national e-RS system, thus ensuring equity with other services.</li> <li>• Maximise workforce by training ESP's with Consultants.</li> <li>• Fostering trust between professionals and services.</li> <li>• Integration of all services through Consultant led delivery.</li> <li>• Uniquely identify all referrals.</li> <li>• Provision to check the eligibility of the patient to access this service by checking the patient is registered with the GP belonging to ESCCG or WSCCG membership.</li> </ul>	<ul style="list-style-type: none"> <li>• Prohibitive cost for implementation</li> <li>• Ongoing cost of support to optometric practices</li> <li>• Less functionality than third party provision</li> <li>• Optometrists may dis-engage and model too complex.</li> </ul>
<p><b>Option 3</b> Procurement of a partner for Ophthalmology Referral platform to facilitate virtual review of eye care</p>	<ul style="list-style-type: none"> <li>• System flexibility with efficient use of system resource</li> <li>• Single governance structure with quality assurance on service delivery</li> <li>• Use of technology to maximise efficiencies and seamless service delivery</li> <li>• Up skilling of primary care staff for eye-care</li> <li>• Maximise workforce by training ESP's with consultants</li> <li>• Fostering trust between professionals and services with integration of all services through consultant led delivery</li> <li>• Replacement of single point of access</li> <li>• Individual management plans for every</li> <li>• Provides a "bridge" converting referrals into the NHS electronic referral service (ERS) format</li> <li>• Provides a remote clinical triage</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to procure a partner would impact on the delivery of the model</li> <li>• Failure to re-configure WSFT clinics will impact on service delivery</li> <li>• Failure to bring ESPs into WSFT governance structure will cause challenges to system delivery</li> <li>• Disengagement of WSFT clinic staff will be problematic to service transformation</li> </ul>
<p><b>Option 4</b> To re-procure the services as they currently stand</p>	<ul style="list-style-type: none"> <li>• Less pathway change required</li> <li>• Reduction in required transformation of WSFT clinics</li> <li>• Discreet service delivery</li> <li>• Easy to monitor</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to procure an innovation partner would impact on the delivery of the model</li> <li>• Failure to re-configure WSFT clinics will impact on service delivery</li> <li>• Failure to bring ESP's into WSFT</li> </ul>

		<p>governance structure will cause challenges to system delivery</p> <ul style="list-style-type: none"> <li>Disengagement of WSFT clinic staff will be problematic to service transformation</li> </ul>
--	--	---

5.3 Option 3 is the preferred option, as this will address all of the identified system requirements for future eye services. Its design will deliver a programme that is both flexible and resilient to our future eye care needs. By carefully choosing a third party partner the system will be able to use innovative technology to meet any future needs, whilst developing a truly integrated eye care service and provide a firm foundation for phase 2.

## 6. **Financial Model**

6.1 The current spend on ophthalmology services in West Suffolk CCG is circa £5.4 million in 2017/18; if we do nothing this will rise to nearly £6.6m by 2022/23. We have already made a large impact on service change within ophthalmology with referral and triage services providing a single point of referral, including review against clinical threshold procedures, along with the glaucoma services. Over the next five years the transformation will aim mitigate some activity growth, achieved by a combination of changes to the delivery of first, follow-up and procedure activity and a reduction in follow-ups as part of demand management plans.

6.2 Current triage costs are low due to a preferential arrangement with the existing provider as the CCG was a historical test base. Market rates are circa 28% higher. The existing budget will need to cover growth rates and additional referrals currently occurring outside of the system. The inclusion of a remote review platform enables a greater number of patients to be treated in the community and to facilitate further pathway development, along with meeting the national requirements for all referrals to be electronic by October 2018.

## 7. **Public Engagement**

7.1 Public engagement has been on going in ophthalmology since 2010, using all forms of multimedia, face-to-face engagement including work with user groups to ensure patient opinion is sought. The previous transformation work included direct patient involvement.

## 8. **Next Steps:**

- To commence procurement from August 2017 – March 2018 for the digital platform.
- To finalise the training structure for eye care staff.
- To develop in shadow the strategic partnership for eye services.
- To work with stakeholders to move towards full service integration.
- To continue an internal transformation programme within WSFT.
- To continue to up-skill all eye care staff to undertake new roles.

## 9. **Recommendation**

9.1 The Governing Body is asked to formally approve the following recommendations:

- To procure the digital platform for referral and remote review for ophthalmology services (Lot 1) – Note: This will be a joint procurement with Ipswich and East Suffolk Clinical Commissioning Group (I&ESCCG). This process will commence early August 2017.





integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>15</b>
<b>Reference No.</b>	<b>WSSCG 17-47</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	Special Educational Needs and Disability (SEND) Update	
Lead Chief Officer	Barbara McLean, Chief Nursing Officer	
Author(s)	Gabby Irwin	
Purpose	Information	
Applicable CCG Priorities		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	
4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓
Action required by Governing Body:		
The Governing Body is asked to note the intentions of the Statement of Actions and to support the implementation going forward including all recent considerations proposed by the Care Quality Commission (CQC).		

## 1. **Background**

### Overview of Statutory responsibilities

- 1.1 This paper and Appendices set out to inform the Governing Body about Suffolk's progress in implementing the SEND reforms required by the 2014 Children and Families Act and Suffolk's response to the December 2016 Area Inspection.
- 1.2 The statutory responsibilities for Local Authorities and CCGs with regard to services and provision for children and young people with SEND are established in the 2014 Children and Families Act and are set out in the January 2015 SEND Code of Practice. In addition to CCGs and the local authorities, the code applies to school and college governing bodies and NHS Trusts and Foundation Trusts amongst others. The Children and Families Act and Code of Practice set out some significant changes to the responsibilities of these organisations. The key changes were:
  - **Move from Statements of Special Educational Need (Statements) to Education Health and Care Plans (EHCPs):** These are the statutory plans that set out the needs and outcomes of the child or young person and the provision and support that must be put in place to meet these. The purpose of the move to EHCPs is to ensure that the needs of the child or young person are seen *holistically* and that *services work together* to help the child or young person achieve their outcomes.
  - **Development of a "Local Offer" website:** The Local Offer website must contain information on all of the services, provision and support available in the area for children and young people with SEND and their families. This includes all relevant health services. It must be co-produced and accessible to a wide range of viewers including professionals.
  - **Extending statutory protection up to 25 years for young people with SEND**
  - **Statutory duty to co-produce plans and services, putting the voice of the child or young person and their family at the centre of planning and delivery:** Co-production happens when service providers and service users recognise the benefits of working in true partnership with each other. This process is adopted 'from the start', when planning, developing, implementing or reviewing a service. It means that all the right people are around the table right from the beginning of an idea, and that they are involved equally to:
    - Shape, design, develop, implement, and review services.
    - Work together right from the start of the process, through to the end.
  - **Increased collaboration between education, health and care services and a focus on joint commissioning**
  - **Establishment of independent mediation and advocacy services to support children, families, and young people.**

## 2. **Key Issues**

- 2.1 In December 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection across Suffolk to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Inspectors identified significant weaknesses in the local area's practice and as a result determined that a written statement of action was required from the local authority and the appropriate clinical commissioning groups.

2.2 Prior to the inspection, in Autumn 2016, leaders in Suffolk had already begun to identify that there were significant issues to be addressed in terms of implementation of the 2014 SEND reforms. This was clearly evidenced in the views of families that the Suffolk Parent Carer Network survey captured in October 2016. Our immediate response to the SPCN survey and the inspection outcomes letter included:

- revising and strengthening the joint governance and leadership arrangements for SEND in Suffolk
- developing a new SEND Strategy for Suffolk 2017-2020, co-produced with Suffolk Parent Carer Network and shared with stakeholders for consultation. This strategy has been well received and has provided the framework for our statement of action
- clearing the backlog of 80 new assessments for Education, Health and Care Plans. Almost all new requests for statutory assessments are now resulting in an Education Health and Care Plan (EHCP) being finalised within 20 weeks
- planning for the introduction of a digital EHCP hub from September 2017 to ensure communication and transparency with families
- strengthening the contractual requirements on health providers to meet the requirements of the SEND reforms
- involving Suffolk Parent Carer Network (SPCN) in all aspects of the development work as our critical friend and to challenge us in our co-production practice.

