NHS
South West Lincolnshire
Clinical Commissioning Group

Annual Report and Accounts 2017/18

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Contents

Statement by the CCG GP Chair and Accountable Officer

We would like to welcome you to the 2017/18 Annual Report and Accounts for NHS South West Lincolnshire Clinical Commissioning Group, which covers the period between 1 April 2017 and 31 March 2018. The Annual Report has been prepared in accordance with the National Health Service Act 2006 (as amended 2012) Directions by NHS England, in respect of Clinical Commissioning Groups' annual report.

We hope that this report demonstrates the seriousness with which we approach and carry out our role as commissioners of health services for the people of South West Lincolnshire. More specifically, this report presents us with the opportunity to highlight to you not only how we have fulfilled our statutory duties, but also to showcase some of the work we have undertaken over the last year.

There is no doubt that the last 12 months have proven to be extremely challenging for us and CCGs around the country, but we are proud of the work we have undertaken. The CCG's staff and management team have worked incredibly hard to build on the progress we have made in previous years and we are keen to share this with you.

Our partners have played a key role once again in our work, particularly our provider organisations. Collaborative working is increasingly becoming the norm for the NHS, both out of necessity and also because it makes sense, where possible, to do things once. We have worked especially closely with our neighbouring CCGs in the south, east and west of Lincolnshire, and this will continue into 2018/19 and beyond.

These close relationships have proved vital for us as a health system over the last year. The core challenges we face, such as an ageing population with increasingly complex needs, mean a corresponding increase in pressure not just on health but also on social care. Nationally there is clear imperative for health and social care to work together, and for us this makes a great deal of sense, although it is not without its challenges.

In addition to conditions likes high blood pressure, heart disease, cancer and dementia, other things have come to the fore over the last year. In particular, there is quite rightly significant interest in mental health and a real determination to remove the stigma attached to it. As lead commissioner for the mental health services provided by Lincolnshire Partnership NHS Foundation Trust (LPFT), we are proud of the work our CCG team has undertaken with LPFT, and you can read more about this elsewhere in this report.

As a clinically-led organisation, our GPs continue to play a vital part in the day-to-day running of the CCG and the decisions we make. The pressure on our primary care colleagues is significant all year round, yet our GPs continue to be the heartbeat of the healthcare system locally. Every one of our practices plays a key role in the CCG, and our Executive Committee includes a number of our lead clinicians, all of whom practice locally as GPs. They are better placed than anyone to understand what is needed for local patients.

In addition to our providers and our GPs, the voluntary sector plays an important role locally. Making better use of the expertise and resources held by the voluntary sector has been something we have strived to do on various occasions, particularly over the last year with the continued development of our Patient Council. We hope very much this will continue.

Of course, there is much more to do. Nationally, the introduction of new policies including the General Practice Forward View, Better Births, and the Lincolnshire Sustainability and Transformation Plan (STP), have had an important impact on the way we operate and commission services. For commissioners in Lincolnshire, perhaps the most significant of these is the STP. Fundamentally we believe that we need to meet the challenges we face head on,

and, as noted in our report for 2016/17, we still think the best way to do this is by developing the links we have between local health and social care providers.

The Lincolnshire STP highlights clearly the pressures that are on our health system and where we want to be in five years' time. More specifically, the STP describes the plans we are putting together to make the NHS in Lincolnshire is sustainable for the future, so that it can provide the healthcare our patients need seven days a week. Fundamentally the STP means relying less on care provided in acute hospitals and instead delivering more in people's homes, local communities and GP practices.

We remain absolutely committed to involving our patients, carers and communities as much as we possibly can in the work we do, including our participation in the STP. Whilst there are various means by which you can get involved with the work of CCG, we are particularly keen to engage more with people about local services and their transformation.

We would also like to assure you that we are working very closely with our partners, particularly United Lincolnshire Hospitals NHS Trust (ULHTl), on the shape of future services at Grantham Hospital. We acknowledge that there are public concerns, but we believe that there is a positive future ahead for the hospital.

We shall look forward to discussing this with local residents as part of the STP process.

Having already alluded to the expectation that we will work more collaboratively and increasingly do things once, we wanted to also highlight that we are working increasingly closely with our immediate neighbours, South Lincolnshire Clinical Commissioning Group. We now share one staff team across the two CCGs, which has helped us to reallocate capacity to where it is particularly needed in order to deliver our objectives. However, we will remain as two statutory bodies with separate Governing Bodies, as we believe this is the best way to ensure each organisation best meets the needs of patients locally.

We are sure that the challenges we face now will only grow in the future and 2018/19 is already shaping up to be a testing year both nationally and locally. For us to achieve our financial and constitutional targets next year, we will have to make some tough decisions around where we spend the money allocated to us and the services we commission.

We cannot do this by ourselves. We need to continue to work closely with our partner organisations to make the NHS sustainable, not just in 2018/19 but beyond too.

Finally we would like to thank Dr Vindi Bhandal for her contribution to the CCG as our GP Chair from 2013 through to 2017. We would also like to take this opportunity to mention that we will be holding our Annual Public Meeting later this year, where you will have the opportunity to ask questions about this report and our work commissioning healthcare services for the people of South West Lincolnshire.

We hope that you will enjoy reading this report.

Dave Baker
GP Chair

John Turner
Accountable Officer

Performance report

Overview

The purpose of the overview is to give a brief summary of the CCG, its purpose and activities, demographic profile, how we work in the health system, and with whom we have contracts.

It also summarises our performance against key targets, risks to achieving our strategic objectives and what our main challenges have been this year. We have provided more detail on all these areas later in the report.

About Us

NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG) is a clinically led commissioning organisation authorised by the Government to plan, buy and monitor healthcare services for approximately 133,339 (March 2018 source GEMIMA) people registered with our 19 GP member practices in Sleaford, Grantham and surrounding rural areas.

The CCG was legally established from 1 April 2013 as part of the Government's reforms of the NHS, as set out in the Health and Social Care Act 2012 (which amended the NHS Act 2006). 2017/18 was the fifth year of operation of the CCG.

Purpose and Activities of the CCG

Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area, which covers Sleaford, Grantham and surrounding rural areas. The main hospitals serving this population are Grantham Hospital, Lincoln County Hospital, Nottingham University Hospital NHS Trust and Pilgrim Hospital, Boston.

We have a Clinical Chair, Dr Dave Baker who provides overall clinical leadership. Our Accountable Officer is Mr John Turner, who has overall responsibility for managing the work of the CCG. The work of the CCG is overseen by a Governing Body which includes GPs, other health professionals, Lay Members and NHS Managers.

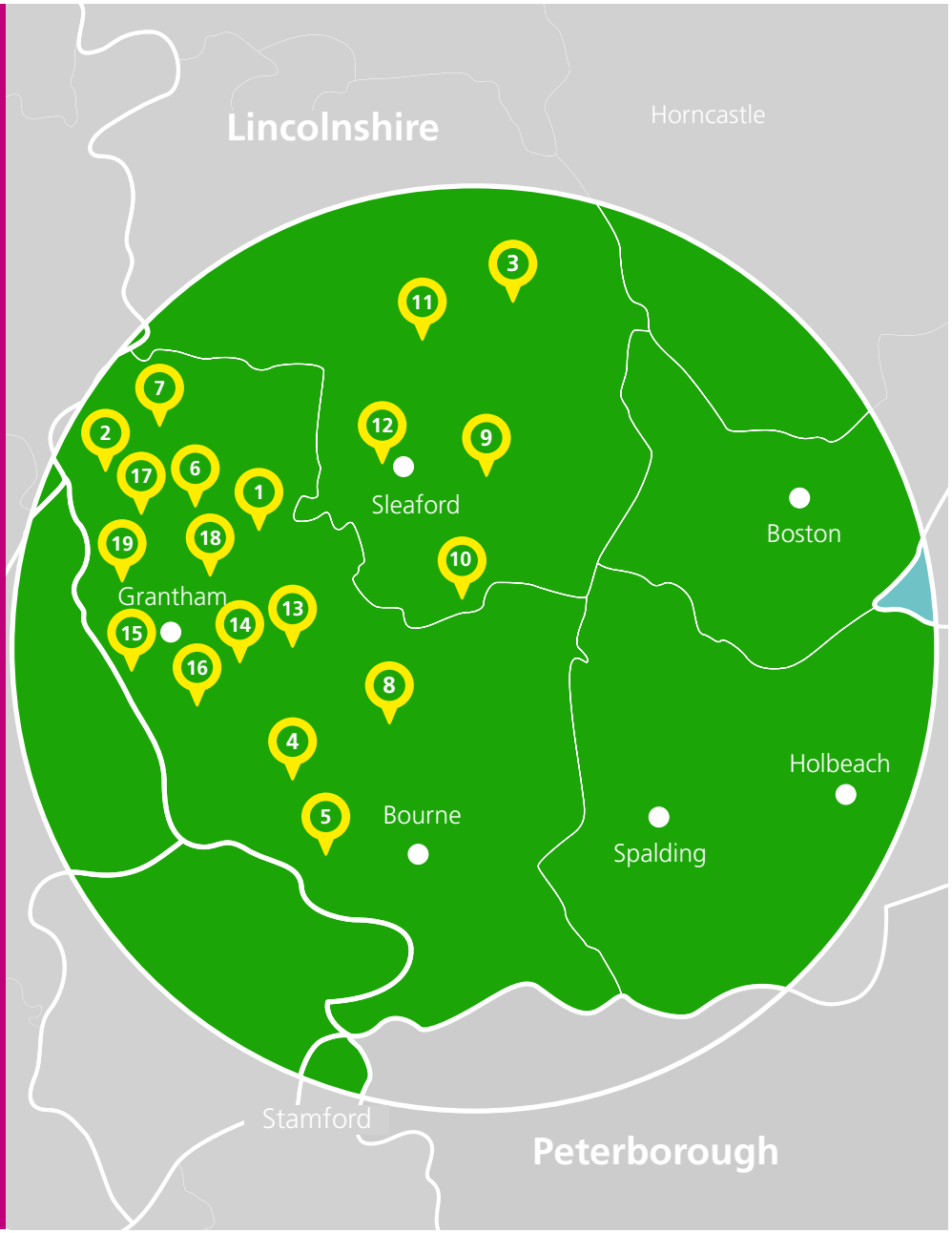
Our purpose is to ensure provision of high quality, efficient and cost effective healthcare services for our geographical area

Our main responsibilities are:

- Ensuring safe, high quality provision of healthcare
- Listen to patients, carers and local people to understand health needs, take their views into account to create meaningful choices
- Providing information and empowering people to manage their own health
- Analysing the health and social care needs of our local population – working with the Lincolnshire Health and Wellbeing Board
- Planning health services for the next year and for the future – working with our practices, partners and local people
- Commissioning other organisations to provide services in line with our plans
- Agree service contracts and managing performance against those agreements on your behalf
- Making the best use of the resources we have to provide healthcare

GP Practices

1. Ancaster & Caythorpe Medical Practice
2. Belvoir Vale
3. Billinghay Medical Centre
4. Colsterworth Surgery
5. Glenside Country Practice
6. Harrowby Lane Surgery,
7. Long Bennington Medical Centre
8. Market Cross Surgery
9. Millview Medical Centre
10. New Springwells Practice
11. Ruskington Medical Centre
12. Sleaford Medical Group
13. St Johns Medical Centre
14. St Peters Hill Surgery
15. Swingbridge Surgery,
16. The Stackyard Surgery
17. The Welby Practice
18. Vine House Surgery
19. Woolsthorpe Surgery



Our commissioning budget in 2017/18 was £184.492 million and the services we commission or buy are:

- Planned hospital care
- Rehabilitative Care
- Urgent and emergency care
- Most community health services
- Primary Care
- Mental health and learning disability services

Our main providers of services

We work with a number of providers of health care in acute settings, the community, primary care and mental health.

