

NHS DERBY AND DERBYSHIRE CCG

GOVERNING BODY – MEETING IN PUBLIC

Date & Time: Thursday 16th June 2022 – 9.30am to 11am
Via Microsoft Teams

Questions from members of the public should be emailed to DDCCG.Enquiries@nhs.net and a response will be provided within seven working days

Item	Subject	Paper	Presenter	Time
GBP/2223/046	Welcome, Apologies & Quoracy Apologies: John MacDonald, Dr Emma Pizzey, Dr Robyn Dewis	Verbal	Dr Avi Bhatia	9.30
GBP/2223/047	Questions from members of the public	Verbal	Dr Avi Bhatia	
GBP/2223/048	Declarations of Interest <ul style="list-style-type: none"> • Register of Interests • Summary register for recording any conflicts of interests during meetings • Glossary 	Papers	Dr Avi Bhatia	
CHAIR AND CHIEF OFFICER REPORTS				
GBP/2223/049	Chair's Report – May 2022	Paper	Dr Avi Bhatia	9.35
GBP/2223/050	Chief Executive Officer's Report – May 2022	Paper	Dr Chris Clayton	
FOR DECISION				
GBP/2223/051	Closedown of CCG Corporate Committees and Annual Reports	Paper	Helen Dillistone	9.50
CORPORATE ASSURANCE				
GBP/2223/052	Finance Report – Month 1	Paper	Richard Chapman	10.30
GBP/2223/053	Joint DDCCG Finance Committee / System Finance and Estates Committee Assurance Report – May 2022	Verbal	Andrew Middleton	

GBP/2223/054	Audit Committee Assurance Report – June 2022	Paper	Ian Gibbard	
GBP/2223/055	Clinical and Lay Commissioning Committee Assurance Report – May 2022	Paper	Ian Gibbard	
GBP/2223/056	Derbyshire Engagement Committee Assurance Report – May 2022	Paper	Martin Whittle	
GBP/2223/057	Primary Care Commissioning Committee Assurance Report – May 2022	Verbal	Professor Ian Shaw	
GBP/2223/058	Quality and Performance Committee Assurance Report – May 2022	Paper	Dr Buk Dhadha	
GBP/2223/059	CCG Risk Register – May 2022	Paper	Helen Dillistone	
GBP/2223/060	Closing Governing Body Assurance Framework 2022/23	Paper	Helen Dillistone	
FOR INFORMATION				
GBP/2223/061	Ratified Minutes of Corporate Committees: <ul style="list-style-type: none"> • Audit Committee – 26.4.2022 • Derbyshire Engagement Committee – 26.4.2022 • Primary Care Commissioning Committee – 27.4.2022 • Quality and Performance Committee – 28.4.2022 	Papers	Committee Chairs	10.50
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/2223/062	Minutes of the Governing Body Meeting in Public held on 5 th May2022	Paper	Dr Avi Bhatia	10.55
GBP/2223/063	Matters arising from the minutes not elsewhere on agenda: <ul style="list-style-type: none"> • Action Log – May 2022 	Paper	Dr Avi Bhatia	
GBP/2223/064	Forward Planner	Paper	Dr Avi Bhatia	
GBP/2223/065	Any Other Business	Verbal	All	

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEMBERS' REGISTER OF INTERESTS 2022/23

*denotes those who have left the CCG, who will be removed from the register six months after their leaving date