### **3. Implementation of Recommendations from SEND inspection: the Statement of Action**

3.1 In Suffolk in order for our statement of action to have a long-lasting impact and to be integral to our overall programme of work, the decision was made to begin our service transformation by developing a new **Suffolk SEND Strategy for 2017-2020**.

3.2 The work to develop the strategy was led by SPCN and involved partners from health, care and education. Together a shared vision was developed with aims and priorities forming the basis of the strategy. These encompassed the inspection findings, but also took account of the wider evidence base from SPCN, staff and local stakeholders. Once the priorities were agreed the objectives were jointly agreed that set out the scope of the work. Each priority has co-accountable leads from health, education and social care supported by a critical friend from SPCN. These teams developed the action plans that sit beneath each objective. The four priorities within the strategy are:

#### **Priority 1: Communicating the Local Offer**

This priority is about empowering children, young people and families across Suffolk by giving them knowledge about what they should expect, the services and provision available, how to access it, and what to do if they are not satisfied. The Local Offer website will integrate with the development with our digital EHCP hub and will also be the “go to” resource for practitioners working across education, health and care.

#### **Priority 2: The SEND Journey**

The Suffolk SEND Journey will support families to navigate their way through the complex world of SEND. This includes earlier and more co-ordinated access to outreach and specialist support services and how facilitation of practitioners from education, health and care, working in a more co-ordinated way can occur so that they can plan together, with the child’s family, the best pathway for their future – and join up other plans that the child may already have. A new key worker role will be developed to support children, families and young people on their journey.

### Priority 3: Developing Services and Provision

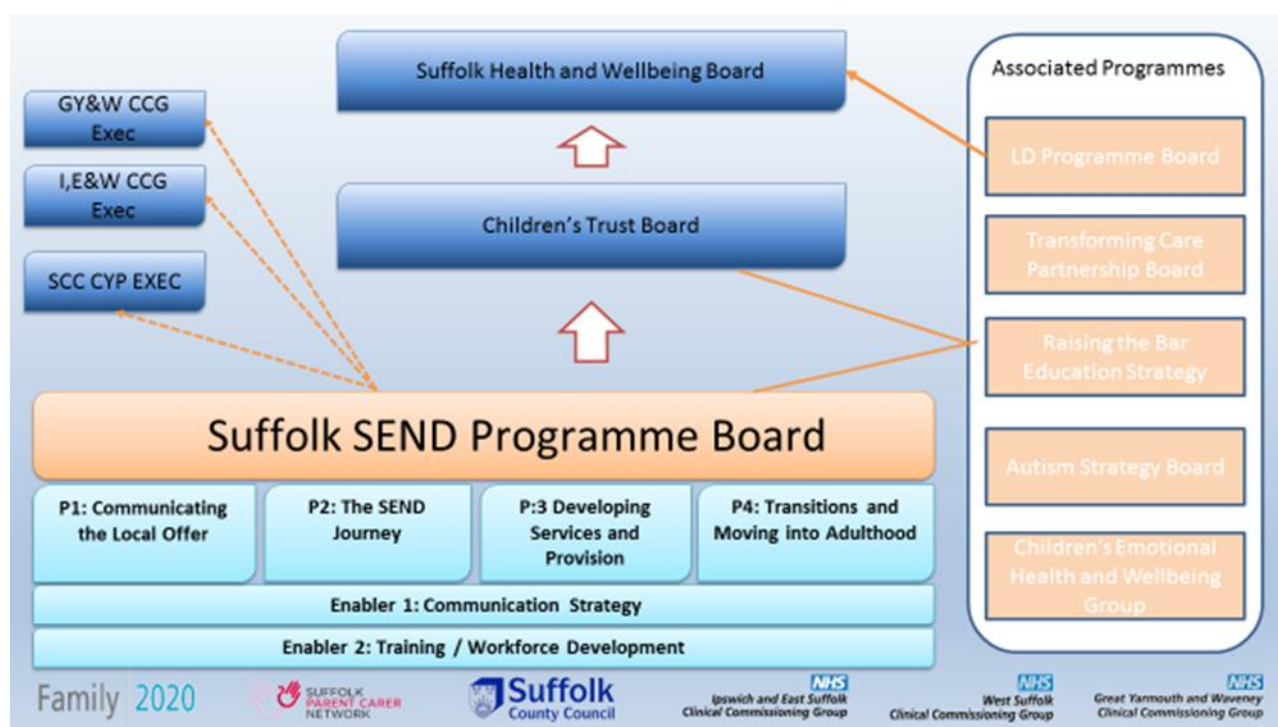
A SEND Sufficiency Plan (see below) is being developed to help shape future services and provision in a way that better meets the needs of Suffolk communities. We will co-produce service pathways and identify opportunities for integration of services across education, health and care.

### Priority 4: Transitions/Moving into Adulthood

This priority will see the actions required to start joint planning with all young people with SEND and their families from age 13. Services will work in a joined-up way to enable each young person to plan the right steps over their teenage years to help them move towards their adult goals. To facilitate this we have established a young persons' network to contribute to SEND co-production. This priority also sets out how we will extend the learning programmes and develop health services, with an emphasis on supporting young people with SEND into adulthood, independent living and work related activities.

## 3.3 Governance and Leadership

At the heart of our governance arrangements a SEND Programme Board has been established. The board membership is drawn from a range of stakeholders including all three Clinical Commissioning Groups (CCGs) that cover Suffolk (Ipswich and East Suffolk CCG, West Suffolk CCG and Great Yarmouth and Waveney CCG); Suffolk Council; Suffolk Parent Carer Network; Norfolk and Suffolk Foundation Trust, Suffolk Community Healthcare, Public Health, Education providers and SENDIASS (the SEND independent advice and support service). The membership includes the senior responsible officers from related transformation programmes such as Transforming Care, Raising the Bar, and Children's Emotional Health and Wellbeing. The relationships are set out in fig 1:



## 3.4 Co-production

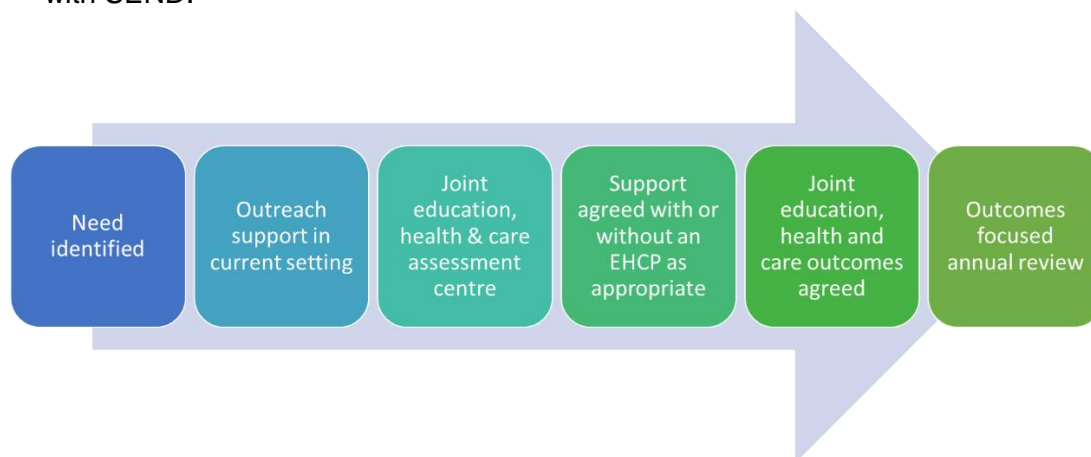
The Clinical Commissioning Groups and Officers from Suffolk County Council have been working closely with Suffolk Parent Carer Network to improve relationships and embed co-production within our organisations' cultures. We acknowledge that we have some way to go before this is fully achieved but we have made some progress in the short time between the Ofsted/ CQC inspection and the date of this paper.