Our acute main provides are United Lincolnshire Hospitals NHS Trust (ULHT), Nottingham University Hospitals NHS Trust (NUH), North West Anglia NHS Foundation Trust (NWAFT), Ramsay Health Care and the Barlborough NHS Treatment Centre. We also work with a number of community providers including Lincolnshire Community Health Service NHS Trust and St Barnabas Lincolnshire Hospice. Our mental health services are provided in the main by Lincolnshire Partnership NHS Foundation Trust.

In addition to these providers the CCG is utilising the support from the emerging K2 Federation (consisting of 17 member practices) on various initiatives including the provision of services in primary care that have traditionally only been provided in a hospital such as simple ear procedures, Neurology services and Dermatology. It will work collaboratively to provide healthcare to our population partnering with other providers if required. It will take a unified approach to supporting member practices to better manage workload.

Our Mission and Values

South West Lincolnshire Clinical Commissioning Group (CCG) is striving to be an organisation in partnership with the local population continually improving the Health and Wellbeing for all residents in the locality.

The CCG believes that high quality services need to be accessible to the whole community. The CCG is clinically led and our clinicians are well placed to lead the development of commissioning and quality improvement in the locality – but we can only do this by close working with councils, local people, allied health professionals and care providers to design the very best services. We intend to maximise input and engagement in improving the quality of local health services.

We believe that:

- Patient safety and quality of care is paramount;
- We need to be realistic in our expectations and accept that our resources will never allow us to provide everything for everyone all of the time;
- We will be open, honest, and transparent about the difficult decisions we will have to make, and always strive to do the best for the benefit of our population;
- Services should be local where viable and safe, centralised, and accessible where necessary;
- Patients should be at the heart of their health care;
- Integration between primary, community, secondary care services, and social care services is critical to the success of health provision;
- Services start at home and our carers are an important part of this.

Our population and their health

- Overall, South West Lincolnshire has relatively low levels of deprivation, poverty, and unemployment compared to other areas in Lincolnshire.
- A higher proportion of the population are aged 65 years and over (22.3%) compared with the England average (17.3%) The 2011 Census identifies that the Black and Minority Ethnic (BME) population represent 2.2% of the CCG population. An estimated 0.8% of the population cannot speak English well or at all, which is below the 1.7% across England.
- Overall life expectancy at birth in the CCG is slightly higher than the England average for both females (83.3years) and males (79.9years).
- The overall premature mortality rate (deaths <75years) is lower than that for England.
- There is an increasing trend in relation to some long term conditions, for example diabetes in adults, which has a higher prevalence (7.4%) than in England (6.7%).
- Over a fifth (22.5%) of reception year children have excess weight and this is nearly a third (31%) for year 6 children.

The profile should be read alongside the Joint Strategic Needs Assessment (JSNA) in order for the reader to consider how the five priority themes of the JSNA link to key health and health inequality concerns in the CCG. Details on the JSNA are included later in this report under the Improving Health section.

Working with partners and key stakeholders

We work with a number of partners including clinicians, NHS England, providers, Public Health, social care, other CCGs and voluntary sector providers to ensure we understand the needs of

our communities so that the services we commission are of the very highest quality, delivered in the right place and improve health outcomes.

The CCG has a particularly close working relationship with South Lincolnshire CCG, with a number of senior shared roles across both organisations, including the Accountable Officer, Chief Finance Officer, Secondary Care Doctor and CCG Corporate Secretary/Manager. There is also one senior leadership team across both CCGs.

In addition, both CCGs have a number of Committees that meet under a 'Committees in Common' approach. Further details are set out in the Annual Governance Statement presented later in the report.

We have continued our close working with Public Health colleagues on a number of areas including the development of the Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and social prescribing, which are referred to later in the report. A member of the Public Health team regularly attends Governing Body meetings to further enhance collaborative working.

We work with Healthwatch Lincolnshire to ensure that the views of the public and people who use services are heard. A member of the Healthwatch Lincolnshire group regularly attends Governing Body meetings and other representatives participate in the Quality and Patient Experience Committee and Patient Council.

Key issues and risks to achieving our objectives

During 2017/18, the CCG has further strengthened its governance arrangements to identify, respond and report risk, and established a Joint Risk Management Group (JRMG). This Group ensures a consistent approach across the CCG to risk assessment and measurement, and also forward-scans and assesses the impact of possible future risks as well as ensuring the CCG can respond to unknown risks. The JRMG reviews the Risk Register and Governing Body Assurance Framework at every meeting.

In 2017/18 the CCG has also established a Finance and QIPP Delivery Committee which meets under a Committees in Common approach with South Lincolnshire CCG, which has strengthened the financial reporting to Governing Body.

The Governing Body receives and discusses the Governing Body Assurance Framework on a quarterly basis and during 2017/18 ensured that risk was a specific agenda item at the end of each meeting to support risk identification and risk triangulation. The Annual Governance Statement, which features later in this report, explains our risk management procedures in detail.

Going Concern

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The budget for 2018/19 has already been agreed with NHS England. On this basis, there is no reason to believe that sufficient funding will not be made available to the CCG in the 12 months from the date of approval of the Financial Statements.

As such our Financial Statements which feature later in this report have been prepared on a going concern basis.

Performance Summary

CCGs are accountable for how they spend public money and achieve good value for money for their patients. They have a wide range of statutory duties they are required to meet. The CCG has discharged its duties through its commissioning business and governance arrangements. Discharge of key duties are defined in the CCG Constitution and carried out through the Scheme of Reservation and Delegation.

Summary of the Improvement Assessment Framework (IAF)

NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG. The assurance process aims to ensure that CCGs are commissioning safe, high quality and cost effective services, to achieve the best possible outcomes for patients.

The CCG Improvement and Assessment Framework (IAF) became effective from the beginning of April 2016, replacing the CCG Assurance Framework.

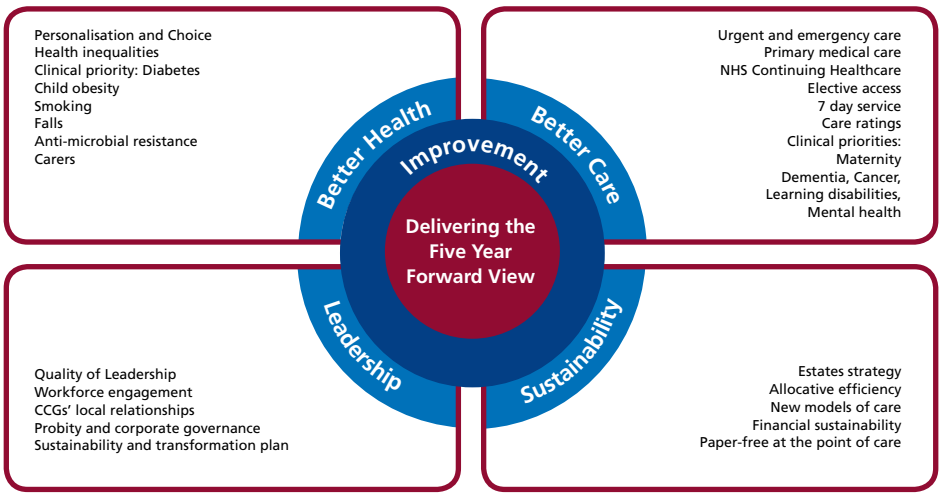
The IAF covers indicators located in four domains:

Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from where it spends money.

Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas.

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



The CCG overall current rating form the most recent 2016/17 year end assessment is 'good'. This is an improvement on the previous year where the CCG was rated as 'requires improvement'.

An annual overall rating will be made and published on MyNHS.net for each CCG in June 2018. These will be based on categories of 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

The CCG overall current rating form the most recent 2016/17 year end assessment is 'good'. This is an improvement on the previous year where the CCG was rated as 'requires improvement'.

The details are publically available on the My NHS website:
https://www.nhs.uk/service-search/performance/search

Specific details are set out below:

- **Better Health -** outstanding performance in diabetes
- **Better Care -** requires improvement in cancer, dementia and mental health
- **Sustainability -** in year financial performance is amber.
- **Leadership -** is green overall

Financial Performance

During the course of 2017/18 concerns were raised about the CCG's financial position and the ability to achieve the agreed control total. During December 2018, the CCG declared it was in financial recovery and a plan was put in place to support delivery of a revised control total.

As a result of the financial recovery plan, the CCG mitigated some of the over performance at the end of 2017/18. There is further detail on the CCG's financial performance later in the report.

Performance Analysis

NHS Constitutional Standards

Achieving delivery of the NHS constitutional standards remained a key CCG priority for the CCG in 2017/18. We work with our main health and care providers to ensure our population receives the best possible care. There are areas of care where performance is positive but there are also areas where the CCG continues to seek improvement. Areas of continued focus are the A&E 4 hour target, Ambulance Response Indicators, Cancer performance and Referral to Treatment Times for Planned Care.

Urgent Care

Urgent and emergency care pathways and the achievement of the associated constitutional standard for the CCG population are a challenge for all providers. The majority of care is provided by United Lincolnshire Hospitals NHS Trust (ULHT). Performance against the A&E 4hr standard in 2017/18 deteriorated to 80.7% (all providers), at ULHT this was 75.1% for all three sites. The A&E performance at Grantham and District Hospital was 95.7%, 0.7% above the national standard of 95%. The A&E department at Grantham Hospital still remains closed overnight and the current opening hours are 8am to 6.30pm seven days a week. The opening hours were restricted for patient safety reasons in August 2016 due to a shortage of middle grade doctors across Lincolnshire's three A&Es. The CCG continues to work with partner organisations and local GPs to enable the majority of patients that attend A&E continue to be seen and treated at Grantham. There continues to be work undertaken to develop a specification at Grantham to include the draft guidance on new critical care standards. The Out of Hours service remains open at Grantham Hospital outside of the opening hours.

Performance at North West Anglia Foundation Trust (NWAFT) was 80.7% and at Nottingham University Hospitals Trust (NUHT) 79.7%. For both these Trusts there has been a deterioration in performance up to March 2018 (as shown in Table A).

There are recovery plans in place across the systems and the CCG will continue to work with its commissioning partners, community and secondary care providers to redesign services to work towards sustainable and effective urgent care pathways, ensuring that wherever possible care can be managed locally and without the need for admission to a hospital bed with 'Home First' being a key principle.

Ambulance Service

The East Midlands Ambulance Service NHS Trust (EMAS) performance continues to fail against all of the quality and access standards.

EMAS implemented the Ambulance Response Programme (ARP) on the 19 July 2017. The new standards under ARP replace the previous red and green standards. CCG performance is shown against each of the new national standards shown in Tables A over the page. Performance remains below the standard across all indicators for EMAS and the Lincolnshire division.

Remedial action plans are in place via the Lincolnshire Co-ordinating Commissioner and continue to be monitored. There have been innovative projects implemented, such as the joint ambulance conveyance project piloted with Lincolnshire Fire and Rescue in 2015 and this continues to operate from two fire stations in Lincolnshire. The scheme will be reviewed on a regular basis to ensure the model continues to enhance ambulance provision with the county.

In January 2018 the Lincolnshire Urgent Care Strategy was agreed by the A&E Delivery Board and System Executive Team. The vision for Lincolnshire is 'to transform our urgent and emergency care services into an improved, simplified and financially sustainable 24/7 system that delivers the right care in the right place at the right time for all of our population'.

There are a number of strategic aims identified in the local strategy which are based on various national policies and guidance.