Name	Job Title	Committee Member	Also a member of	Declared Interest (including direct/ indirect interest)	Type of Interest				Date of Interest		Action taken to mitigate risk	
					Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To		
Bhatia, Dr Avi	Clinical Chair	Governing Body	Erewash Place Alliance Group Derbyshire Primary Care Leadership Group Joined Up Care Derbyshire Long Term Conditions Workstream	GP Partner at Moir Medical Centre	✓				2000	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				GP Partner at Erewash Health Partnership	✓				April 2018	Ongoing		
				Spouse works for Nottingham University Hospitals in Gynaecology					Ongoing	Ongoing		
Blackwell, Dr Penny	Governing Body GP	Governing Body	Derbyshire Primary Care Leadership Group Derbyshire Place Board Dales Health & Wellbeing Partnership Dales Place Alliance Group Joined Up Care Derbyshire Long Term Conditions Workstream	Director of Flourish Derbyshire Dales CIC, which aims to provide creative arts and activity projects and to support others in this activity for the Derbyshire Dales		✓			Feb 2019	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				GP partner at Hannage Brook Medical Centre, Wirksworth. Interests in Drug misuse	✓				Oct 2010	Ongoing		
				GP lead for Shared Care Pathology, Derbyshire Pathology					2011	Ongoing		
Braithwaite, Bruce	Secondary Care Specialist	Governing Body	Audit Committee Clinical & Lay Commissioning Committee	Shareholder in BD Braithwaite Ltd, which provides clinical services to Independent Healthcare Group and provides private medical services in the East Midlands (including patients who are not eligible for NHS funded treatment according to CCG guidelines)	✓				Aug 2014	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				Employed by Nottingham University Hospital NHS Trust which is commissioned by the CCG to provide services to NHS patients.	✓				Aug 2000	Ongoing		Declare interest in relevant meetings
				Founder Member, Shareholder and Director of Clinical Services for Alliance Surgical plc which is a company that bids for NHS contracts.	✓				July 2007	Ongoing		Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Chapman, Richard	Chief Finance Officer	Governing Body	Clinical & Lay Commissioning Committee System Finance and Estates Committee Primary Care Commissioning Committee	Designate Chief Finance Officer position accepted at Frimley ICB	✓				April 2022	Jun-22	Declare interest if relevant	
				Spouse is a partner in PWC						2019	Ongoing	Declare interest at relevant meetings
				Locum GP at Staffa Health, Tibshelf	✓					Dec 2020	Ongoing	Declare interests at relevant meetings and Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Shareholder in North Eastern Derbyshire Healthcare Ltd	✓					2015	Ongoing	
				Director of IS and RC Limited, providing medical services to Staffa Health and South Hardwick PCN, which includes the role of clinical lead for the Enhanced Health in Care Homes project	✓					03/02/2021	Ongoing	
Cooper, Dr Ruth	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Derbyshire Primary Care Leadership Group North East Derbyshire & Bolsover Place Alliance Group GP Workforce Steering Group Alliance for Clinical Transformation Dermatology System EAF Planned Care Delivery Board Enhanced Health in Care Homes Working Group	Fundraising Activities through Staffa Health to support Ashgate Hospice and Blythe House			✓		Ongoing	Ongoing		