Co-production is at the heart of developing EHCPs with appropriate support and outcomes identified. This should happen at both a strategic level and an individual level. It is recognised that there is still some way to go before co-production is fully embedded in the culture and the SEND strategy has identified workforce development requirements and opportunities to address this. In addition, the SEND team, responsible for developing and co-producing EHCPs are identifying and agreeing key areas of work with the Suffolk Parent Carers Network. Among these are:

- understanding the criteria for undertaking an EHCP from agreement to assess to decision to issue
- co-production of EHCPs through the planned online EHC hub –the Hub is an off-the-shelf product by Open Objects. A group of core partners the SEND team are working closely with the core partners group to develop the ‘look’ and ‘feel’ of the interface so it is accessible to parents and carers
- further work is being completed with SPCN and SENDIASS to identify how the SEND team can facilitate more direct contact with parents and young people.

### 3.5 The Education Pathway and the SEND Sufficiency Plan

Within the SEND Action Plan there is a commitment to co-producing with our partners, parents/ carers, children and young people a SEND Pathway and a SEND Sufficiency Plan. It is now known as the SEND Pathway so that it represents the support, input and intervention provided by education, health and social care for children and young people with SEND.



The intention is to ensure that the pathway incorporates an incremental increase in the support provided as and when a child’s needs become more complex. Where necessary the level of support required will be informed by an early multi-agency assessment that will provide all professionals with a set of recommendations. The recommendations will detail how all agencies can best support the child and their family. The family will be further supported by the addition of a new Keyworker role who will advocate and help facilitate their journey through the pathway.

The pathway is a joint venture with all stakeholders in health and social care, schools, parents and carers and a number of immediate steps to ensure the timescales for implementation as stated in the SEND Action Plan have been taken. These include:

- mapping the current assessment frameworks across education, health and social care to consider how we can avoid duplication and streamline processes
- increasing the capacity of the outreach support in Education delivered by the County Inclusion Support Service by appointing two new full time teachers to the team

- re-structuring the management team in Education - Inclusive Services to provide an infrastructure that best support children, young people and their families through the pathway by featuring a new Keyworker role overseen by a new post entitled SEND Manager of Family Services.

Developing a SEND Sufficiency Plan will be one of the four priorities for the new strategy. This will enable education, health and care services to develop the right offer, in the right locations, in a systematic way. The plan is being developed in partnership with Health, Social Care, families, and education providers and will form part of the delivery plan for the overall Suffolk SEND Strategy.

The development of the SEND Sufficiency Plan will include the following five phases:

- 1) Scoping:
- 2) Evidence Gathering and data analysis
- 3) Developing the SEND pathway
- 4) Shaping the future offer
- 5) Joint Commissioning

It is expected the SEND Sufficiency Plan to be presented to the SEND Programme Board for sign off by April 2018.

#### 4. Conclusion

In response to the Statement of Action the following has been received by the relevant CCG Chief Officers and the LA Corporate Director for Children and Adults

*The statement of action is deemed to be **fit for purpose** in setting out how the local area will tackle the significant areas of weakness identified in the published report letter.*

*I note that the plan covers all the areas of concern identified in your inspection letter, that it requires personnel from all agencies to work collaboratively to develop and evaluate your approach together. It is a comprehensive plan of action and **clearly demonstrates your commitment** to improving the provision for children and young people who have special educational needs and/or disabilities*

In addition, the Care Quality Commission has requested that the SEND programme consider the following:

*Further strengthen the plan through the inclusion of specific additional headline indicators to quantify the focus on health outcomes and expected improvements in levels of performance over time, including:*

- **GP coverage of annual health checks.**
- **Timelines of access to therapies.**
- **Timeliness of access to ASD diagnosis.**
- **Timeliness and impact of emotional and mental health support**

#### 5. Recommendation

The Governing Body is asked to note the intentions of the Statement of Actions and to support the implementation going forward including all recent considerations proposed by the CQC.



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>16</b>
<b>Reference No.</b>	<b>WSSCG 17-48</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	Primary Care Streaming Service	
Lead Chief Officer	Richard Watson, Chief Transformation Officer, West Suffolk CCG Chris Armitt, Chief Finance Officer (Acting), West Suffolk CCG	
Author(s)	Lee Taylor, Transformation Lead, West Suffolk CCG	
Purpose	To ratify the Commissioning Governance Committee's decision of 12 <sup>th</sup> July 2017 to fund the primary care streaming service from 1 <sup>st</sup> October 2017.	
Applicable CCG Priorities		
1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	✓
4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓
Action required by Commissioning Governance Committee:		
The Governing Body is requested to ratify the Commissioning Governance Committee's decision of 12 <sup>th</sup> July 2017 to fund the primary care streaming service from 1 <sup>st</sup> October 2017.		

## **1. Background**

- 1.1 NHS England mandated that a primary care streaming service be established within every emergency department by 1 October 2017 with all building redevelopments completed by 31 October 2017.
- 1.2 The aim is to free up Emergency Department (ED) resources to concentrate on major trauma and life threatening conditions. There was clear guidance on what the model should deliver, and is based upon the service provided within Luton and Dunstable University Hospital NHS Foundation Trust.
- 1.3 West Suffolk Hospital NHS Foundation Trust (WSFT) and the CCG worked collaboratively with the west Suffolk health and care system to develop a business case to meet the requirements of NHS England. The business case was developed and approved by the project executive sponsors before being submitted to NHS England.
- 1.4 It is expected that the primary care streaming service will be incorporated into the Integrated Urgent Care service from 1 October 2018.

## **2. Key Issues**

- 2.1 The proposed service model for West Suffolk and financial implications were presented and discussed at the Commissioning Governance Committee meeting on 12<sup>th</sup> July 2017.
- 2.2 The Committee **supported** the recommendations to:
  - fund the 2017/18 in-year CCG costs to support the primary care streaming service of £126,228;
  - fund the 2018/19 CCG costs to support the primary care streaming service 01/04/18 – 30/09/18 of £140,361;
  - include the £230k streaming service costs into the Integrated Urgent Care service from 01/10/18.

## **3. Public Engagement**

- 3.1 Not applicable.

## **4. Recommendation**

- 4.1 The Governing Body is requested to ratify the Commissioning Governance Committee's decision of 12<sup>th</sup> July 2017 to fund the primary care streaming service from 1<sup>st</sup> October 2017 as set out above.





integrated working

## GOVERNING BODY

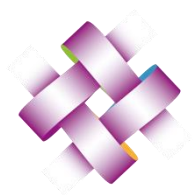
<b>Agenda Item No.</b>	<b>17</b>
<b>Reference No.</b>	<b>WSSCG 17-49</b>
<b>Date.</b>	<b>26 July 2017</b>

<b>Title</b>	<b>Integrated Performance Report</b>
<b>Lead Chief Officer</b>	Chris Hooper, Deputy Chief Nursing Officer Chris Armitt, Acting Chief Finance Officer Richard Watson, Chief Transformation Officer Jan Thomas, Chief Contracts Officer
<b>Author(s)</b>	Alex Briggs, Head of Corporate Intelligence
<b>Purpose</b>	To provide members with a summary of performance against national targets, contractual targets, clinical quality and patient safety issues, financial position and workstream activity.