Supporting the delivery of these aims will be four projects:

- Supporting self-care / self-management & prevention
- Access to the right advice first time for urgent care needs (hear and treat)
- Delivery of Urgent Care Out of Hospital
- A&E redesign

Table A

Description	Standard	16/17 Outturn	17/18 Outturn
A&E			
A&E Waiting Time - % of people who spend 4 hours or less in A&E (SUS - CCG)	95.00%	85.7%	80.7%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (ULHT)	95.00%	79.3%	75.1%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (NWAFT)	95.00%	80.3%	80.7%
A&E Waiting Time - % of people who spend 4 hours or less in A&E (NUH)	95.00%	76.6%	79.7%
Trolley Waits	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (ULHT - CCG Position)	0	0	0
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (NWAFT - CCG Position)	0	0	0
Trolley waits in A&E - Number of patients who have waited over 12 hours in A&E from decision to admit to admission (NUH - CCG Position)	0	0	0
Ambulance Pre Handovers	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Ambulance handover time - Number of handover delays of >30 minutes (Grantham)	0	627	543
Ambulance handover time - Number of handover delays of >1 hour (Grantham)	0	132	111
Ambulance handover time - Number of handover delays of >30 minutes (Lincoln)	0	7018	7013
Ambulance handover time - Number of handover delays of >1 hour (Lincoln)	0	3871	3766
Ambulance handover time - Number of handover delays of >30 minutes (Boston)	0	4098	5893
Ambulance handover time - Number of handover delays of >1 hour (Boston)	0	1436	3810

Table B

SWLCCG	Category 1		Category 2		Category 3	Category 4
	Mean	90th centile	Mean	90th centile	90th centile	90th centile
National standard	*00:07:00*	*00:15:00*	*00:18:00*	*00:40:00*	*02:00:00*	*03:00:00*
Aug-17	00:08:43	00:15:47	00:30:40	01:05:15	02:44:08	00:42:34
Sep-17	00:09:09	00:17:51	00:35:27	01:14:04	03:44:33	01:51:48
Oct-17	00:09:24	00:17:43	00:38:42	01:21:48	03:27:43	05:36:42
Nov-17	00:10:51	00:20:44	00:47:21	01:39:23	04:23:29	00:01:38
Dec-17	00:11:54	00:22:36	00:49:37	01:44:55	04:06:28	00:00:00
Jan-18	00:11:56	00:23:46	00:51:09	01:54:25	03:35:16	04:51:15
Feb-18	00:12:18	00:21:47	00:57:59	02:04:50	04:41:49	02:33:16
Mar-18	00:13:25	00:25:33	00:02:24	02:11:08	05:28:53	10:07:56

Additionally the following schemes have been put into place and have continued to be embedded within 2017/18.

These include:

- Clinical Assessment Service (CAS)
  - Taking call from on-scene paramedics to reduce conveyances to A&E
  - Taking part in assessment of calls from care homes
  - Continued development of a falls pathway
- GP Streaming in A&Es, there has been a GP in A&E at Grantham for a number of years and this supports admission avoidance, children's urgent care, minor streams and the general flow of patients.
- The Discharge Lounge at Grantham and provides a more appropriate place for patients to wait for the results of diagnostics tests also helping to reduce inappropriate admissions.
- Extended access in primary care.

Planned Care

Currently the CCG is not achieving the 92% referral to treatment (RTT) standard. This is for patients to receive treatment within 18 weeks from the date of referral on non-emergency pathways, including offering patient choice. This under performance has been maintained throughout all of 2017 at United Lincolnshire Hospitals Trust (ULHT) but the standard has been achieved for SWLCCG patients at North West Anglia Foundation Trust (NWAFT) and Nottingham University Hospitals Trust (NUH), see Table C.
The issues at ULHT are within certain specialties where remedial action plans are in place. Key actions going forward will be focussed on increasing ULHT capacity through additional outpatient and theatre sessions using existing workforce and additional locum capacity. Opportunities are also being explored in extending sub-contracting relationships with independent sector providers.

There has been a deterioration in performance for 52 week breaches in comparison to the previous year. This indicator records the number of patients who have been waiting more than one year from the date of the GP referral to first definitive treatment. The high number of breaches is linked to a clinical system upgrade at ULHT which resulted in some patients being excluded from the waiting list reports. Of the 37 breaches reported in 2017/18 approximately 50% are directly attributable to this data quality issue. It is important to note that each breach does not necessarily equate to individual patients as breaches are reported at month end and may go across a number of months.

The diagnostic waiting time standard of less than six weeks is just below the target at CCG level at ULHT but is being achieved at both NWAFT and NUH for SWLCCG patients. The main issue at ULHT is within cardiology diagnostics for echocardiography tests, where an increase in demand has been experienced. A new consultant has been recruited to address this capacity issue. There has also been a problem in cardiac physiology where demand has exceeded capacity and additional clinics have been put in place, and staffing levels are currently under review.

The Planned Care Improvement Plan that has been in place for 2017/18 will continue to promote improved outcomes, reduce unplanned contact, improve patient access to the right person at the right time, reduce demand for secondary care services, support recovery from acute treatment, and profiling elective care capacity to allow an increase in non-elective care during the winter period. As part of the transformation work in Planned Care work continues to implement the use of technology linked to demand management – virtual clinics, electronic advice and guidance and full electronic booking via the NHS electronic referral service (e-RS) by October 2018 (Consultant led only). Not only will this be more convenient for patients it will also aid the reduction in face to face appointments.

Table C

Description	Standard	16/17 Outturn	17/18 Outturn
RTT - Incompletes			
RTT - Incomplete Pathways (CCG)	92.00%	90.9%	88.9%
RTT - Incomplete Pathways (CCG for ULHT)	92.00%	88.9%	86.3%
RTT - Incomplete Pathways (CCG for NWAFT)	92.00%	95.4%	93.6%
RTT - Incomplete Pathways (CCG for NUH)	92.00%	95.8%	93.5%
RTT - No. Over 52 weeks within incomplete pathways (CCG)	0	4	37
Diagnostics	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Diagnostic Test Waiting Time <6 wks (CCG)	99.00%	99.2%	98.8%
Diagnostic Test Waiting Time <6 wks (CCG for ULHT)	99.00%	99.3%	98.3%
Diagnostic Test Waiting Time <6 wks (CCG for NWAFT)	99.00%	99.0%	99.0%
Diagnostic Test Waiting Time <6 wks (CCG for NUH)	99.00%	99.7%	99.4%
Cancelled Operations	**Standard**	**16/17 Outturn**	**17/18 Outturn**
Cancelled Operations - % of patients cancelled for non-clinical reasons not re-admitted within 28 day (ULHT)	0.00%	7.7%	6.6%
Cancelled Operations - % of patients cancelled for non-clinical reasons not re-admitted within 28 day (NWAFT)	0.00%	7.8%	16.2%
Cancelled Operations - % of patients cancelled for non-clinical reasons not re-admitted within 28 day (NUH)	0.00%	2.0%	3.8%

Table D

Description	Standard	16/17 Outturn	17/18 Outturn
Cancer 2 Week Wait - suspected cancer	93.0%	92.6%	90.4%
Cancer 2 Week Wait - breast symptomatic referrals	93.0%	76.9%	82.8%
Cancer 31 **Day** Waits - first definitive treatment	96.0%	95.7%	95.0%
Cancer 31 **Day** Waits - subsequent treatment, surgery	94.0%	94.0%	97.9%
Cancer 31 **Day** Waits - subsequent treatment, chemotherapy	98.0%	96.7%	97.5%
Cancer 31 **Day** Waits - subsequent treatment, Radiotherapy	94.0%	94.9%	97.3%
Cancer 62 **Day** Waits - first definitive treatment, GP referral	85.0%	70.0%	68.4%
Cancer 62 **Day** Waits - treatment from Screening referral	90.0%	75.0%	87.7%
Cancer 62 **Day** Waits - treatment from Consultant upgrade	No standard	71%	87.7%

Cancer

Ensuring our patients are seen as quickly as possible once on a cancer treatment pathway is another key priority for the CCG. Cancer performance has been on a rollercoaster of recovery and deterioration throughout the previous two years due to a number of reasons. The performance highlighted in Table D on the previous page shows that the performance across the two years is very similar. Of the eight measured indicators two are achieving the national standard. The poor performance is linked to ULHT where the standards are consistently not achieved in the majority of indicators. This is in stark comparison to NWAFT and NUHT where the national standard in all cancer indicators is consistently achieved.

There is a focus on the standard for the percentage of patients who receive their first definitive treatment for cancer within 62 days of a GP referral. The CCG has not achieved this standard since December 2015 and it has not been achieved at ULHT for a longer period of time, with the exception of month one in 2017/18. Sustained recovery is not likely for some time, however on-going actions at ULHT should result in a steady improvement in performance. Breach numbers are low and tend to be a mix of complex cases, capacity and patient choice.

Actions are on-going to improve performance at ULHT this includes:

- 7 day horizon booking
- Upper GI straight to test
- Standardisation of the radiology booking processes
- Improved uptake of cancer screening programmes
- Prostate cancer follow up in the community for those with stable PSA
- Faecal Immunochemical testing in primary care
- Personalised follow up

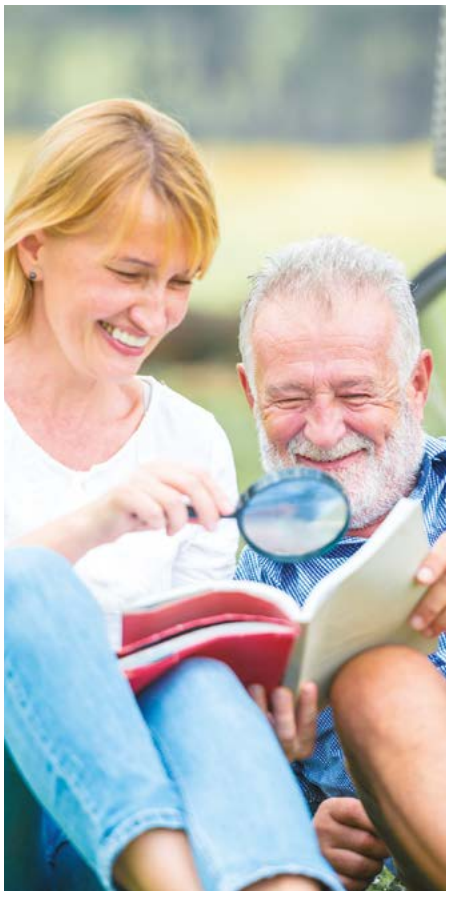
Mental Health

Despite achieving all the key performance targets as shown in Table E over the page, the CCG acknowledges it has variation in the mental health provision within the locality. In particular, there is a higher than average proportion of older people which is resulting in a demand on older people's and dementia services.

The standard for dementia diagnosis rates continues to be a major challenge for the CCG and a significant amount of work has been undertaken to understand the low diagnosis rate versus prevalence. An audit was carried out and one of the conclusions was that the lack of dementia care homes in the CCG footprint may mean we are an exporter of diagnosed patients. The CCG has commissioned a review to look at the expected numbers of people with dementia by GP practice and this will help direct focused intervention, a dashboard has been developed to support with this. Practices are regularly kept informed of services to provide support to patients, carers, and families in the event of diagnosis e.g. the Dementia Family Support Service.

The East Midlands Mental Health Clinical Network (EMMHCN) and the CCG have worked closely to address the underperformance in dementia diagnosis. The network has reported that there has been a constructive and energetic response by the CCG to their outlying Dementia Diagnosis Rate (DDR) data. All plausible explanatory factors have been considered, explored and mitigated wherever possible. The work that has been carried out has ensured that the challenges posed by dementia more generally have remained high on the CCG's agenda.

There has been a focus on reducing the health inequalities between people with serious mental illness and the general population. The Lincolnshire vision is to improve the system wide delivery for people requiring general and specialist support. In line with the Mental Health Forward View (MHFV) and to meet the mental health investment standard there is a significant work programme being developed to ensure there is parity of esteem.