Dentith, Jill	Lay Member for Governance	Governing Body	Audit Committee Governance Committee Primary Care Commissioning Committee Remuneration Committee System Transition Committee System People and Culture Group CCG Transition Working Group	Self-employed through own management consultancy business trading as Jill Dentith Consulting Director of Jon Carr Structural Design Ltd Providing part-time, short term corporate governance support to Sheffield Teaching Hospitals NHS Foundation Trust	✓ ✓ ✓				2012 6 Apr 2021 08.02.2022	Ongoing Ongoing TBC	Declare interests at relevant meetings
Dewis, Dr Robyn	Director of Public Health, Derby City Council	Governing Body	Clinical & Lay Commissioning Committee Clinical Policy Advisory Group Joint Area Prescribing Committee Conditions Specific Delivery Board CVD Delivery Group Derbyshire Place Board Derby City Place Alliance Group Respiratory Delivery Group	Nil							No action required
Dhadda, Dr Bukhtawar S	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee System Finance and Estates Committee Quality & Performance Committee UHDB Clinical Quality Review Group Clinical Policy Advisory Group	GP Partner at Swadincote Surgery Private GP work for Medical Solutions Online (Health Hero)	✓ ✓				2015 March 2022	Ongoing Ongoing	Withdraw from all discussion and voting if organisations are potential providers unless otherwise agreed by the meeting chair
Dillistone, Helen	Executive Director of Corporate Strategy & Delivery	Governing Body	Engagement Committee Governance Committee	Nil							No action required
Gibbard, Ian	Lay Member for Audit	Governing Body	Audit Committee Clinical & Lay Commissioning Committee System Finance and Estates Committee Governance Committee Remuneration Committee Individual Funding Requests Panel	Nil							No action required
Jones, Zara	Executive Director of Commissioning & Operations	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board	Nil							No action required
Lloyd, Dr Steven	Medical Director	Governing Body	CVD Delivery Group Clinical & Lay Commissioning Committee Joined Up Care Derbyshire Long Term Conditions CRHFT Contract Management Board 999 Quality Assurance Group Derbyshire Prescribing Group Derbyshire System Flu Planning Cell System Finance and Estates Committee Primary Care Commissioning Committee Quality & Performance Committee GP Information Governance Assurance Forum Primary & Community Collaborative Delivery Board Derbyshire Primary Care Leadership Group Information Governance Assurance Forum	Salaried sessions at Eyam Surgery Shareholder in premises of Emmett Carr Surgery, Renishaw	✓ ✓	✓			Oct 2021 Ongoing	Ongoing Ongoing	Declare interests at relevant meetings
McCandlish, Simon	Lay Member for Patient and Public Involvement	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Quality & Performance Committee Commissioning for Individuals Panel (Shared Chair)	Nil							No action required
Middleton, Andrew	Lay Member for Finance	Governing Body	Audit Committee Finance Committee (Chair) System Finance and Estates Committee Quality & Performance Committee Remuneration Committee Commissioning for Individuals Panel (Shared Chair)	Lay Vice Chair of East Riding of Yorkshire Clinical Commissioning Group Lay Chair of Performers List Decision Panels for NHS England Central Midlands Lay Chair of Appointment Advisory Committees at United Hospitals Leicester - chairing panels for appointing hospital consultants Independent Non-Executive Director for Finance and Governance for Barnsley Healthcare Federation	✓ ✓ ✓ ✓				Jan 2017 May 2013 Mar 2020 Aug 2021	Mar 2023 Ongoing Mar 2023 Jul 2022	Declare interests at relevant meetings Will not sit on any case which has knowledge of the GP or their practice, or a consultant at Leicester
Pizzey, Dr Emma	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee Erewash Place Alliance Group DCHS Clinical Quality Review Group	Partner at Littlewick Medical Centre Partner at Dr Purnells Surgery Executive director Erewash Health Partnership Involvement with INR service	✓ ✓ ✓ ✓				2002 25 July 2021 Apr 2018 1 April	Ongoing Ongoing Ongoing Ongoing	Declare interests at relevant meetings. The INR service interest is to be noted at Governance Committee due to the procurement highlight report, which refers to, for information only, the INR service re-procurement. No further action is necessary as no decisions will be made at this meeting and the information provided does not cause a conflict.
Shaw, Professor Ian	Lay Member for Primary Care Commissioning	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Primary Care Enhanced Services Review Group	Professor at the University of Nottingham Subject Matter Expert and advisory panel member in relation to research and service development at the Department of Health and Social Care	✓	✓			1992 Jan 2020	Ongoing Jan 2021	Declare interests at relevant meetings