<b>Applicable CCG Priorities</b>		
1.	Develop clinical leadership	✓
2.	Demonstrate excellence in patient experience & patient engagement	✓
3.	Improve the health & care of older people	✓
4.	Improve access to mental health services	✓
5.	Improve health & wellbeing through partnership working	✓
6.	Deliver financial sustainability through quality improvement	✓

### Action required by Governing Body:

To note the position regarding financial and service performance; review actions being taken with regard to patient safety and clinical quality issues; and any actions to mitigate risks or poor performance.



integrated working

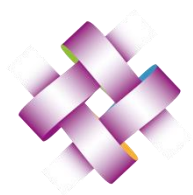


**West Suffolk**  
Clinical Commissioning Group

# Integrated Performance Report

July 2017

<b>Part 1 - Clinical Quality &amp; Patient Safety .....</b>	<b><u>3-5</u></b>
<b>Part 2 - Finance and Information.....</b>	<b><u>6-8</u></b>
<b>Part 3 - Transformation.....</b>	<b><u>9-10</u></b>
<b>Part 4 – Contractual Performance by Provider.....</b>	<b><u>11-12</u></b>
<b>Part 5 – PMO .....</b>	<b><u>13-14</u></b>
<b>Part 6 – Chief Operating Officer.....</b>	<b><u>15-17</u></b>



integrated working



**West Suffolk**  
Clinical Commissioning Group

# Clinical Quality

July 2017



Considerable deteriorations on performance – major concerns/risks noted



Slight deteriorations on performance – some concerns/risks noted



Improvements and/or continued good performance – no major concerns/risks noted

Area	App Ref	Provider	Current Rating	Past Ratings						Headlines
				A	S	O	N	D	J	
				F	M	A	M	J	J	
Infection Prevention & Control (1)	5	West Suffolk Hospital NHS Foundation Trust		Aug	Sep	Oct	Nov	Dec	Jan	0 cases of CDI reported for the month against a trajectory of 1, YTD 3 cases reported against a trajectory of 3. No cases of MRSA BSI reported YTD.
				Feb	Mar	Apr				
	6	Suffolk Community Healthcare		Aug	Sep	Oct	Nov	Dec	Jan	No cases of CDI or MRSA BSI reported YTD.
				Feb	Mar	Apr				
	3 & 4	West Suffolk CCG		Aug	Sep	Oct	Nov	Dec	Jan	3 cases of CDI reported for the month against a monthly trajectory of 4. This breaks down into 0 acute and 2 non acute (community) plus 1 diagnosed out of area. YTD cases are 8 against trajectory of 8 and an end of year trajectory of 45. No cases of BSI reported YTD.
				Feb	Mar	Apr				
Harm Free Care Falls *Different RAG rating used	8	West Suffolk Hospital NHS Foundation Trust (2)		Aug	Sep	Oct	Nov NR	Dec	Jan	52 falls reported in month slightly down from the 53 falls reported for April when the Falls per 1,000 bed days = 4.98, figure not yet available for May.
				Feb	Mar	Apr				
	11	Suffolk Community Healthcare (3)		Aug	Sep	Oct	Nov	Dec	Jan	Falls per 1,000 bed days increased from 8.96 in April to 13.69 in May with a total of 47 falls reported. A level of falls which is more consistent with the Trust average.
				Feb	Mar	Apr				
Harm Free Care Pressure Ulcers	9	West Suffolk Hospital NHS Foundation Trust (4)	10*	5	7	9	7	4	3	10 pressure ulcers reported for the month. *Denotes that these pressure ulcers are pending review to determine if they were avoidable or not.
				3	4	8*				
	12 & 13	Suffolk Community Healthcare (5)	9	8	12	16	17	8	10	6 grade 2 pressure ulcers reported (5 community, 1 inpatient). 3 Grade 3 pressure ulcers reported all community. No grade 4 pressure ulcers reported
				10	6	3				

(1) Infection Prevention & Control – The RAG rating is subjective based on an expert review of the individual organisations overall infection prevention and control performance with particular consideration being given to performance in relation to MRSA BSI and C-Diff infection rates.

(2) WSFT falls per 1,000 bed days Green ≤6.63: Amber 6.64 – 7.00: Red ≥7.01

(3) SCH falls per 1,000 bed days Green ≤8.6: Amber 8.61 – 9.5: Red ≥9.51

(4) Total number of avoidable pressure ulcers reported, RAG rated against the monthly average for the last 12 months 7.75, Green <average, Amber = average, Red > average

(5) Total number of avoidable pressure ulcers

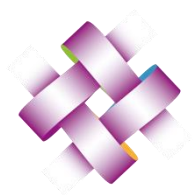
Area	App Ref	Provider	Current Rating	Past Ratings						Headlines
				A	S	O	N	D	J	
				F	M	A	M	J	J	
Serious Incidents and Never Events (5)	14	West Suffolk Hospital NHS Foundation Trust	4	5	4	6	4	7	5	4 incidents reported for the month of May 2017: Unexpected/potentially avoidable deaths – 2: Incident threatening organisations ability to continue to deliver an acceptable quality of healthcare services – 1: Unexpected/potentially avoidable injury causing serious harm – 1
				4	10	4				
	14	Suffolk Community Healthcare	0	1	0	0	0	0		No comment
				0	0	0				
	15	Norfolk & Suffolk Foundation Trust	3	1	1	1	4	1	1	3 incidents reported for the month of May 2017: Unavoidable / potentially avoidable death – 1: Unauthorised absence – 1 (1 x secure service case)
				2	1	2				
	15	East of England Ambulance Service	0	1	3	1	3	0		No comment
				0	0	0				
Patient Experience (6)	27	West Suffolk Hospital NHS Foundation Trust		Aug	Sep	Oct	Nov	Dec	Jan	10 complaints received in the month, second lowest monthly total. FFT results show the Trust in a positive light.
				Feb	Mar	Apr				
	28	Suffolk Community Healthcare		Aug	Sep	Oct	Nov	Dec	Jan	2 complaints received in month. Overall FFT score (98%) remains positive.
				Feb	Mar	Apr				
	29	Norfolk & Suffolk Foundation Trust		Aug	Sep	Oct	Nov	Dec	Jan	4 complaints received in month, major reason for complaints: all aspects of clinical treatment.
				Feb	Mar	Apr				
		EEAST		Aug NR	Sep	Oct	Nov	Dec	Jan	6 complaints received in month, major reasons for complaints delays and transport and driving.
				Feb	Mar	Apr				
		Care UK		Aug	Sept	Oct	Nov	Dec	Jan	3 complaints received, all for the NHS 111 service relating to staff attitude, patient care and privacy, dignity and wellbeing.
				Feb NR	Mar	Apr				
Transforming Care (7)	17	West Suffolk CCG		Aug	Sep	Oct	Nov	Dec	Jan	Ahead of trajectory (12) with 9 patients in care, 3 of which are for WSCCG.
				Feb	Mar	Apr				
Care Homes (8)	44 - 45	Across Ipswich & East Suffolk CCG and West Suffolk CCG		Aug NR	Sep	Oct	Nov	Dec	Jan	Outstanding: 3 Good: 102 Requires Improvement: 33 Inadequate: 1
				Feb	Mar	Apr				
<div>(5) Serious Incidents – The number of actual serious incidents raised by the individual organisations</div> <div>(6) Patient Experience - The RAG rating is subjective based on an expert review of the individual organisations overall patient experience performance with particular consideration being given to performance in relation to the Friends and Family Test and time frames to respond to complaints</div> <div>(7) Transforming Care - The RAG rating is subjective based on an expert review of the organisations overall performance</div> <div>(8) Care Homes - The RAG rating is subjective based on an expert review of performance within the care home sector</div>										

(5) Serious Incidents – The number of actual serious incidents raised by the individual organisations

(6) Patient Experience - The RAG rating is subjective based on an expert review of the individual organisations overall patient experience performance with particular consideration being given to performance in relation to the Friends and Family Test and time frames to respond to complaints

(7) Transforming Care - The RAG rating is subjective based on an expert review of the organisations overall performance

(8) Care Homes - The RAG rating is subjective based on an expert review of performance within the care home sector



integrated working



















**West Suffolk**  
Clinical Commissioning Group

# Finance



July 2017

# Finance – Headlines




Month Ending 30<sup>th</sup> June 2017

Key Metric	Value	Rating	Last 3 Months Movement	Headlines
<b>Variance from Plan</b>	£0.0m		  	At the end of month 3, the financial performance was on plan. Key adverse variances from plan are Acute Services (£0.8m), Community (£0.1m) and Continuing Care Services (£0.1m). These are mitigated by the use of Contingency (£0.4m) and underspends in Other Programme Services (£0.3m), Prescribing (£0.2m) and Running Costs (£0.1m).
<b>Forecast Risks and Mitigations</b>	£0.0m		  	The CCG currently has a balanced position. Identified risks are QIPP under delivery, potential Continuing Healthcare historical claims and delegated Primary Care budget overspends. These are mitigated by contingency, reserves and quality premium.
<b>Underlying Surplus / (Deficit)</b>	£0.6m		  	Key drivers are non recurrent expenditure of £3m offset by any mitigations in the current year deemed to be non recurrent such as prior year benefits and quality premium (£0.3m) plus potential under-delivery of QIPP shown as a risk in the current year and therefore at risk recurrently (1.9m).
<b>QIPP Delivery</b>	95%		  	At month 03, the CCG has delivered £2.46m of QIPP against a target £2.6m (95% delivery). This is mainly delivered through QIPP from WSFT GIC, Corporate QIPP, CHC QIPP and on Prescribing.