There are two key projects:

- The Transforming Care Partnership, improving services for people with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging.
- Ensuring there is sufficient service provision in county and eliminating all out of area placements by 2024

Other priorities linked to the MHFV are:

- Improved access for children and your people
- Community eating disorder services
- Increased bed stock for children and adolescent mental health services (Tier 4)
- Expanded specialist perinatal care

Table E

Description	Standard	16/17 Outturn	17/18 Outturn
Early Intervention in Psychosis (EIP)			
Early Intervention in Psychosis - Patients treated within 2 weeks (CCG)	50.0%	82.6%	74.3%
Early Intervention in Psychosis - Patients treated within 2 weeks (LPFT)	50.0%	97.4%	83.8%
Improving Access to Psychological Therapies (IAPT)	**Target**	**16/17 Outturn**	**Feb 18 YTD**
IAPT Access (CCG)	15.0%	16.7%	19.2%
IAPT Recovery Rate (CCG)	50.0%	58.5%	55.6%
IAPT 6 Weeks Waiting (CCG)	75.0%	91.4%	91.6%
IAPT 18 Weeks Waiting (CCG)	95.0%	100%	99.1%
IAPT Roll Out (LPFT)	15.0%	16.6%	18.7%
IAPT Recovery Rate (LPFT)	50.0%	52.6%	50.7%
Care Programme Approach (CPA)	**Target**	**16/17 Outturn**	**17/18 Outturn**
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CCG)	95.0%	98.5%	98.8%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (LPFT)	95.0%	96.4%	95.2%
% of patients under adult mental illness on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (CPFT)	95.0%	95.9%	95.6%
Dementia	**Target**	**16/17 Outturn**	**17/18 Outturn**
Estimated diagnosis rate for people with dementia	66.7%	55.0%	52.1%

Key Achievements in 2017/18

Right Care

Right Care is a transformation programme and the CCG was part of wave one of the national programme which was supported by a range of partners including NHS England and Public Health. The Commissioning for Value packs provide information and indicative data across the ten highest spending programmes of care within our health economy. The CCG is clustered with ten other CCGs who have the most similar populations. This comparator group is used to identify realistic key value opportunities to improve health and healthcare for the population. The packs are used in conjunction with local intelligence to determine priorities for commissioning / service improvement supporting the vision of the NHS Five Year Forward View (FYFV).

Publication of focus packs provide detailed information on the opportunities to improve in the highest spending programmes highlighted within the Value Packs. They include a wider range of outcomes measures and information on the most common procedures and diagnoses for the condition covered. The aim is to reduce unwarranted variation/ inequalities; Improve health outcomes and Maximise funding efficiencies and savings.

The CCG identified three areas for priority focus

- Musculoskeletal - review of frailty (including falls), hip / knee and pain management pathways
- Circulatory / Cardiovascular - redesign of heart failure pathway; clinical review of TIA pathway (patients not referred within 24hrs); review of hypertension pathway; risk of stroke in people with diabetes.
- Respiratory - review of Asthma and COPD pathways

Prescribing was identified as the third area of opportunity which runs through all of the programmes of care.

As part of the wave one RightCare programme the CCG was asked to submit three further programme areas. After a review of the available areas and opportunities the CCG decided to focus on the following in 2017/18 and this will continue into 2018/19 and potentially beyond.

- Endocrine - Transforming the diabetes services
- Gastrointestinal - Refine pathways for Lower & Upper GI and Liver
- Cancer - Refine pathways for Lung, Prostate, Lower & Upper GI.

As part of the Lincolnshire STP we made a successful bid to NHS England Diabetes Transformation Fund, this programme will support GP Practices to provide high quality care to patients.

Quality Premium

The Quality Premium (QP) is about rewarding Clinical Commissioning Groups (CCGs) for the quality of services they commission. The scheme also incentivises CCGs to improve patient health outcomes, reduce inequalities and improve access to services. In addition to the national indicators CCGs are required to chose local indicators. For 2017/18 the following indicators were chosen:

- The number of diabetes patients receiving all three treatment targets. Performance will be measured using the data from the National Diabetes Audit (NDA), using 2015/16 as a baseline (38.5%). The target has been set at 44%, significantly above the England average.
- Total number of bed days relating to out of area placements to have reduced by 33% of the baseline number as at 1 April 2017.

Primary Care

The CCG has a vision to support our member practices to deliver consistent, accessible and high quality care, using networks of healthcare and other professional and innovative solutions to deliver services. The CCG is supporting its practices in developing and growing existing primary care services and progressing towards Multispecialty Community Provision (MCP). The CCG will be looking at new models of care, to deliver services at scale in alignment with the GP Five Year Forward View (GPFYFV).

GP Federations

The CCG recognises the importance of sustainable primary care to help us deliver care locally and GP practices are integral to the development of Neighbourhood Teams. We are proactively supporting the K2 Federation of GP Practices, which covers the CCG area and has membership of 17 of the 19 practices. K2 is taking an active role in the way that the Neighbourhood Teams (NTs) are being developed working in partnership with the Allied Health South Lincolnshire (AHSL) Federation in South Lincolnshire CCG.

The Federation has this year taken on the provision of triage service for optician referral to secondary care Ophthalmology. Additionally they have been working very closely with the neighbourhood teams.

Neighbourhood Teams

The Neighbourhood Teams in Grantham and Sleaford have continued to develop throughout 2017/18. The key priority of the teams is to help people remain in their own home for as long as possible, avoiding unplanned hospital admissions and, if an admission does happen, support with a timely discharge.

The teams are wrapped around groups of GP Practices and aspire to deliver a population-based model of care, where wellbeing is maximised through communities, voluntary and statutory services working together. The teams promote, where appropriate, models of self-care. Whilst the model focusses on prevention, personalisation and time-limited interventions, it also identifies when longer-term support is required and will work with the individual and their family to facilitate this in a person-centred way, ensuring that their personal goals are central.

Practice Care Co-ordinators

The CCG has continued to fund the Practice Care Co-ordinator role, this is a clinical role, based within each GP practice and actively identifies and supports people with an increased risk of an unplanned hospital admission. They work proactively with each patient, to support them to remain in their own home for as long as possible. Along with community staff, social care and the voluntary sector, the Practice Care Co-ordinators are key Neighbourhood Team members, ensuring there is a joined-up approach and the patient is at the centre of all care plans and discussions.

Diabetes

Providing care and support to people living with diabetes, and those identified as having a high risk of developing Type 2 diabetes, is a priority for the CCG. The National Diabetes Prevention Programme has been operating across the CCG since July 2016; this behaviour change programme supports people to make lifestyle choices to reduce their risk of developing the condition. The programme offers intensive lifestyle support to those identified at high risk of developing diabetes. In 2017/18 the CCG practices were aiming to have referred 480 patients into the service, at year end this target was exceeded with a total of 513 referrals.

The CCG has been working with Diabetes UK to support people living with diabetes, 'A Living with Diabetes' Day attracted 80 people in Grantham in 2017, following this a peer support group in Grantham has been developed. This brings together people living with diabetes, helping them to support themselves and each other in living well with their condition.

As part of the Lincolnshire STP we made a successful bid to NHS England Diabetes Transformation Fund, this programme will support GP practices to provide high quality care to patients. Funding has also been secured to improve the foot care available to patients, a weekly podiatrist-led clinic has been established in Grantham, providing care locally to patients.

Adult Hearing Loss Service

Three CCGs in Lincolnshire (South, South West and East) have recently implemented a new community service for patients aged 50 years and over who present to their GP with signs and symptoms of non-complex age related hearing loss. The decision to procure the new service followed a successful, fully evaluated pilot in South West Lincolnshire CCG. Three community providers were qualified, via a rigorous qualification process, and were awarded contracts.

The new community service supports the delivery of NHS England's Five Year Forward View and will also help commissioners and providers meet the goals set in the Action Plan on Hearing Loss.

The new improved pathway will:

- Improve patient access and choice with reduced patient waiting times
- Provide care closer to home
- High levels of satisfaction for both patients and referrers of the service
- Personalised care for all patients accessing the service
- Improved quality of life
- Reduce demand on secondary care services
- Focus on prevention and maintaining independence in older age
- Support people with adult hearing loss – a long-term condition
- Provide value for money

Dermatology

The CCG has been working closely with the local acute provider looking at ways of developing dermatology services in the community to ease demand on secondary care services. The successful implementation of a Teledermatology Service within GP practices provides GPs with expert diagnosis via clinical photographs taken during a GP appointment. The images are assessed by a team of skin specialists, electronically reported on within 48 hours and patients notified of the diagnosis and outcome.

As an alternative approach to secondary care a 'Spot Clinic' has also been piloted - this is an innovative way to triage skin lesions in a primary care setting (GP practice) and allows for diagnosis of single lesions via a face to face contact with a Consultant Dermatologist. Feedback from patients during the trial has been excellent and the service is to be further developed in 2018.

Clinical Assessment Service (CAS)

The CAS helps people to access the right service, first time when they have an urgent care need. The CAS works across organisational boundaries and is designed to help reduce unnecessary home visits, accident and emergency department attendances, emergency hospital admissions and ambulance transportations.

Patients access the CAS by calling 111 where they will have an initial triage with the 111 call-handler. Patients requiring additional clinical support or advice are transferred to the CAS, where they will speak to a Lincolnshire-based clinician who will undertake an assessment and offer the appropriate advice, arrange for a home visit or any other necessary action.

Care Portal

Improving communication with both patients and other professionals is a key element required to improve quality and reduce risk. The Lincolnshire Care Portal is a tool that will allow people working across health and social care to view information about patients that is relevant to their job role. The Care Portal draws information from the existing clinical systems across Lincolnshire, offering a real-time view. It has been trialed in some GP practices elsewhere in Lincolnshire and will be rolled-out across the CCG during 2018.

Alongside the Care Portal, a Patient Portal is also being developed. This will allow patients to view information about themselves from multiple organisations in one place, giving them the opportunity to play a more active part in leading their own care. The availability of the Care Portal will be a significant vehicle for reducing clinical risk in both urgent and planned care pathways.

The CCG has been working closely with the local acute provider looking at ways of developing Dermatology services in the community to ease demand on secondary care services.

Financial Summary

The annual accounts of the CCG have been prepared in accordance with the National Health Service Act 2006 (as amended) Directions by the NHS Commissioning Board, in respect of Clinical Commissioning Groups' annual accounts. The accounts have been prepared on a going concern basis.

The annual accounts are detailed in full from page 62 in this report.

2017/18 has been a challenging year for the CCG financially. CCGs are set a Revenue Resource Limit (RRL) by NHS England that represents the maximum that can be spent in the year.
At the start of the financial year, the CCG planned to contain expenditure within the RRL for the year. During the course of the year, it became apparent that expenditure would exceed available resources and the CCG instituted a financial recovery plan. The recovery plan did help contain budgetary pressures but the actual year end position was that spending exceeded the RRL by £3.4m.

The CCG also has resources that it has not spent from previous years totalling £3.4m. Under normal circumstances these could be off-set against the deficit reported in-year, to show a cumulative breakeven position. However, due to a technical change in the guidance from NHS England, the CCG is no longer entitled to use brought forward resources and therefore has failed to achieve the statutory breakeven duty.

Summary Headline Financial Information

	2017/18 £000	2016/17 £000
Revenue Resource Limit	182,240	181,752
Net Operating	185,634	178,354
Surplus/(deficit)	(3,394)	3,398

- The CCG managed its administration functions within the allocated Running Costs Allowance of £2.9 million.
- Cash payments were also managed within the Maximum Cash Drawdown limit as allocated by NHS England.
- The Better Payment Practice code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms. Details of compliance with the code are given in Note six to the accounts.