Stacey, Brigid	Chief Nurse Officer	Governing Body	Clinical & Lay Commissioning Committee System Finance and Estates Committee Primary Care Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board CRHFT Clinical Quality Review Group UHDB Contract Management Board UHDB Clinical Quality Review Group EMAS Quality Assurance Group Maternity Transformation Board (Chair)	Daughter is employed as a midwifery support worker at Burton Hospital				✓	Aug 2019	Ongoing	Declare interest at relevant meetings
Strachan, Dr Alexander Gregory	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee CRHFT Clinical Quality Review Group	GP Partner at Killamarsh Medical Practice Member of North East Derbyshire Federation Adult and Children Safeguarding Lead at Killamarsh Medical Practice Member of North East Derbyshire Primary Care Network Director of Killamarsh Pharmacy LLP - I do not run the pharmacy business, but rent out the building to a pharmacist Involvement with INR service	✓ ✓ ✓ ✓	✓ ✓ ✓			2009 2016 2009 18 Mar 2020 2015 1 Apr 2021	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair INR service interest is to be noted at Governance Committee due to the procurement highlight report, which refers to, for information only, the INR service reprourement. No further action is necessary as no decisions will be made at this meeting and the information provided does not cause a conflict.
Wallace, Dean	Director of Public Health, Derbyshire County Council	Governing Body	Derbyshire Place Board	Nil							No action required
Watkins, Dr Merryl	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee	GP Partner at Vernon Street Medical Centre Husband is Anaesthetic and Chronic Pain Consultant at Royal Derby Hospital Member of LMC Executive Committee	✓	✓		✓	2008 1992 7 Apr 2022	Ongoing Ongoing Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Whittle, Martin	Lay Member for Patient and Public Involvement	Governing Body	Engagement Committee System Finance and Estates Committee Governance Committee Quality & Performance Committee Remuneration Committee	Remunerated role of Chair of the Independent Gynae Review Panel relating to activities at UHDBFT	✓				13 December 2021	Ongoing	Declare interest if relevant

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an Individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold” (NHS England, 2017).

Meeting	Date of Meeting	Chair (name)	Director of Corporate Delivery/CCG Meeting Lead	Name of person declaring interest	Agenda item	Details of interest declared	Action taken

Abbreviations & Glossary of Terms

A&E	Accident and Emergency	FIRST	Falls Immediate Response Support Team	PHE	Public Health England
AfC	Agenda for Change	FRP	Financial Recovery Plan	PHM	Population Health Management
AGM	Annual General Meeting	GBAF	Governing Body Assurance Framework	PICU	Psychiatric Intensive Care Unit
AHP	Allied Health Professional	GDPR	General Data Protection Regulation	PID	Project Initiation Document
AQP	Any Qualified Provider	GP	General Practitioner	PIR	Post Infection Review
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit	GPFV	General Practice Forward View	PLCV	Procedures of Limited Clinical Value
ARP	Ambulance Response Programme	GPSI	GP with Specialist Interest	POA	Power of Attorney
ASD	Autistic Spectrum Disorder	HCAI	Healthcare Associated Infection	POD	Project Outline Document
BAME	Black Asian and Minority Ethnic	HDU	High Dependency Unit	POD	Point of Delivery
BCCTH	Better Care Closer to Home	HEE	Health Education England	PPG	Patient Participation Groups
BCF	Better Care Fund	HI	Health Inequalities	PSED	Public Sector Equality Duty
BMI	Body Mass Index	HLE	Healthy Life Expectancy	PwC	Price, Waterhouse, Cooper
bn	Billion	HNA	Health Needs Assessment	Q1	Quarter One reporting period: April – June
BPPC	Better Payment Practice Code	HSJ	Health Service Journal	Q2	Quarter Two reporting period: July – September
BSL	British Sign Language	HWB	Health & Wellbeing Board	Q3	Quarter Three reporting period: October – December
CAMHS	Child and Adolescent Mental Health Services	H1	First half of the financial year	Q4	Quarter Four reporting period: January – March
CATS	Clinical Assessment and Treatment Service	H2	Second half of the financial year	QA	Quality Assurance
CBT	Cognitive Behaviour Therapy	IAF	Improvement and Assessment Framework	QAG	Quality Assurance Group
CCG	Clinical Commissioning Group	IAPT	Improving Access to Psychological Therapies	QIA	Quality Impact Assessment
CDI	Clostridium Difficile	ICM	Institute of Credit Management	QIPP	Quality, Innovation, Productivity and Prevention
CEO (s)	Chief Executive Officer (s)	ICO	Information Commissioner's Office	QUEST	Quality Uninterrupted Education and Study Time
CfV	Commissioning for Value	ICP	Integrated Care Provider	QOF	Quality Outcome Framework