## Rating Key

-  On or better than target
-  Below target






## Movement Key

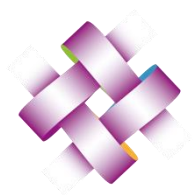
-  Improvement
-  No Change
-  Deterioration



# Finance – Key Variances

Month Ending 30<sup>th</sup> June 2017

Category	Variance £m	%	Rating	Last 3 Months Movement	Commentary
Acute Services	(£0.8m)	(1.9%)		↓ ↓ ↑	Mainly due to non delivery on other acute QIPP- £0.5m
Other Programme Services	£0.3m	46.2%		↑ ↓ ↑	Mainly due to release of General Reserve-£0.3m
Prescribing	£0.2m	1.9%		↑ ↑ ↓	Mainly due M1 underspend on budget on GP prescribing (M2 & M3 assumed on plan).
Continuing Healthcare Services	(£0.1m)	(3.8%)		↓ ↓ ↑	Package Costs are above post QIPP plan, mainly due price variances & lower budget profiling in Q1. The budget profile increases in Q2 which should mitigate the overspend.
Corporate Running Costs	£0.1m	11.0%		↑ ↓ ↑	This is due to various vacancies which are included within the budget but are yet to be recruited to.



integrated working



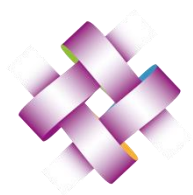
**West Suffolk**  
Clinical Commissioning Group

# Transformation

July 2017

# Transformation Overarching Headlines

Programme	Key Indicators April/May 2017	Key Highlights June 2017	Key Actions • July 2017
Integrated Care	A&E 1.7% below plan NEL 3.8% below plan DToC 2.6% (w/e 7/7)	<ul style="list-style-type: none"> <li>GP Streaming business case agreed for new co-located facility at West Suffolk Hospital from October 2017</li> <li>Buurtzorg test site – Nursing posts interviews taken place with aim to have individuals in post and trained ready for a 1/10 go live date</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Urgent Care Service procurement recommenced 28 June</li> <li>Discharge to Optimise and Assess case for change and model agreed to provide additional support for patients being discharged from West Suffolk Hospital</li> <li>Readmissions review completed and final report to be considered at next ICN</li> </ul>
Planned Care	Outpatients 1.9% below plan EL 12.6% over plan	<ul style="list-style-type: none"> <li>ENT Prior Approval commenced – electronic review option operational, pre-referral guidance, top tips and practice briefing issued</li> <li>Ophthalmology business case finalised and considered by Clinical Executive for integrated service model</li> <li>Rightcare plan for respiratory submitted to NHS England</li> </ul>	<ul style="list-style-type: none"> <li>Joint Pain Management business case with West Suffolk Hospital finalised and considered by Clinical Executive for integrated service model</li> <li>Rightcare plan for neurology submitted to NHS England</li> </ul>
Mental Health and LD	Dementia Diagnosis Rate at 67.1% (June) - target of end Q1 therefore met	<ul style="list-style-type: none"> <li>Dementia diagnosis MDT focussed on improvement plan for achieving 67% by end of June.</li> <li>Marginalised Vulnerable Adults procurement concluded.</li> </ul>	<ul style="list-style-type: none"> <li>Psych Liaison case for change and proposed clinical model finalised.</li> <li>Workshops underway to review and redesign Access and Assessment (AAT) and Integrated Delivery Team (IDT) NSFT functions.</li> </ul>
Children, Young People and Maternity		<ul style="list-style-type: none"> <li>Emotional Wellbeing Hub Business case approved working to launch by Dec 2017</li> <li>Connect service – specification now finalised. Mobilisation plan provided</li> <li>ADHD – Service specification for new under 18s service for east &amp; West Suffolk agreed and recruitment underway</li> </ul>	<ul style="list-style-type: none"> <li>New Paediatric Group to be established to drive forward the development of a Paediatric emergency admissions and attendances plan for consideration by the end of July</li> </ul>



integrated working



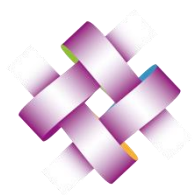
**West Suffolk**  
Clinical Commissioning Group

# Contracts

July 2017

Contract	Current Month	Previous 6 months (most recent on left)	Headlines
The Ipswich Hospital Trust	May		<ul style="list-style-type: none"><li>A&amp;E performance remains below the 95% requirement (92.2% in May). A system wide recovery plan is in place that will be managed through the A&amp;E Delivery Board.</li><li>Overall 18 week standards were met. Urology, T&amp;O and General Surgery breached in May. Recovery plans in place or being developed.</li><li>Delayed Transfers of Care stable at around 4%.</li></ul>
West Suffolk Hospital NHS Foundation Trust	May		<ul style="list-style-type: none"><li>A&amp;E performance remains below the 95% requirement at 94.66% , recovery plans are in place for this managed through the A&amp;E delivery board.</li><li>Concern remains around the inability of the trust to have a validated 18wk RTT position. IST have visited and given support.</li><li>An action plan defining RTT recovery has been requested</li></ul>
Norfolk and Suffolk NHS Foundation Trust	May		<ul style="list-style-type: none"><li>Improvements ongoing in key areas such as care plan reviews and Access and Assessment Team responses.</li><li>Wellbeing Service access is good but the recovery rate for IESCCG was 48% against standard of 50%. WSCCG was compliant at 51%.</li></ul>
Suffolk Community Healthcare	May		<ul style="list-style-type: none"><li>The local teams met response times for referrals within 4 hours, 72hrs and 18 weeks.</li><li>DTOCs were 21.6% . Actions are being monitored through the delivery boards</li><li>Concern remains regarding children in care receiving an assessment, no children assessments met the 28 target. Issues regarding children teams escalated to director level</li></ul>
Care UK: GP Out Of Hours	May		<ul style="list-style-type: none"><li>No concerns regarding performance to be escalated</li><li>Delay in IUC procurement, extension to current contract to April 18 has been agreed.</li></ul>
Care UK: 111	May		<ul style="list-style-type: none"><li>The 111 service did not meet the 60 second response standard 95% requirement, achieving 94.65%.</li><li>Combined clinical performance declined in May; 67.1% (from 73.7% in April) against a trajectory of 95%.</li></ul>
East of England Ambulance Service NHS Trust	May		<ul style="list-style-type: none"><li>Red 1 category response improved from 65% to 72% in April for IES and from 58% to 67% for WS. A remedial action plan is agreed between EEAST and the CCG consortium.</li></ul>

Key	
	Improvements and/or continued good performance – minimal concerns/risk
	Slight on performance – some concerns/risks
	Considerable deterioration – major concerns/risks



integrated working



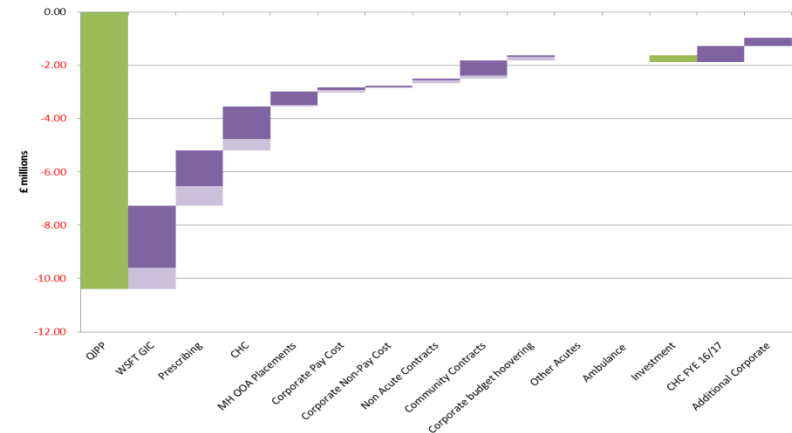
**West Suffolk**  
Clinical Commissioning Group

# PMO

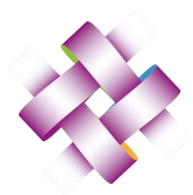
## July 2017

- YTD we have achieved 95% of the planned QIPP savings.
- At the end of Q1 this means we have already 'banked' 24% of the £10.3m required.
- Reported forecast to NHSE shows the CCG has committed to at least 90% achievement of QIPP this year.
- Additional non-PMO planned benefit on prescribing and CHC has been released at the end of Q1.
- A further £73k of savings is being developed following the spring clean.