The operating expenditure of the CCG can be split into two types:

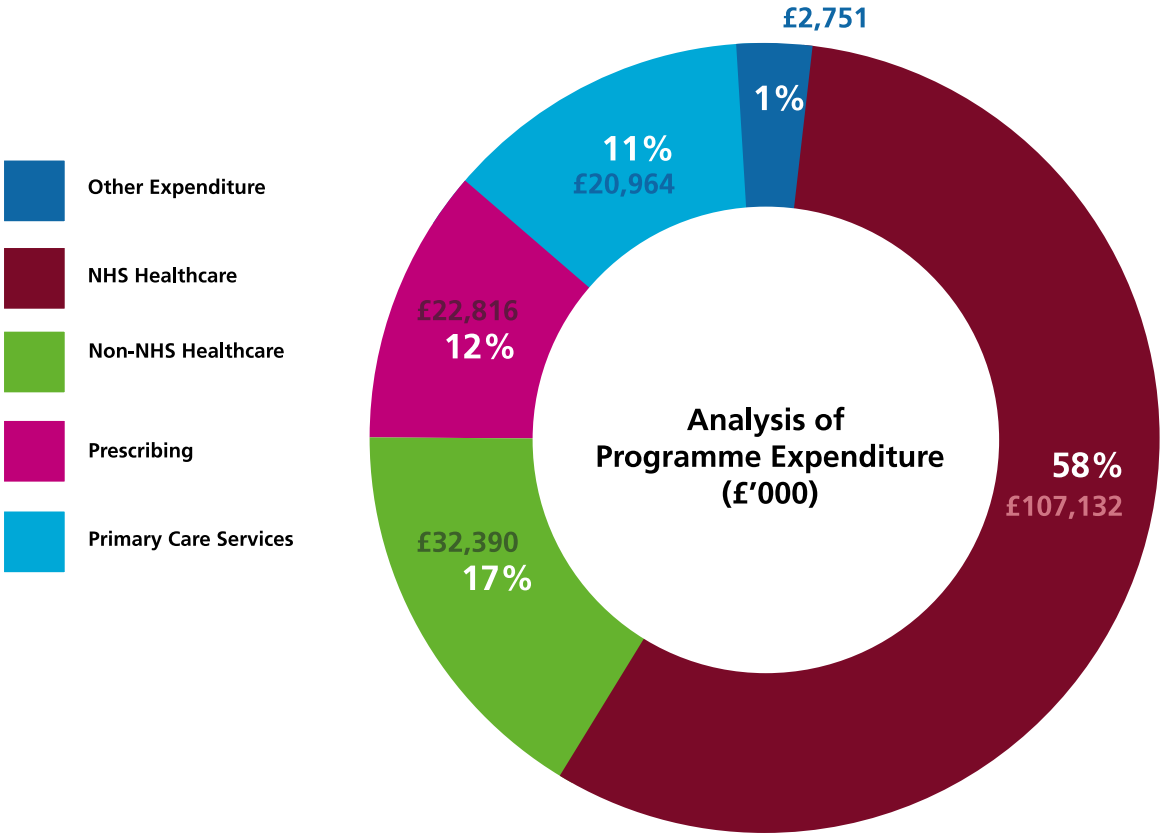
- Programme – this is expenditure on the purchase of healthcare. The CCG spent 98% of its resources on programme expenditure.
- Administration – costs that are not for the purchase of healthcare, but relate to the direct running costs of the CCG. The CCG spent 2% of its resources on administration expenditure.

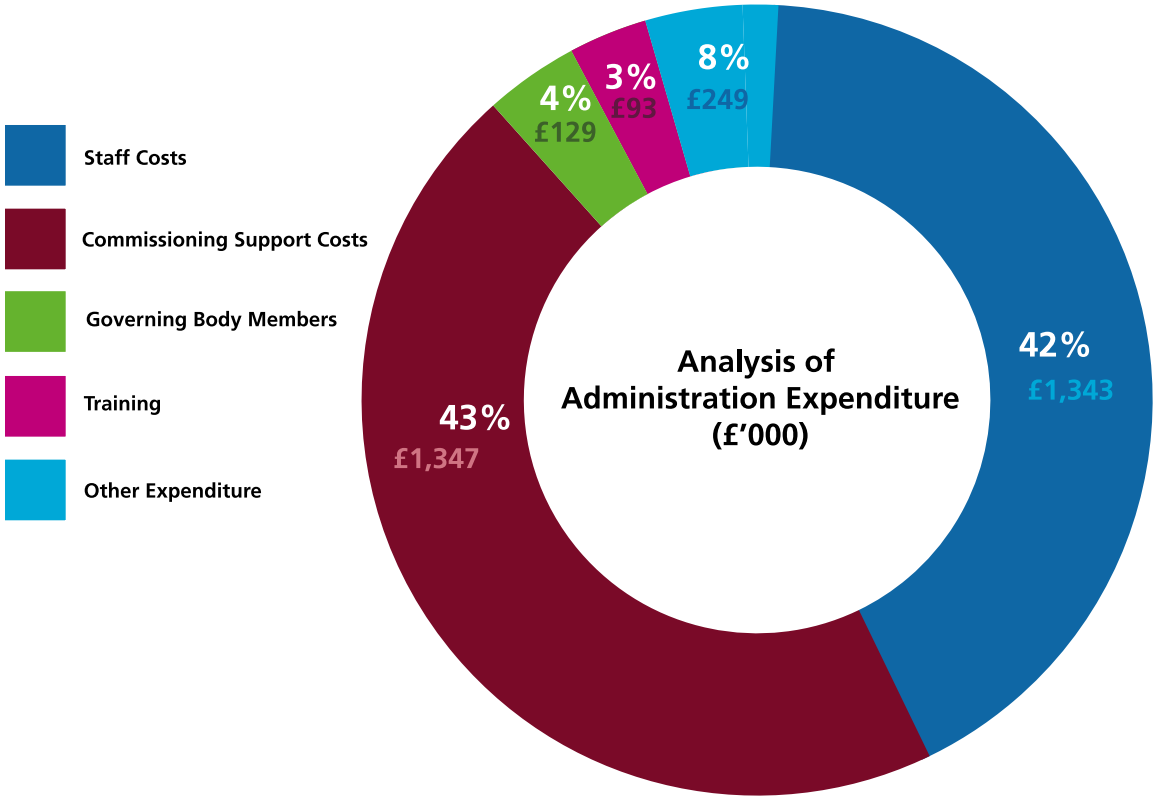
The CCG is an approved signatory to the Prompt Payments Code. This initiative was devised by the Government with the Institute of Credit Management (ICM) to tackle the crucial issue of late payment and to help small businesses.

Suppliers can have confidence in any company that signs up to the code that they will be paid within clearly defined terms, and that there is a proper process for dealing with any payments that are in dispute. Approved signatories undertake to:

- Pay suppliers on time;
- Give clear guidance to suppliers and resolve disputes as quickly as possible, and;
- Encourage suppliers and customers to sign up to the code.

Analysis of the expenditure from Note Five in the Annual Accounts can be seen in the pie charts below. The values on the charts are shown in £000s.





Improving Health, Reducing Health Inequalities and Prevention

The CCG has continued to work with partners, including Public Health and the Health and Wellbeing Board (HWB) to improve the health of our population with a focus on improving life expectancy and reducing mortality

In 2017/18 additional support has been sourced from Strategic Clinical Networks and Senates where it has been indicated that programmes of work are underway. All of this work is led by our clinical leadership from the Executive Committee.

Joint Health and Wellbeing Strategy (JHWS)

In 2017/18 South West Lincolnshire CCG has continued to be actively involved in the Lincolnshire Health and Wellbeing Board (HWB). The Chair of the HWB is invited to attend CCG Governing Body meetings, who approve the Annual Report and Accounts.

The JHWS for Lincolnshire 2013 - 2018 identifies the commissioning direction and priorities and is endorsed by the CCG. The JHWS seeks to improve health and wellbeing and reduce health inequalities in the population of Lincolnshire. There are five key themes, with an additional theme of 'mental health' running throughout the JHWS, which are:

- Promoting healthier lifestyles
- Improve health and wellbeing of older people
- Delivering high quality systematic care for major causes of ill health and disability
- Improve health and social outcomes for children and reduce inequalities
- Tackling the social determinants of health

During 2017, the Health and Wellbeing Board has reviewed the Joint Health and Wellbeing Strategy using the updated JSNA as the primary evidence base. As part of the process, a series of engagement events and opportunities took place in early summer 2017 to gather the views and insights of key stakeholders, partners and the public. The emerging priorities for the new strategy are:

- Mental Health - both Adults & Children and Young Peoples
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

Further engagement with the identified groups, stakeholders and service users,

to shape the Strategy's delivery plans is taking place.

Lincolnshire Joint Needs Assessment (JSNA)

Under the Health and Care Act 2012, local authorities and CCGs have an equal and joint duty to prepare a Joint Strategic Needs Assessment (JSNA) through the Health and Wellbeing Board (HWB)

The Lincolnshire JSNA is the starting point in the determination of health needs of Lincolnshire and the commissioning decisions for service development and change.

The CCG has participated in the review of the JSNA during 2017/18. The JSNA is made up of 35 topics grouped under six theme areas, for example, Children and Young People, Adult Health and Wellbeing.

The JSNA is published as an interactive web resource on the Lincolnshire Research Observatory (http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx)

Better Care Fund

The Better Care Fund (BCF) was announced in June 2013 as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. The Fund is an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change. The Lincolnshire CCGs and Lincolnshire County Council continue to work to the joint commissioning arrangements across Proactive Care; Children and Adolescent Mental Health; Learning Disabilities and Integrated Community Equipment (ICEs). These arrangements align to the Lincolnshire Sustainability and Transformation Plan to achieve significant improvements in quality and outcomes whilst generating efficiencies to bridge the gap between available resources and demand.

The Better Care fund priorities for 2017/18 focus on the development of Integrated Neighbourhood Teams; continued provision and development of intermediate care and transitional care services and the on-going development of Community Learning Disability and CAMHS services to support "Transforming Care". The Transforming Care work in Lincolnshire has been nationally recognised. A key performance indicator within the BCF was the reduction to non-elective admissions and delayed transfers of care following discharge from hospital.

The Better Care Fund priorities for 2018/19 focus on the continued development of Integrated Neighbourhood Teams, working to improve on the performance achieved in 2017/18.

During 2017/18, the CCGs have reviewed the Governance arrangements surrounding the BCF. An internal audit report has recommended there is scope for further review and improvement, which will happen in early 2018/19. In addition, reporting to the CCG Governing Body will be strengthened.

The BCF and the associated Section 75 agreements will underpin the joint agenda of service integration and will support health and social care joint working as part of the integration agenda.

The Lincolnshire JSNA is the starting point in the determination of health needs of Lincolnshire and the commissioning decisions for service development.

Lincolnshire Sustainability and Transformation Partnership

Lincolnshire's Health and Care organisations have come together as the Sustainability and Transformation Partnership (STP) following on from the publication of the Sustainability and Transformation Plan in December 2016.

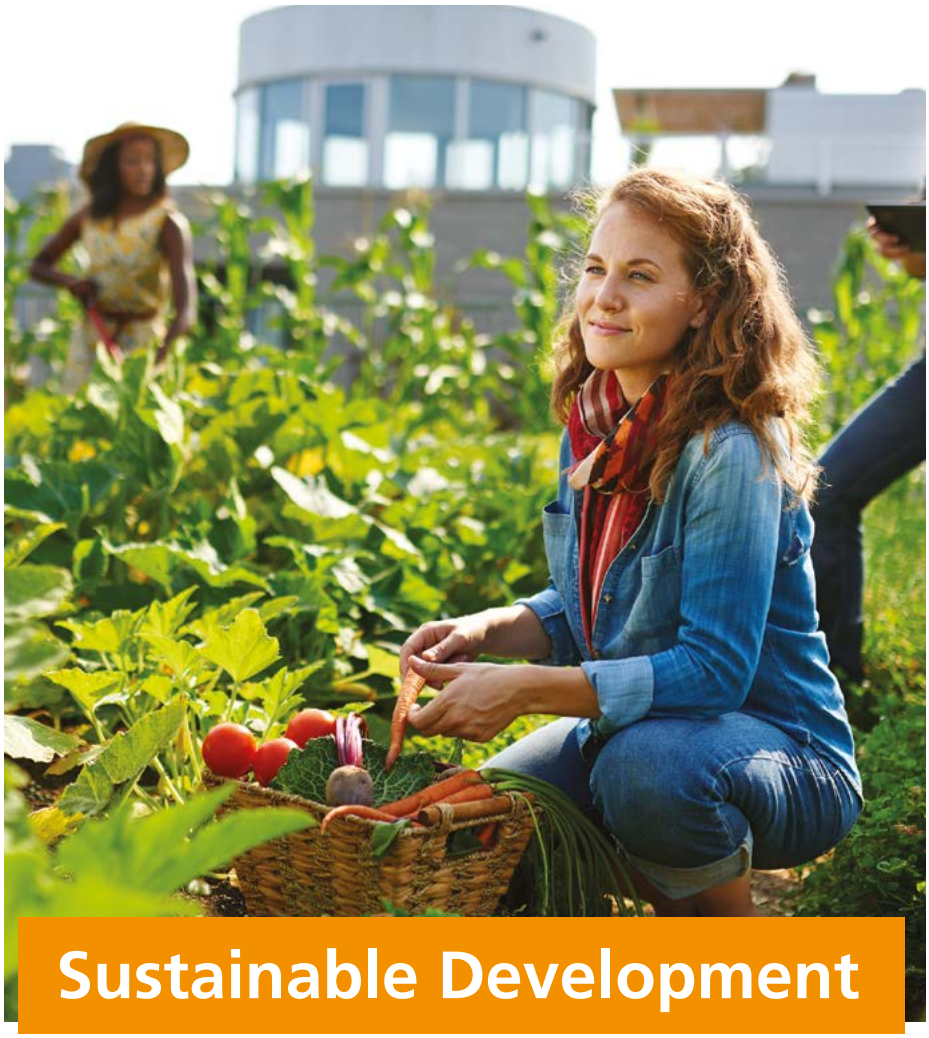
The STP builds on the work undertaken through Lincolnshire Health and Care (LHAC), and it is an evolving process that looks to address the ever changing demands on the system.