CHC	Continuing Health Care	ICS	Integrated Care System	QP	Quality Premium
CHP	Community Health Partnership	ICU	Intensive Care Unit	Q&PC	Quality and Performance Committee
CMHT	Community Mental Health Team	IG	Information Governance	RAP	Recovery Action Plan
CMP	Capacity Management Plan	IGAF	Information Governance Assurance Forum	RCA	Root Cause Analysis
CNO	Chief Nursing Officer	IGT	Information Governance Toolkit	REMCOM	Remuneration Committee
COO	Chief Operating Officer (s)	IP&C	Infection Prevention & Control	RTT	Referral to Treatment
COP	Court of Protection	IT	Information Technology	RTT	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
COPD	Chronic Obstructive Pulmonary Disorder	IWL	Improving Working Lives	RTT Non admitted	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
CPD	Continuing Professional Development	JAPC	Joint Area Prescribing Committee	RTT Incomplete	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
CPN	Contract Performance Notice	JSAF	Joint Safeguarding Assurance Framework	ROI	Register of Interests
CPRG	Clinical & Professional Reference Group	JSNA	Joint Strategic Needs Assessment	SAAF	Safeguarding Adults Assurance Framework
CQC	Care Quality Commission	JUCD	Joined Up Care Derbyshire	SAR	Service Auditor Reports
CQN	Contract Query Notice	k	Thousand	SAT	Safeguarding Assurance Tool
CQUIN	Commissioning for Quality and Innovation	KPI	Key Performance Indicator	SBS	Shared Business Services
CRG	Clinical Reference Group	LA	Local Authority	SDMP	Sustainable Development Management Plan
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust	LAC	Looked after Children	SEND	Special Educational Needs and Disabilities
CSE	Child Sexual Exploitation	LCFS	Local Counter Fraud Specialist	SIRO	Senior Information Risk Owner
CSF	Commissioner Sustainability Funding	LD	Learning Disabilities	SOC	Strategic Outline Case
CSU	Commissioning Support Unit	LGBT+	Lesbian, Gay, Bisexual and Transgender	SPA	Single Point of Access

CTR	Care and Treatment Reviews	LHRP	Local Health Resilience Partnership	SQI	Supporting Quality Improvement
CVD	Chronic Vascular Disorder	LMC	Local Medical Council	SRO	Senior Responsible Officer
CYP	Children and Young People	LMS	Local Maternity Service	SRT	Self-Assessment Review Toolkit
D2AM	Discharge to Assess and Manage	LPF	Lead Provider Framework	STEIS	Strategic Executive Information System
DAAT	Drug and Alcohol Action Teams	LTP	NHS Long Term Plan	STHFT	Sheffield Teaching Hospital NHS Foundation Trust
DCC	Derbyshire County Council or Derby City Council	LWAB	Local Workforce Action Board	STP	Sustainability and Transformation Partnership
DCHSFT	Derbyshire Community Health Services NHS Foundation Trust	m	Million	T&O	Trauma and Orthopaedics
DCO	Designated Clinical Officer	MAPPA	Multi Agency Public Protection arrangements	TCP	Transforming Care Partnership
DHcFT	Derbyshire Healthcare NHS Foundation Trust	MASH	Multi Agency Safeguarding Hub	UEC	Urgent and Emergency Care
DHSC	Department of Health and Social Care	MCA	Mental Capacity Act	UHDBFT	University Hospitals of Derby and Burton NHS Foundation Trust
DHU	Derbyshire Health United	MDT	Multi-disciplinary Team	UTC	Urgent Treatment Centre
DNA	Did not attend	MH	Mental Health	YTD	Year to Date
DoF (s)	Director (s) of Finance	MHIS	Mental Health Investment Standard	111	The out of hours service is delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
DoH	Department of Health	MIG	Medical Interoperability Gateway	52WW	52 week wait