QIPP Plan 2017/18



	Exec owner	Programme/Projects	Workstream	Original Full Year	Revised Full Year	Reported NHSE	Mnt	YTD				PMO delivery	Scheme finance	On Budget?
				Plan	Plan	Forecast		Plan	Actual	Var				
Cash QIPP	JT	WSFT GIC	Contracts	£ 3,116,447	£ 3,116,447	£ 3,116,447	3	£ 779,112	£ 779,112	£ -	0%			
	KV	Prescribing	Prescribing	£ 2,068,117	£ 2,068,117	£ 2,068,117	3	£ 517,029	£ 726,822	£ 209,793	41%			
	JT	CHC	CHC	£ 1,660,137	£ 1,660,137	£ 1,660,137	3	£ 415,035	£ 433,542	£ 18,507	4%			
	RW	MH OOA Placements	CYP/MH/LD	£ 557,063	£ 557,063	£ 557,063	3	£ 139,266	£ 59,146	£ 80,120	-58%			
	AL	Corporate Pay Costs	Corporate	£ 147,830	£ 147,830	£ 147,830	3	£ 36,958	£ 84,870	£ 47,913	130%			
	AL	Corporate Non-pay Cost	Corporate	£ 55,713	£ 55,713	£ 55,713	3	£ 13,928	£ 13,420	£ 508	-4%			
Non PMO	JT	Non Acute Contracts	Contracts	£ 215,470	£ -	£ 281,470	3	£ 53,868	£ 120,191	£ 66,323	123%			
	JT	Community Contracts	Contracts	£ 678,919	£ 443,000	£ 678,919	3	£ 169,731	£ 105,555	£ 64,176	-38%			
	CA	Corporate budget hoovering	Corporate	£ 193,765	£ 193,765	£ 193,765	3	£ 48,441	£ 133,252	£ 84,810	175%			
	JT	Other Acutes	Contracts	£ 2,083,947	£ -	£ -	3	£ 520,986	£ -	£ 520,986	-100%			
	JT	Ambulance	Contracts	£ 527,898	£ -	£ -	3	£ 131,976	£ -	£ 131,976	-100%			
	JT	Investment	Contracts	£ 923,000	£ -	£ 250,000	3	£ 230,751	£ -	£ 230,751	-100%			
In GIC	RW	Reactive Programme	WS ICN	£ 494,831	£ -	£ -	2	£ 77,708	£ 71,153	£ 6,555	-8%			
	RW	CYP and Maternity	CYP/MH/LD	£ -	£ -	£ -	2	£ -	£ 32,392	£ 32,392				
	RW	Pain	Planned Care	£ 115,500	£ -	£ -	2	£ 17,700	£ 3,668	£ 14,032	-79%			
	RW	MSK	Planned Care	£ 306,600	£ -	£ -	2	£ 52,610	£ 37,324	£ 15,286	-29%			
Non PMO	JT	CHC FYE 16/17	NA		£ 600,000	£ 600,000	Benefit will be released in corresponding QIPP line above							
	KV	GP Access slippage	NA		£ 400,000	£ -								
	AL	Additional Corporate	NA		£ -	£ 300,000								
Totals				£ 10,382,306	£ 9,242,072	£ 9,409,461		£ 2,595,579	£ 2,455,909	£ 139,669	-5%			
Target Savings Requirement					£ 10,382,306	£ 10,382,306								
Variance to plan					£ 1,140,234	£ 972,845								
QIPP Coverage Variance														
					89.02%	90.63%								



integrated working



**West Suffolk**  
Clinical Commissioning Group

# Chief Operating Office

July 2017



# Primary Care

## Regulator Inspections: CQC

Practices visited:	24
Visits pending:	-
• Outstanding	1
• Good	18
• Requires Improvement	4
• Special Measures	1

## Experience of making an appointment (Quality Premium):

**Target:** Achieve a level of 85% (or 3% increase on July 17 baseline) of respondents who said they had a 'good' experience of making a GP appointment

Current position (July 16):

- CCG overall: 78% (national ave. 73%)
- 9/24 practices achieved >85%
- 11/24 practices achieved >73% and <85%
- 4/24 practices <73%

*Note: Results not statistically significant at practice level due to small sample size.*

## List closures:

No practices in west Suffolk have closed their lists.

## Dementia Diagnosis:

**Target:** Achieve a diagnosis rate of 67%.

Current position (June 17):

- CCG overall: 60.6% (trajectory 62.5%)
- 9/24 practices achieved >67%
- 8/24 practices achieved >50% and <67%
- 7/24 practices <50%

QOF Dementia Register increase by just 8 patients.

## Learning Disabilities – Annual Health Checks:

**Target:** All adults and young people with learning disabilities to have an Annual Health Check.

Current position (2016/17, published in April 17):

- CCG overall: 64%\* (691 checks, 1077 on registers)
- 6/24 practices achieved >75%
- 15/24 practices achieved >25% and <75%
- 3/24 practices <25%

\* Note: Data anomalies at 3 practices being investigated.

# Prescribing

## Programme Summary

QIPP	Prescribing 17-PW- 01 to 12
CCG	West Suffolk
PM	Linda Lord
Exec Owner	Kate Vaughton
Workstream	Prescribing
Summary Objectives	A range of prescribing projects to realise £2.068m QIPP.

### Top 3 Achievements

1. Polypharmacy -Average 12-month savings per polypharmacy medication review for May 2017 is £178 for the WSCCG (£44 - £2,041 for individual practices).
2. Wound care - Improved adherence to the GP Practice Wound Care Formulary and SCH Skin Care Formulary has been highlighted at practice visits in June and July, along with a review of prescribing of wound care/skincare
3. Self care  
A patient survey has been completed, revealing that 96% of people are prepared to purchase medicine for minor conditions from a community pharmacy. A press release on changing attitudes to prescriptions is ready.

Overall confidence	<div></div>	Project delivery RAG	<div></div>	Finance RAG	<div></div>
Total QIPP target for 2017/18				£	2,068,116

## Key Milestones

Milestones	Status	Comment
Agree NSFT Policy on the prescribing of quetiapine	Complete and closed	
Agree NSFT protocol for switching existing patients from quetiapine MR to IR	Complete and closed	

## Financial Results

Results	YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Plan	£ 517,029	£ 172,343	£172,343	£ 172,343	£172,343	£172,343	£172,343	£172,343	£172,343	£172,343	£172,343	£172,343	£ 172,343
Actual	£ 726,822	£ 382,136	£172,343	£ 172,343									
Variance	£ 209,793	£209,793	£ -	£ 0									

## Risks

Risk	Likelihood	Consequence	Score	Mitigation
Analgesics -Patients may make demands for particular drugs to be prescribed	4	4	16	Support from Medicines Management Team and PALS
Diabetes - prevalence increases	5	5	25	Scrutiny of drug and appliance prices and switching to cost effective
Mental Health - Time to undertake medication reviews to implement prescribing changes	4	4	16	Support from clinical pharmacists



integrated working

## GOVERNING BODY

<b>Agenda Item No.</b>	<b>18</b>
<b>Reference No.</b>	<b>WSCCG 17-50</b>
<b>Date.</b>	<b>26 July 2017</b>

Title	WannaCry Cyber Attack Debrief	
Lead Chief Officer	Amanda Lyes, Chief Corporate Services Officer	
Author(s)	Anna Cochrane, Head of IT Operations	
Purpose	To provide the Governing Body with a debrief and critical analysis of Suffolk CCGs incident response to the WannaCry cyber-attack and to identify improvement areas for implementation.	
Applicable CCG Priorities		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	
6.	Deliver financial sustainability through quality improvement	
Action required by Governing Body:		
The Governing Body is asked to note the content of the report.		