South West Lincolnshire CCG plays a crucial role alongside our partners and as well as being represented on the System Executive Team (SET). A number of work streams are being led by the CCG.

The key priorities set out in Lincolnshire's plan are:

- More focus and resources targeted at keeping people well and healthy for longer; we will give them the tools, information and support within their community to make healthy lifestyle choices and take more control over their own care. This will improve quality of life for people who live with health conditions and reduce the numbers of people dying early from diseases that can be prevented.
- A change in the relationship between individuals and the care system, with a move to greater personal responsibility for health; more people will use personal budgets for health and care.
- A radically different model of care, moving care from acute hospital settings to neighbourhood teams in the community, closer to home for patients; Services will be joined up for physical and mental health and for health and social care, with barriers removed so that people can access support from their communities and from a range of professionals to live well.
- Support to neighbourhood teams by a network of small community hospital facilities which will include an urgent care centre, diagnostic support such as x-rays and tests, outpatient facilities and a limited number of beds.
- A small number of specialised mental health inpatient facilities to give expert support to neighbourhood teams and community hospitals.
- A smaller but more resilient acute hospital sector providing emergency and planned care incorporating a specialist emergency centre; specialist services for heart, stroke, trauma, maternity and children; Hospital doctors who are specialists will support neighbourhood teams and community facilities, to provide expert advice.
- A major reduction in referrals to acute hospitals, with a simplified journey for patients with specific diseases, based on what works well; there will be clear referral thresholds and access criteria; improved community based services; fewer people travelling out of county for care; and some services which do not deliver good results for patients will be stopped.
- High quality services where NHS constitutional standards are met; all services are rated as good or outstanding; environments meet patient expectations; and permanent staff are the norm.

To find out more about the STP go to https://lincolnshirehealthandcare.org/about-the-stp/



Sustainable Development

As an NHS organisation, and as a provider of public funds we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services.

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

Commissioning for sustainable development means:

- Planning services which are efficient and effective;
- Buying services which provide highest quality at best value and which have least impact on the environment;
- Avoiding duplication and waste;
- Stopping services which don't meet these criteria.

As part of the NHS, public health and social care system, it is our duty to contribute towards the ambitious goal set in 2014 to reduce carbon dioxide equivalent emissions across building energy use, travel and procurement of goods and services by 34% by 2020.

In order to fulfil our responsibilities for the role we play the CCG has established a Sustainability Management Plan (available on the CCG website) which sets out how the CCG operates in an ethical and sustainable way and which identifies clear targets for measuring success. The responsibility for scrutinising how the drive for sustainability is working is embedded within the CCG's core business processes, practices and Constitution.

In 2017/18 we have continued with the following actions:

- Reducing business travel for CCG staff by increasing the use of telephone conferences and use of video conferencing.
- The reduction in the use of paper, moving as far as possible to electronic documents for all staff including increasing the use of laptops by CCG staff and reducing the printing of Governing Body, Executive Committee, Members' Council and all internal meeting papers to a bare minimum.
- Estates – the CCG currently rents premises at South Kesteven District Council and Grantham Health Clinic, the premises contain the minimum floor space available reducing the number of desks with only "hot desk" space at CCG offices, with no wasteful individual offices.
- A Home Working policy that encourages increased productivity reduces travelling and reduces pressure on office space simply for individual work that could easily be done at home.

The CCG operates out of a shared building with a number of other organisations using the same facilities. This means that information on the CCG use of energy, water, waste and recycling is not available to it.

The sustainability lead for the CCG is the Accountable Officer. The CCG has registered with the Good Corporate Citizen Assessment Tool.

Improvement in Quality

The Health and Social Care Act (2012) places statutory duties on the Secretary of State, NHS England and CCGs to promote continuous improvements in the quality of health services.

The three dimensions of quality (clinical effectiveness, patient safety and patient experience) must be present in order to provide a high quality service:

- **Clinical Effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
- **Safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and,
- **Patient Experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

It is a core function of the CCG to ensure the services we commission are safe and of a high quality, and that patients and their families have a good experience when they use the NHS.

The CCG has robust systems and processes in place to assure the quality of services we commission. To support this we have a Quality and Patient Experience Committee (QPEC) which meets quarterly to monitor and review the quality of services commissioned and promote a culture of continuous improvement and innovation in the following areas:

- Safety of treatment and care received by patients
- Effectiveness of treatment and care received by patients
- Experience patients and carers have of treatment and care received
- Quality of primary medical care

The Quality and Patient Experience Committee is chaired by our Lay member for Patient and Public Involvement and conducts its role in a number of ways including scrutinising the clinical effectiveness of health care providers both in and out of the county.

This work involves cross-checking multiple sources of information that we receive as a CCG such as complaints data, the public voice through engagement events, performance, incidents,infection rates, staffing levels and other specific investigations. The Committee can make recommendations and oversee corrective actions. The work is then subsequently reported into the Governing Body.

In addition the Nursing and Quality team undertake site visits to our providers; these visits can be either announced or unannounced and allow us to look at the patient environment, speak to patients about their experience of care and speak to staff to understand their level of knowledge around a variety of areas such as safeguarding, infection prevention and care practices.

Quality Monitoring Framework

Ensuring the quality of health services provided to the local population is one of the CCG's essential objectives and our Quality Monitoring Framework encapsulates all aspects of quality - safety, effectiveness and patient experience - to ensure that assessment of quality guides the decision making of the CCG.

We monitor outcomes from the Care Quality Commission (CQC) inspection reports and ratings to assure ourselves about the quality of care provided to patients within all healthcare settings. The outcomes of CQC inspections are utilised to prioritise the CCG's quality schedule for primary care to enable us to assess whether actions and improvements have been embedded into individual ward and department practice.

Through our quality monitoring framework:

- all providers are monitored on a monthly basis through harm free care metrics, and reports are used to focus quality review visits;
- a quarterly formal quality review is undertaken with each provider and reports are provided to Governing Body and Quality and Patient Experience Committee;
- quarterly patient safety meetings are held with each provider;
- all serious incidents are analysed and reviewed by the Chief Nurses from all four CCGs;

We are an active member of the regional Quality Surveillance Group (QSG). The QSG systematically brings together different parts of the health and care system across

a geographical area to share information regarding the quality of providers and is a proactive forum for collaboration.
This whole-system approach provides the health economy with a shared view of risks to quality via sharing intelligence, an early warning mechanism of risk about poor quality; and opportunities to coordinate actions to drive improvement, respecting statutory responsibilities of and ongoing operational liaison between organisations.

Quality Assurance in Primary Care

In line with national guidance on co-commissioning we have a shared responsibility for commissioning most GP services. This includes a responsibility for improving and monitoring the quality and patient safety of services provided in primary care, and during 2017/18 we continued to work closely with our 19 member practices to support quality monitoring.

We have an established Primary Care Commissioning Committee (PCCC) in accordance with statutory provisions to enable members to make collective decisions on the review, planning and procurement of primary care services in South West Lincolnshire, under delegated authority from NHS England.
A quality dashboard has been developed over the year to capture key performance indicators relating to the experience of patients visiting our member practices, which focuses discussion at the PCCC meeting, supporting the development of a quality assurance visit schedule.
The meeting also utilises Care Quality Commission inspection reports and ratings to support discussions.

The CCG also engages and supports general practice on a routine day-to-day basis, by helping to develop their knowledge at specific events and by using targeted monitoring and support, including Primary Care Quality Engagement and Delivery (QED) visits.

Formal practice visits have continued and will be evaluated for 2018/19.

Patient Safety

With our partner Lincolnshire CCGs we continue to undertake a robust system for continuing to drive improvement in patient safety. All safety incidents are monitored and themed for trends across the health community and reported using the National Reporting and Learning System. Individual organisations are assessed for their level of reporting, enabling an assessment of both the trends of incidents occurring within the organisation, as well as assessment of their reporting culture. Providers are invited to the Serious Incident Review Group, attended by all Lincolnshire CCGs, to support learning and provide greater assurance. All serious incidents are subject to a root cause analysis reviewed at executive level within the provider and then by the four CCGs' Chief Nurses prior to closing. Action plans are monitored and learning is disseminated. These plans are then monitored through the commissioner led quality assurance visits and quality review meetings to ensure that they are embedded in practice with providers.

The Duty of Candour is embedded within provider quality schedules and monitored as part of quality review meetings, incident reporting and the learning process.

Never events that occur within an organisation are subject to an enhanced level of scrutiny including never event summits, with representation from the CCG and our providers, ensuring that appropriate lessons are learnt, as well as creating opportunities to share lessons across the health and social care community.

Another opportunity to improve patient safety is offered through the learning of lessons and systematic analysis of mortality indicators at individual provider level. All providers are required to have a formal system in place to monitor mortality data.

In addition, a collaborative Lincolnshire mortality review group was established in 2016/17 and continues to provide a forum for secondary care and primary care to review case notes of a selected cohort of patients to better understand mortality in the community and create a further opportunity to drive improvement in patient mortality.

Safeguarding

The CCG hosts a Federated Safeguarding Team (FST) comprising Designate Nurse and Doctor for Safeguarding Adults, Children and Looked after Children. These roles are supported by a team of skilled safeguarding professionals and a Co-ordinator/Project Officer.

The CCG Chief Nurse is the Executive Lead for safeguarding and is a member of the Lincolnshire Local Safeguarding Children Board (LSCB) and Safeguarding Adult Board (SAB).

The workplan of the Federated Safeguarding Team links directly to statutory legislation and recommendations from a number of legislative documents, including:

- Working together to Safeguard Children
- The Care Act
- Actions from Serious Case Reviews and Domestic Homicide Reviews
- Lincolnshire Safeguarding Adults Board
- Lincolnshire Safeguarding Children Boards

The FST provide safeguarding support and expertise across the four Lincolnshire CCGS and receive assurance from provider services including NHS Trusts, GP practices and Care Homes, that they are compliant with their safeguarding requirements. The CCG utilises a number of methods to gain assurance that the organisations are meeting their statutory contracting requirements, specifically condition 32 of the NHS contract provider organisations.

One of the responsibilities of the FST is to provide safeguarding training to GPs and practice staff across Lincolnshire.

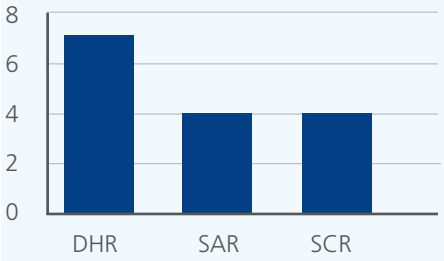
The Safeguarding Children level 3 training package received a nomination for Trainer of the Year at the NSPCC/BACSPAN 2018 awards.