DOI	Declaration of Interests	MIUs	Minor Injury Units
DoLS	Deprivation of Liberty Safeguards	MMT	Medicines Management Team
DPH	Director of Public Health	MOL	Medicines Order Line
DRRT	Dementia Rapid Response Team	MoM	Map of Medicine
DSN	Diabetic Specialist Nurse	MoMO	Mind of My Own
DTOC	Delayed Transfers of Care	MRSA	Methicillin-resistant Staphylococcus aureus
ED	Emergency Department	MSK	Musculoskeletal
EDS2	Equality Delivery System 2	MTD	Month to Date
EDS3	Equality Delivery System 3	NECS	North of England Commissioning Services
EIA	Equality Impact Assessment	NEPTS	Non-emergency Patient Transport Services
EIHR	Equality, Inclusion and Human Rights		
EIP	Early Intervention in Psychosis	NHSE/ I	NHS England and Improvement
EMASFT	East Midlands Ambulance Service NHS Foundation Trust	NHS e-RS	NHS e-Referral Service
EMAS Red 1	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.	NICE	National Institute for Health and Care Excellence
EMAS Red 2	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is	NUHFT	Nottingham University Hospitals NHS Trust

	presented to the control room telephone switch.		
EMAS A19	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.	OOH	Out of Hours
EMLA	East Midlands Leadership Academy	PALS	Patient Advice and Liaison Service
EoL	End of Life	PAS	Patient Administration System
ENT	Ear Nose and Throat	PCCC	Primary Care Co-Commissioning Committee
EPRR	Emergency Preparedness Resilience and Response	PCD	Patient Confidential Data
FCP	First Contact Practitioner	PCDG	Primary Care Development Group
FFT	Friends and Family Test	PCN	Primary Care Network
FGM	Female Genital Mutilation	PHB's	Personal Health Budgets

Governing Body Meeting in Public

16th June 2022

Item No: 049

Report Title	Chair's Report – May 2022
Author(s)	Dr Avi Bhatia, CCG Clinical Chair
Sponsor (Director)	Dr Avi Bhatia, CCG Clinical Chair

Paper for:	Decision	Assurance	Discussion	Information	x
Assurance Report Signed off by Chair		N/A			
Which committee has the subject matter been through?		N/A			

Recommendations

The Governing Body is requested to **NOTE** the contents of the report.

Report Summary

It is with a sense of pride and excitement that I write my final report as Chair of NHS Derby and Derbyshire Clinical Commissioning Group (CCG); pride in the way this organisation has formed and grown and played an integral and understated part in our health and care system's response to the most challenging period ever for the NHS and excitement in the knowledge that as we continue to emerge from the grips of the Covid-19 pandemic, we have a group of staff transferring from this organisation into the new Integrated Care Board in July that will be in a position to create a legacy for the NHS that will last for years to come.

Since their inception in 2013, what were originally four CCGs that have since merged into one, were tasked with delivering 'clinical commissioning'. The concept aimed to ensure that GPs were the drivers of the policies to improve local health and that the officers of the CCG would deliver the change. As a GP, I embraced the concept and felt it was the correct model for placing clinicians at the heart of decision-making. As Chair of the former Erewash CCG, and as Chair of the merged Derby and Derbyshire CCG since 2019, the journey has been fruitful and with some considerable success. I am very proud of what we have achieved.

Landmark programmes, such as Erewash's vanguard project, North Derbyshire & Hardwick CCG's Better Care Closer to Home programme, and Southern Derbyshire CCG's work on health facilities in Heanor and Belper are lasting legacies that occurred pre-merger. The inception of Primary Care Networks, and the way in which the CCG's own GP members have worked so tirelessly to continue to deliver increasing volumes of care to patients, to work more collaboratively to provide services at scale and created a greater sense of unity to speak with a single service provider voice within the health system leaves a legacy that is unrecognisable from the position in 2013. It another significant legacy of the time as CCGs.

Our financial recovery programme was a very challenging period, but through the difficult deliberations being made at the time, it galvanised our health system to work much more closely together, with an 'open-book' approach to managing the breadth of NHS finances and has created the environment that has enabled us to have such

clarity and unification on our financial position across the system today. The financial challenge has certainly not abated, perhaps more paused due the focus on the pandemic, but we are strategically aligned and have a collaborative foundation on which to build.