## 1. **Purpose**

- 1.1 To provide a debrief and critical analysis of Suffolk CCGs incident response to the WannaCry cyber-attack and to identify improvement areas for implementation.
- 1.2 This report was initially presented to the Chief Officers and Deputies at the CCG Business Review Day and feedback from both that meeting and from the emergency planning team have been incorporated into this report.

## 2. **Background and Incident Brief**

- 2.1 The national WannaCry cyber-attack ransomware outbreak commenced on the 12<sup>th</sup> May 2017. Companies and organisations in almost 100 countries were affected by the cyber-attack with the NHS particularly badly affected.
- 2.2 Although the NHS has suffered large virus attacks before, given the increased reliance on computers and the professionalism of the WannaCry attacks, this incident has had the greatest effect on the digital operation of the NHS in its history, leading to a severe disruption of services for several days in some areas, as networks and email servers were shut down to prevent the virus spreading.
- 2.3 The WannaCry virus contained features which have not been seen for a number of years, and had the ability to infect devices without needing someone to click on a suspicious link, or open an email attachment. The virus had the ability to self-propagate, using an exploit developed by the U.S. National Security Agency (NSA) that allows Windows machines to infect and get infected via SMB, the protocol used to share folders and files, print, etc. It also had other worm-like features that allows it to attack not only local computers but those situated in other networks. Fortunately, the WannaCry virus had a 'kill switch' which was activated by a UK cybersecurity researcher. If this had not been activated, the attack and subsequent fallout could have lasted weeks rather than days.
- 2.4 While the virus did not directly infect any machines in Suffolk (no instances of the virus were found), precautionary measures to take down the network impacted Primary Care, community providers and the Clinical Commissioning Groups. Of additional relevance due to our STP footprint is the severity of the issues experienced by North East Essex.
- 2.5 This report provides a critical analysis of the incident response by Suffolk CCGs and a summary of the situation across the STP. Lessons identified from the report will be taken forward as an action plan to be implemented.
- 2.6 A timeline of the incident is shown below in *Appendix 1*.

## 3. **What went well?**

- 3.1 The below table shows the positive areas of Suffolk CCG's response to the attack, using the POTI model:

Process	Organisation
<ul style="list-style-type: none"><li>The CCG IT team actively monitor for upcoming threats, and had requested our network and machines were patched against WannaCry a few weeks before the cyber-attack happened. (This update was one of scores the CCG IT team have discussed over the last few years with NEL / NSFT - this is a</li></ul>	<ul style="list-style-type: none"><li>The CCG reacted quickly and calmly to the attack, disabling the network, as advised by NEL, until we could ensure the security of the network.</li><li>CCG staff were supportive of why there had to be a shutdown.</li></ul>

<p>regular part of our management of our ITSM supplier. There has been work every month on potential attacks which have never occurred.)</p> <ul style="list-style-type: none"> <li>• CCG DOC / GOLD system already in place ensured there were clear communication methods. The Head of IT integrated within this existing network, working alongside DOC.</li> <li>• There was clear and consistent ownership of the issue between DOC and Head of IT.</li> </ul>	<ul style="list-style-type: none"> <li>• There was a good support given to both DOC and Head of IT over the weekend by GOLD and other Chief Officers</li> <li>• Support for re-mobilising Primary Care on Monday was strong, with many staff coming into the office from before 7am to support the communications and coordination.</li> <li>• Re-mobilisation started over the weekend following testing with NEL. Some Practices were back online over the weekend, and all Practices and community sites were fully operational by 9am Monday 15th.</li> <li>• NEL further supported re-mobilisation activities with dedicated engineers assigned to cover Suffolk, with the CCG IT team supporting Practices remotely bringing systems back online and any associated issues were coordinated centrally by the CCG IT team.</li> <li>• All staff involved in organising and re-mobilising were calm and purposeful.</li> </ul>
<p><b>Technology</b></p> <ul style="list-style-type: none"> <li>• The technical architecture we have in place with NEL offered a degree of resilience against security / cyber-attacks because: <ul style="list-style-type: none"> <li>○ It isolates buildings from other buildings</li> <li>○ It is non-standard / unusual. Viruses are written for the generic, so when they encounter a non-standard set up, it either slows them or prevents them from working.</li> </ul> </li> <li>• This is because our networks are set up with multinode VPN's which segment the network making it much harder for virus's to spread.</li> <li>• As every site has a firewall, access can be locked down to just clinical applications allowing sites to continue working with almost no risk.</li> <li>• All Corporate &amp; AQP sites have servers configured with iLO (Instant Lights On) cards, enabling them to be restarted remotely.</li> </ul>	<p><b>Information</b></p> <ul style="list-style-type: none"> <li>• NEL were very responsive and regularly in touch on Friday 12th from the initial call until nearly midnight when the final NHSE submission of the day was sent in.</li> <li>• The CCG managed NHSE expectations well with all requested returns submitted on time, and all conference calls attended with strong representation of our grip on the issue.</li> <li>• SMS communications were used to good effect to advise Practices and community leads they could bring their Practices / services back online.</li> <li>• Practice engagement strengthened relationships with the CCG and Practices provided many messages of thanks for the way the incident was handled, and the strong communications and support they received both during the issue and on re-mobilisation.</li> </ul>

#### 4. What didn't go well?

- 4.1 The below table shows the negative areas of Suffolk CCG's response to the attack, using the POTI model:

<p><b>Process</b></p> <ul style="list-style-type: none"> <li>• The attack was not formalised as a major incident initially (not declared by NHSE), and early coordination from NHSE / regional teams was poor.</li> <li>• The reliance on access to emails and shared drive for contacts slowed communications (see information section). While the WannaCry virus was known and patching had been requested, NEL were not able to confirm patching was complete in adequate time for us to not take the network down.</li> <li>• There is a lack of understanding within some practices of their responsibility to maintain and test their own business continuity procedures.</li> </ul>	<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>• A small number of GP surgeries refused to shut down initially, with some only doing so following a call from the CCG Head of IT.</li> <li>• Given current constraints within the CCG IT team it is impossible to validate every security threat.</li> </ul>
<p><b>Technology</b></p> <ul style="list-style-type: none"> <li>• NEL's patching process is not robust enough at present to provide significant assurance to the CCG.</li> <li>• Not all GP sites have servers configured with iLO (Instant Lights On) cards, enabling them to be restarted remotely.</li> <li>• IP telephony in a small number of Practices which have touch points to the NHS network provide a vector for infection.</li> <li>• A small number of XP machines are still in the GP and community estate (mostly powering check in screens). The patches for XP / server 2003 were not available until 15:00 from Microsoft on the day of the attack.</li> <li>• Landlines were not affected only because the virus did not attack Linux / Unix systems.</li> <li>• Aging / unsupported medical equipment remains in some Practices and community areas, which require XP machines to run, as they are obsolete and not able to run on the latest OS. These are a Practice / community responsibility but a threat to all.</li> </ul>	<p><b>Information</b></p> <ul style="list-style-type: none"> <li>• NHSE communication methods were patchy and not always well managed, in particular the conference calls were very difficult to follow, and provide updates on.</li> <li>• Some of the communications received from NHSE were confusing and / or out of date by the time they were received.</li> <li>• No central, CCG coordinated, emergency GP / Community contact list is held offline.</li> </ul>

## 5. **Context - The attack across the STP and in other areas**

- 5.1 The WannaCry cyber-attack affected 48 of the 248 NHS trusts. This number does not include organisations like our own who took precautionary measures to ensure the virus did not infiltrate.

## 5.2 Within our wider STP footprint there were more direct impacts to some Trusts / organisations:

- Suffolk County Council was unaffected.
- Ipswich Hospital and West Suffolk Hospital shut down access to external mail and embarked on an aggressive plan to patch all systems and isolate legacy machines which led to some disruption over the weekend and Monday.
- Colchester Hospital was subject to direct attack, with a small number of machines infected which required the whole network to be taken down to prevent the virus from propagating. It took a week to fully restore services. CHUFT were supported through the process by Ipswich Hospital.
- NEE Essex CCG and their GP Practices and community providers were affected by the virus, though not as badly as initially feared. The very poor network security and patching process meant that all systems had to be shut down to prevent mass infections. Once it was confirmed that the kill switch had disabled the virus on Saturday, the network could be restarted and NEL could then deploy the patch to the PC's and servers. This required manual intervention so was quite a disruptive process for the users.