The Federated Safeguarding Team also ensure that CCG staff are trained to the appropriate level. The compliance rate for safeguarding children and adults level 1 training is above 85% in all four CCGs (and above 90% in three of them). Specifically within South West Lincolnshire CCG, there is 93% compliance with adults level 1 training and 91% with childrens level 1 training, for the last quarter.

The FST have achieved a number of key pieces of work in over the last year including:

- Raising the profile of Looked After Children – collaborative multi-agency working with Local Authority Director of Children's services and LA colleagues to develop a Looked After Children and Care Leavers Strategy for 2018 – 2021.
- Child Protection Information Sharing (CP - IS), implementation across Lincolnshire. This is an alert system to ensure that all children who attend urgent care settings within Lincolnshire are identified if they have a local authority safeguarding plan. Key meetings are attended by Designate Nurse and Designate Doctor to progress the system for Lincolnshire. The system is on track for implementation through the Care Portal for compliance with the date of March 2018.

Bar chart to represent number of current Serious Case Reviews by type



Serious case reviews Child (SCR) - 7
Serious adult reviews (SAR) – 4
Domestic Homicide reviews (DHR) - 4

The template below demonstrates the type of training delivered and the number of staff that have received training across the CCG. The total number of primary care staff trained since December 2015 is 1011.

	Safeguarding Children Level 3	Safeguarding Adults Level 3	Total for Children and Adults	Total for both GP and other
Total GPs trained April 2017 - Jan 2018	100	82	182	
Total amount of other staff attending training April 2017 - Jan 2018	124	77	201	383
Total Gps trained since training commenced	279 (Dec 2015)	187 (March 2016)	466	
Total amount of other staff attending training	319 (Dec 2015)	226 (March 2016)	545	1011

The FST planned to hold a safeguarding conference – "Behind Closed Doors" in February 2018, but this had to be delayed due to inclement weather. This has been re-arranged to take place in June 2018 and topics will include radicalisation, Child Sexual Exploitation (CSE), domestic homicide and honour based violence. Guest speakers include victims, families and the professionals who support them.

FST facilitated Mental Capacity Act training to CCG and Care home staff, delivered by an expert Social Worker and Best Interests Assessor.

The FST have frequent involvement in Multi-Agency Significant Incident processes and subsequent case reviews. The role within the processes is to support primary care colleagues to comply with report writing and presentation of information for the case review. Members of the specialist safeguarding team assist GPs in the production of Individual Management Reviews. The CCG's role is to oversee and review the implementation of the recommendations by the provider organisation in relation to the outcomes of the Serious Case Review.

Health Protection

The Lincolnshire NHS CCGs Federated Health Protection function is hosted by South Lincolnshire CCG but serves all four Lincolnshire NHS CCGs equally. The team's work responsibilities and activities are based on assessed risk.

Preventing Healthcare Associated Infections (HCAI) remains a priority for the CCG and was again included as one of four national targets in the CCG Quality Premium.

The Health Protection Team has two main functions:

The Infection Prevention and Control element incorporates strategic assurance reporting to the Chief Nurses and their respective CCGs, strategic support and advice to commissioners of NHS funded services and an infection prevention and control supportive oversight to general practice. The CCG federated function also leads on the whole health economy infection prevention and control group which facilitates sharing of best practice, updates on current issues and joint working strategies. This group feeds in to each CCG Governing Body via the Chief Nurses. Finally, the infection prevention and control element leads on both serious and non-serious Healthcare-Associated Infections (HCAI) that are non-acute trust attributed.

This is done using the Post Infection Review and Root Cause Analysis investigation methodology. All of these actions combine to reduce the risk of patients acquiring Health Care Associated Infections wherever that health care is delivered.

The Communicable Disease Control element is largely reactive in nature, however, the Public Health England (PHE) Collaborative Tuberculosis Strategy for England 2015 to 2020 recognises that there is a real benefit in proactively seeking and treating high risk individuals with Latent Tuberculosis Infection (LTBI) and proposes a screening programme commissioned and led by CCGs, however, higher incidence areas will be prioritised via a regional Tuberculosis (TB) control board. The single biggest risk to health in the UK is a large scale communicable disease outbreak, such as pandemic influenza.

In both the Civil Contingencies Act 2004 and the Public Health England Communicable Disease Outbreak Management plan it is recognised that CCGs will coordinate and mobilise provider organisations in response to incidents and outbreaks. The Health Protection Function is best placed to manage this on behalf of the Lincolnshire NHS CCGs from local small scale outbreaks and incidents through to major incidents requiring a multi-agency response.

Immunisation and Vaccination programmes are currently led by Screening and Immunisation Teams who are employed by Public Health England but are embedded within NHS England Area Teams. Most programmes are delivered by general practice with some delivered by other NHS provider organisations. All of these health providers in Lincolnshire are now commissioned by the Lincolnshire NHS CCGs so scrutiny and oversight of the performance of these programmes is our responsibility.

All three of the above elements are intrinsically linked and will often feature in a combined manner in any given situation. An example is a communicable disease incident, for example Hepatitis B, where infection prevention and control would be paramount and a likely response would include a vaccination programme. It is essential therefore that the skills and knowledge required to keep the service current and effective are kept as up to date as possible.

Transforming Care

The national ambition to transform services for people with learning disabilities and autism is embodied in the Transforming Care Programme. The four Lincolnshire CCGs, Lincolnshire County Council and other local partners formed a partnership to re-shape local services to meet the individual needs of local people with learning disabilities and autism.

Our plan is designed to strengthen individuals' rights, embed care and treatment reviews to assess each person's situation, reduce unnecessary hospital admissions and lengthy hospital stays; and a promote a competency framework for staff. This will ensure we have the right skills in the right place and provide the right services to individuals at the right time. The changes are fully supported and promoted by the CCG to ensure that the best interests of service users are considered in any service proposals. The local Transforming Care Partnership has worked hard to achieve a number of key changes to service models; in order to do this we have worked closely with individuals who have learning disabilities and autism and are proud to have secured the skills and knowledge of our experts by experience to help us in this challenge.

Across Lincolnshire the CCG remains at the forefront of developments in service delivery to support the utilisation of Care and Treatment Reviews for patients – this has allowed us to better understand and tailor each service package to meet individual needs. We intend to further extend this work across a wider range of patients as we deliver against the countywide Transforming Care Plan.

Patient, Public and Stakeholder Involvement and Engagement

The CCG is fully committed to involving patients, the public, partners and key stakeholders in the development of its services. By working in partnership we can identify our priorities and understand the needs of our population.

During 2017 we have maintained our commitment to ensure that local patients are engaged and informed of the decisions we make. We have a dedicated lead for patient engagement who works locally to ensure that people understand how they can participate and we continue to develop links with key stakeholders to ensure our engagement activity is promoted widely.

We recognise that people want to get involved at different levels and in a variety of ways. Many of our patients have a limited amount of time to get involved in decisions which may not directly or immediately affect them. We therefore communicate with and involve patients and the public in a range of different ways and use their feedback to help shape our commissioning plans and priorities, and the insight gained is also used to help shape the Lincolnshire Sustainability and Transformation Plan.

Our aims for patient and public involvement are to:

- Put patients at the heart of everything we do
- Commission quality services by consistently involving people in their planning, evaluation and improvement
- Support the development of local patient reference groups such as PPGs
- Ensure that involvement is representative of all our communities
- Share and build on best practice with other NHS organisations in Lincolnshire through the engagement and communications work for the Sustainability and Transformation Partnership.

Involving Patients

Over the past 12 months we have been very keen to create an environment of continuous dialogue with our patients, carers and members of the public. There are lots of ways that members of the public can get involved in the decisions that shape the health services in our area; these are detailed in full on our website.

Examples include:

- Hearing patients stories– a patient's story and experience is a powerful way of capturing those journeys that our patients undergo. It is a personalised way of capturing the good services and treatment received and those areas where improvement is required. These stories help shape those decisions when commissioning services.
- Public consultation – from time to time we are required, by law, to consult with members of the public and patients to seek their views on forthcoming changes that affect them.
- Social Media – has been a great tool to connect us to people and groups that we wouldn't normally speak to. People can connect to us on Twitter and Facebook by getting in touch on @SWLincs_ NHS or @SouthWestLincsCCG

Patient Participation Groups

Patient Participation Groups (PPGs) are in place at the majority of our 19 member GP practices and the CCG regularly engages the PPGs to strengthen the voice of the patient within the CCG.

Our Head of Engagement regularly attends PPG meetings to discuss health services with our patients. We ensure that patients understand how they can get involved both locally at their GP practice but also with the work of the CCG.

We also support the GP practices with their PPGs where historically recruitment and retention of patients has been a concern. The CCG worked together with the National Association of Patient Participation (NAPP) to hold two events, one in November and one in January, where PPG members were invited to learn about the functions, recruitment and challenges of PPGs in South West Lincolnshire. The attendees were given toolkits and information to enable them to grow and develop their own PPGs.

Patient Council

The Patient Council meets once a quarter and focusses on the voice of the patient. The Lay Member for Patient and Public Involvement is the Chair of the Patient Council. The group comprises representatives from each PPG together with representatives from carers, voluntary sector and HealthWatch Lincolnshire.

During this year we have refocused the work of the Patient Council in order to truly understand patient experiences. Patient experience information is gathered and deliberated at each Patient Council meeting. This information consists of stories, experiences collated through engagement activities, Healthwatch reports and information gathered from patient websites such as Care Opinion and NHS choices.

The Patient Council considers the patient experience and asks the CCG to explore certain topics. These topics are presented to the Quality and Patient Experience Committee (QPEC) for consideration and appropriate actions are taken.

Last year the Patient Council looked at the support that was available in the community for patient and families who had recently received a dementia diagnosis. The Patient Council has discussed the importance of healthchecks and the uptake of the appointments; challenged the CCG on the topics of non-emergency transport and medication / prescribing waste.

During the last quarter the Patient Council has supported a communications campaign which targets non-attendance for appointments in GP practices which reminds patients to cancel their appointments.

The Patient Council received equality training and played an integral part in the refresh of the equality delivery system (EDS2) – our action plan for equality and diversity.

This patient group provides a sense check on CCG plans and supports a two-way conversation between the CCG and our patients. The Patient Council has been an advisory board for STP engagement on behalf of the CCG by receiving presentations around projects such as the Care Portal, Neighbourhood Teams, patient transport, workforce and Digital Mental Health.

Patient Participation Involvement Event

In July 2017 we ran a Patient Participation & Involvement event in Sleaford in collaboration with NHS organisations in Lincolnshire and hosted by East Midlands Academic Science Network. We invited patients to come along and hear why patient participation is important and heard from patient reps how participation can make a difference. In the afternoon workshops were held on successful PPGs, Research, Trust Memberships and the Sustainability and Transformation Plan.

If you are interested in becoming involved or would like more information, please contact our engagement team on 01476 406526 or email us on letstalkhealth@southwestlincolnshireccg.nhs.uk

Focussed Engagement

During the year, we have continued to talk to and engage with members of the public, staff, volunteers and other key stakeholders across the county to hear their views and inform the development of our five year health plan, the Sustainability and Transformation Plan (STP).

The STP is a national requirement and since April 2016 we have been working alongside other health organisations in the county, with input from Lincolnshire County Council and other key local partners, to develop a plan to improve the quality of care that we provide, improve health and wellbeing and ensure that we bring the health system back into financial balance by 2021. We built our STP on the basis of the work already undertaken through Lincolnshire Health and Care, which started work in 2014 to develop a new model of care for Lincolnshire where we reached over 18,000 residents.

We have developed our vision and proposals for change by working closely with the public, patients, staff, volunteers, local health professionals and other key stakeholders such as our local politicians and local high interest groups. We believe that our new plan to transform health and care services will only be successful if we worked with the people of Lincolnshire to understand how they wish to access care and what we can do to support them to stay well and healthy.

We ensure that patients understand how they can get involved both locally at their GP practice but also with the work of the CCG.

Since the publication of the STP in December 2016 we have embarked on a countywide round of engagement in order to raise awareness of the five year plan and seek people's views.

We have:

- Participated in over 200 events, briefings and engagement sessions to hear from groups and communities, to feed into the development of the STP
- Held an options appraisal event in January 2017 attended by 150 local healthcare professionals
- Engaged specifically with over 4,000 patients and stakeholders in response to the five year plan being published, including Patient Councils, attending patient groups and support networks, Lincolnshire Healthwatch meetings, and drop in sessions in GP surgeries and children's centres
- Carried out a survey with United Lincolnshire Hospitals NHS Trust, which received more than 800 responses from the public, staff, volunteers, trust members and members of the public
- Public launch of three maternity hubs across the county, including Lincoln, Skegness and Grantham and associated engagement by the Better Births group.
- Held a Lincolnshire Patient Carer and Public networking event in partnership with East Midlands Health Academic Science network.

We continue to engage with patients, carers, members of the public, staff and volunteers to raise awareness about the future plans for health and care in Lincolnshire and to gather feedback.

Social Media

The CCG strongly supports the use of social media as a positive communication channel to provide members of the public, GP practices and other stakeholders with information about what we do and the services we commission.

We use social media to provide opportunities for genuine, open, honest and transparent engagement with stakeholders, giving them a chance to participate and influence decision making. Social media is a great opportunity for us to listen and have conversations with the people we wish to influence. It not only allows us to make announcements, e.g. health news, service information, up-coming events, it allows people to respond to whatever we post and encourages conversation and feedback. Unlike other methods of promotion, social media encourages two way communications in real time.

Our ongoing interactive content strategy is focused on increasing proactive staff input and public engagement, supporting both national campaigns and CCG priorities. Our purpose across stakeholder groups is to inform, engage, educate and inspire.

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Facebook

Facebook allows us to share news, pictures and videos, and also have two-way discussions with the public. By 'liking' our page, users will see our updates in their news feed and can engage with us by reacting to the post, commenting or sharing posts with their friends and family.

We currently have 199 (28 March 2018) followers which is an increase of 243% on this time last year (March 2017). Many of our GP Practices are using Facebook as a way of communicating with their patients and keeping them up to date on practice news.

Twitter

We use Twitter to share snippets of health news and local information, or to have a direct conversation with our partners and other Twitter users. We currently have 1,718 followers (28 March 2018) which is an increase of 27% on this time last year (March 2017). We are always looking to increase our number of followers and encourage people to follow and tweet us and to help spread our messages to their friends and family.

Website

Our website is a portal to communicate and engage with members of the public. We want to ensure that people can easily access information on the CCG and the services available to them. We carry out regular content reviews and continue to develop the site to make it informative, user friendly, easy to navigate and to promote campaigns, events and CCG priorities.
www.southwestlincolnshireccg.nhs.uk

Principles for Remedy

The CCG follows the principles of the Health Service Ombudsman as set out in the 'Principles of Remedy' document, which outlines guidance on how public bodies provide remedies for injustice or hardship resulting from their maladministration or poor service.

The six Principles for Remedy are:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right;
- Seeking continuous improvement.

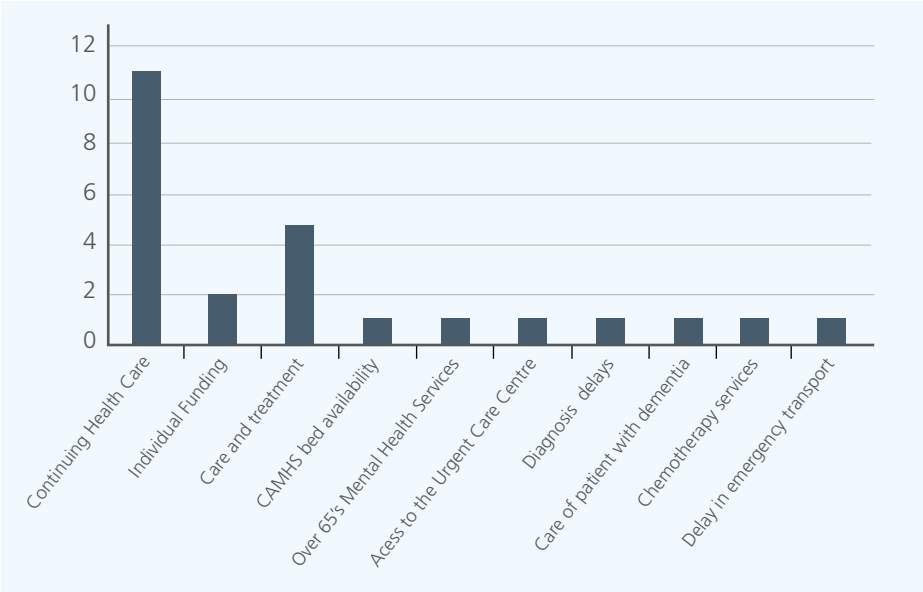
The Principles for Remedy can be viewed at http://www.ombudsman.org.uk/improving-public-service/ombudsmanprinciples-for-remedy

The CCG has adopted all of the six principles of remedy in the development of our complaints handing procedure and they form a core part of the CCG's Complaints Handling Policy that clearly sets out the organisation's process for handling complaints in order for the CCG to meet statutory requirements. The Complaints Handling Policy sets how the CCG takes responsibility, acknowledges failures, provides an apology and uses the learning from any complaint investigation to improve their services.

Compliments, Concerns and Complaints

We welcome receiving complaints as it provides us with the opportunity to learn about and improve the services that we commission. During 1 April 2017 – 31 March 2018 the CCG managed a total of 25 formal complaints, both directly from patients, the public and from Members of Parliament on behalf of their constituents.

These are categorised below:



The chart below details the outcome of the complaints received

Outcomes	Number
Total number of complaints received	25
Upheld	3
Partially Upheld	13
Not Upheld	3
Ongoing complaint. Outcome not yet determined	6

The Nursing and Quality team have received 128 concerns and enquiries that are not managed as complaints but require an issue to be explored and resolved as quickly as possible. The majority of these concerns relate to access to treatment and appointments and to commissioning of services.

Feedback we receive, whether through complaints or through the Patient Council enables us to draw themes and trends which we feedback to our key providers, with the aim of influencing changes in the way we commission services, and also to influence improvements in the quality of care being provided, where patients have highlighted issues.

We continue to be committed to improving the quality of patient care, by a focus on clinical effectiveness, patient safety and patient experience with specific goals to deliver excellent health services and improve the quality of patient care.

Freedom of information

The Freedom of Information Act 2000 (FOI) gives people a general right to access information held by or on behalf of public authorities. It is intended to promote a culture of openness and accountability amongst public sector bodies and to facilitate a better public understanding of how public authorities carry out their duties, why they make the decisions they do and how they spend public money.

Exemptions deal with instances where a public authority may withhold information under the Freedom of information Act or Environmental Information Regulations. Exemptions mainly apply where releasing the information would not be in the public interest, for example, where it would affect law enforcement or harm commercial interests.

Requests are handled in accordance with the terms of the Freedom of Information Act 2000 and wherever possible, best practice guidelines from the Information Commissioner's Officer and the Ministry of Justice are followed to maximise openness and transparency.

In 2017/18 the CCG received 231 individual FOI requests resulting in 1,953 questions being raised and responded to. This compared to 249 requests received in 2016/17.

Topics covered throughout the financial year 2017/18 include:

- Finance
- Medicines
- Contracting and Commissioning
- Treatments and Clinical Procedures
- Continuing Health Care
- Governance
- Strategy
- Formularies for the provision of urology products
- Services commissioned by the CCG
- Disease activity – business intelligence information
- Continuing Health Funding & Personal Health Budgets
- Agency Rates
- Prescribing Systems
- Number and value of contracts by competitive tender
- Hip and Knee replacements
- Performance Monitoring
- The CCG's Sustainability and Transformation plans (STPs)
- Commissioned/Decommissioned Services
- Individual Funding Requests

MONTH FOIs received into CCG	No of FOIs received into the CCG	Number of Individual Questions within each FOI request	Percentage of FOIs processed within 20 working day KPI	Mode category of requester	Mode category of topic
March 2018	19	279	On track to achieve 100% compliance	Corporate	Governance
February 2018	15	272	100%	Individual	Contracting
January 2018	23	148	100%	Individual	Governance
December 2017	15	107	100%	Corporate	Governance
November 2017	26	192	100%	Corporate	Governance
October 2017	14	79	100%	Corporate / Individual	Treatments and Clinical Processes
September 2017	13	96	100%	Corporate	Governance
August 2017	25	202	100%	Corporate	Treatments and Clinical Procedures
July 2017	25	212	100%	Corporate	Treatments and Clinical Procedures
June 2017	17	109	100%	Corporate	Contracts and Commissioning
May 2017	24	147	100%	Corporate	Treatments and Clinical Procedures
April 2017	15	110	100%	Individual	Finance
Total:	231	1953			

Equality and Diversity

Equality and Diversity is managed on behalf of the CCG by the Head of Engagement and Inclusion within the Quality Team.

Within our Equality and Diversity Strategy we have an action plan in the form of the Equality Delivery System (EDS2) which is monitored robustly by the CCG's Quality and Patient Experience Committee.

EDS2 has four goals and 18 outcomes:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, a representative and supported workforce.
- Inclusive leadership.

South West Lincolnshire CCG's Quality and Patient Experience Committee (QPEC) receives regular updates on the progress on our equality and diversity practice and policies.

All staff are required to undertake equality and diversity training which is mandatory. During 2017 our Patient Council also received equality and diversity training to assist with its understanding of the requirements set out in law for the CCG and played an integral part in the annual refresh of the Equality Delivery System (EDS2) and the CCG's equality objectives.

Equality and Diversity Objectives

Our commissioning intentions reflect the EDS2 objectives and outcomes, including the analysis of outcomes for each protected group reflecting comprehensive engagement and using reliable evidence. The CCG has satisfied its duties in line with the Equality Act 2010 in the following respects:

- Developed and refreshed our equality objectives.
- Developed an action plan to meet those objectives.
- The development of an Equality Analysis process to demonstrate due regard to the Public Sector Equality Duty.

The CCG has focused on the following equality objectives to address the areas for improvement highlighted in our self-assessment:

- To ensure equality is everyone's business
- Demonstrate strong leadership on equality so that it remains firmly on the agenda throughout any organisational change
- Make the CCG an employer of choice, with empowered, engaged and well supported staff and a workforce that better represents the communities that we serve
- Ensure that we involve local people in our decision making to ensure we hear the voice of all our communities

Equality Analysis

Equality Impact Assessement (EIAs) are used to evidence due regard to the requirements set out in the Equality Act 2010. Using EIAs helps us to identify whether the service or policy has an adverse impact to our patients particularly people who share a protected characteristic.

The CCG has an equality impact assessment toolkit which is used for both workplace policies and commissioning. This will enable those staff involved in policy, strategy or service reviews / service specifications to carry out a comprehensive assessment.

During this process it is sometimes necessary for us to consult with current/potential service users to fully understand the impacts of the service provision. We have recognised the importance of engaging with local groups with protected characteristics in our communities and are keen to work in partnership with local voluntary and community sector organisations.

In relation to health inequalities we aim to target geographical communities of interest which includes deprivation, vulnerable groups and those who identify as a protected characteristic.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) requires all NHS organisations to demonstrate progress against a number of indicators of workforce equality.

The CCG is fully committed to creating an inclusive workplace that is free from discrimination, where all our staff are empowered to thrive and flourish based on their diverse talent. Our full Statement of Commitment can be found in full on http://southwestlincolnshireccg.nhs.uk/about-us/equality-and-diversity

John Turner
CCG Accountable Officer
May 2018

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