5.3 The key differences in North East Essex seem to have been the lack of cohesive patching by NEL and the lack of firewalls at NEE Practices, which means you can only allow network traffic in or not, giving a very low level of security. This meant they could not control the virus once it was in their network. The other main difference between their experience as a CCG and ours, is they retain NEL as their CSU, meaning they do not technically scrutinise any of their work or configuration.

5.4 Discussions about the cyber-attack at the Suffolk STP - wide ICT subgroup and DSI (Digital Strategy and Innovation) Board have focussed on sharing best practice across the STP estate, in respect of technical architecture, cyber security products in place etc.

5.5 In other areas, Cambridge University Hospitals NHS Foundation Trust remained uninfected but still took precautionary measures. The impact on the trust was compounded by neighbouring trauma units and major trauma units being infected, and therefore ambulances diverted. The trust's June board papers said the trust blocked all external e-mail for five days. Barts Health Trust was one of the hardest hit, having to redirect ambulances away from its three A&E units for six days, providing a daily, detailed statement on its website from 13th to 25th May informing patients of its status in relation to the incident. On 25th May it was steadily bringing its clinical systems back online, with imaging and pathology services running as normal.

## 6. **Post-attack responses**

6.1 There has been a significant amount of media interest and dissection of the incident, and NHS Digital have communicated out a number of reflections and actions to progress improvements. NHS Digital's acting chief executive, Rob Shaw said that better communications could have been provided earlier, and stressed the need to invest in people to enable them to make better decisions. NHS Digital's head of security, Dan Taylor stated:

*"We need to invest in our people more and help them to make them good and better decisions; whether it be someone on reception, undergraduate coordinator, award sister, senior manager - they need to understand what their role is in securing the data of our patients...it's individuals who make the decisions...it's making sure they have the capability and training and at NHS Digital we are trying to make that happen. We need to make sure our own people understand their personal responsibilities; what to click, what not to click, but also we need to take responsibility as leaders to understand this is a leadership and agenda item."*

6.2 NHS Digital will be conducting free data security onsite assessments this year:

*"We come, we listen we evaluate and we give you options on how you can improve your services – and it enables us to see where the problems are and from that information we can create guidance and information so other organisations can take that and implement it."*

- 6.3 Suffolk CCG's will be taking advantage of these assessments, with the IT team coordinating. Further 'health check' services are also being investigated, to enable a full action plan to be produced to support additional funding applications to NHS England to implement changes / additional layers of security recommended. Investment in IT within NHS organisations is frequently deprioritised, however running legacy systems or obsolete medical equipment carries real risk, and investment must be made, and continued, to minimise the risks of infection from viruses. In conjunction with this, there is a need to review our local contingency plans to ensure we are prepared for an attack that affects care.

## 7. **Conclusion**

- 7.1 While Suffolk was not directly infected by the WannaCry cyber-attack, the necessary precautionary methods taken to secure the network did cause significant disruption to Suffolk Practices, community providers, and the CCG's. The incident has highlighted a number of key areas for improvement, to ensure better processes are in place should another similar attack occur.
- 7.2 The table below outlines these recommended improvements. Full details of owners and timescales have not been added at this stage to enable discussion and input prior to assigning actions:

Ref.	Action	Area	Owner	Timescale
CA01	Manual on call pack for CCG's DOC needs to include practice and community team out of hours contact details. To be available both hard copy and on a workshare group (which can be accessed independently of CCG systems).	Emergency planning / Communications	Emergency Planning Manager	September 2017
CA02	WhatsApp groups to be set up for emergencies for following groups: <ul style="list-style-type: none"> <li>Suffolk CCG's DOCs / GOLDS (to exchange information, not to be used as initial notification – pager should continue to be used for this purpose).</li> <li>Practice Managers</li> <li>Community leads (to exchange information, not to be used as initial notification – CCC pager should continue to be used for this purpose).</li> </ul>	Emergency planning / Communications	Emergency Planning Manager	September 2017
CA03	IT Department to commence a cyber security project to initially encompass the following (this list will expand following further assessment): <ul style="list-style-type: none"> <li>Full lessons learned report to be requested from NEL, and any internal process changes to be discussed and implemented.</li> <li>Review of assurance processes for security threats to be reviewed.</li> <li>Data security assessment from NHS Digital to be conducted.</li> </ul>	IT	Head of IT	Commenced May 2017. To be completed in line with available funding.



	<ul style="list-style-type: none"> <li>Suffolk, NEL managed technical architecture to be reviewed with NEL, in light of any best practice shared within the STP IT teams.</li> <li>Review NEL Continual Service improvement plan to ensure there is robust enough activities relating to cyber-security.</li> <li>Review iLO cards at sites NEL have transitioned to ensure in place</li> <li>GP Practice IP telephony systems to be reviewed and recommendations made to tighten any security issues</li> <li>Review of any legacy XP machines across the estate, with remedial plan for removal from network</li> <li>Review of existing supplier contracts to ensure cyber-security commitments are adequately represented within</li> <li>Review risk within community systems, which have not been kept up to date by current provider</li> </ul>			
CA04	All existing supplier/ vendor contracts to be reviewed to ensure cyber-security commitments are adequately represented within, where needed.	Contracts	Deputy Chief Contracts Officer	TBC
CA05	Recommendation to GP Practices to ensure all existing technology supplier contracts to be reviewed to ensure cyber-security commitments are adequately represented within, where needed.	GP Practices	Head of IT	TBC
CA06	Request GP Practices and community providers review existing business continuity / disaster recover procedures and communicate to all their staff.	GP Practices	Head of IT & Emergency Planning Manager	Commence September 2017. Complete March 2018.
CA07	Regular reminders to all CCG, Community and Practice staff to remain vigilant about cyber security, spam emails etc. There is a higher level of awareness needed from staff - most security threats come from individual's actions (clicking on a link for example). To include action cards for 'what to do' within a number of scenarios.	IT	Head of IT	Ongoing
CA08	Review of local 'system' contingency plans to ensure we are prepared for an attack that affects	Emergency Planning	Mike Gooch	Ongoing

	care.			
CA09	Request all GOLD and DOC staff to set up / activate nhs.net email addresses to provide a secure alternative email address.	Emergency Planning	Mike Gooch	Ongoing

## 8. **Executive Summary**

- 8.1 The national WannaCry cyber-attack ransomware outbreak commenced on the 12<sup>th</sup> May 2017. Companies and organisations in almost 100 countries were affected by the cyber-attack with the NHS particularly badly affected.
- 8.2 Although the NHS has suffered large virus attacks before, given the increased reliance on computers and the professionalism of the WannaCry attacks, this incident has had the greatest effect on the digital operation of the NHS in its history, leading to a severe disruption of services for several days in some areas, as networks and email servers were shut down to prevent the virus spreading.
- 8.3 While the virus did not directly infect any machines in Suffolk (no instances of the virus were found), precautionary measures to take down the network impacted Primary Care, community providers and the Clinical Commissioning Groups. Of additional relevance due to our STP footprint is the severity of the issues experienced by North East Essex.
- 8.4 This report provides a critical analysis of the incident response by Suffolk CCGs and a summary of the situation across the STP.
- 8.5 The main lessons identified from the report will be taken forward as an action plan to be implemented, namely:
  - Review of emergency planning procedures to ensure non-CGG supported communication methods are readily available (such as Workshare and WhatsApp).
  - Request Practice and community providers review their business continuity / disaster recovery procedures.
  - Cyber security project to be commenced to address early areas of concern in relation to IT infrastructure and processes, and identify further areas for review.
  - Raise the profile of cyber security with staff to ensure they play their part in keeping the network secure

## 9. **Recommendation**

- 9.1 The Governing Body is asked to note the report.

## Appendix 1