Of course, the defining period of the last nine years has been the pandemic. There have been many words spoken about how incredibly NHS staff have striven to support their patients, communities and each other as the rollercoaster of the last 27 months has played out. Within that was the staff from the CCG, very busily managing with partners the system's conversion of national policy around PPE, staff and public testing, support for care homes, the much-heralded vaccination programme and endless other elements that combined to form the pandemic response. To whichever corner of the response to the pandemic we choose to look, there will have been one, two and likely more members of CCG staff either leading, coordinating, managing, volunteering and supporting the vast effort that got our NHS and care services and our patients through these times. The CCG wasn't frontline, but was front and center in supporting it, and it is something else for which we should be very proud.

Of course, not all patients were able to recover from their Covid-19 illness, and we will never forget that the pandemic had such a deadly impact on our population, along with the continued long-term effects we are seeing on many people. Indeed, it had an equally deadly impact on our frontline teams in the Derbyshire NHS, with colleagues lost to the pandemic and I know clinical teams across the county continue to work with them in their thoughts. Close to home, the CCG team will continue to remember our colleagues Georgina and Michael.

There is so much we have learned in these times, and while change in the NHS is something we learn to live with, this moment does feel like the proverbial passing on of the relay baton to our successor organisation, NHS Derby and Derbyshire Integrated Care Board (ICB). The ICB is a different body to the CCG, acting as the NHS executive for our system and blurring the boundaries of the commissioner / provider split we have seen in recent configurations. This will be of benefit to our patients, as we seek collaboration in understanding the needs of our communities.

What will be certain is that our staff and our clinicians will continue to play the central role in the legacy of this new body. Thank you to everyone who has played their part in our success.

Dr Avi Bhatia
Clinical Chair and CPLG Chair

Are there any Resource Implications (including Financial, Staffing etc)?

None

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

N/A

Has a Quality Impact Assessment (QIA) been completed? What were the findings?
N/A
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
N/A
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
N/A
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
N/A
Have any Conflicts of Interest been identified/ actions taken?
None
Governing Body Assurance Framework
N/A
Identification of Key Risks
N/A

Governing Body Meeting in Public

16th June 2022

Item No: 050

Report Title	Chief Executive Officer's Report – May 2022
Author(s)	Dr Chris Clayton, Chief Executive Officer
Sponsor (Director)	Dr Chris Clayton, Chief Executive Officer

Paper for:	Decision	Assurance	Discussion	Information	x
Assurance Report Signed off by Chair			N/A		
Which committee has the subject matter been through?			N/A		

Recommendations

The Governing Body is requested to **RECEIVE** this report and to **NOTE** the items as detailed.

Report Summary

This is the final Chief Executive's Report I will write as accountable officer for NHS Derby and Derbyshire CCG. The CCG will be succeeded by NHS Derby and Derbyshire Integrated Care Board (ICB) on 1 July 2022.

The Chair's Report this month outlines the significant contribution that CCG staff have made to the health and care system's response to one of the most challenging periods ever faced by our services. I share the pride and echo the enormous gratitude that the Chair expresses in his report. There is a track record of delivery and partnership that bodes well for the new ICB as it stands ready to receive the CCG's workforce.

I have stated before that, whilst we have needed to have a significant proportion of our attention on developing the new ICB and to enable it to be ready to operate from July, it has been equally important to maintain focus on the present and ensure that the CCG was dissolved as a going concern, that had managed its business and affairs well and provided the ICB with a solid foundation from which it could make progress. Being distracted by the development of the future position was a risk, but one which we have mitigated. The various reports to Governing Body today and those which will be presented to the first ICB Boards in July and beyond demonstrate an NHS commissioning body that has completed full due diligence and is passing on the current position in good order.

This isn't to say that very significant challenges do not remain; but these longer-term challenges which are well-defined, with strong and collegiate system leadership that owns the position, the numbers and the money. Our recovery from the pandemic has been difficult, along with all other systems, and we continue to see our waiting times for surgery at levels above which we would desire, despite best efforts. We have a significant planned care recovery programme that is working tirelessly to reduce the numbers of patients on long waiting lists and continually reviews those lists to ensure the patients who are most in need are getting care at the right time. We continue to

manage challenges with the flow of patients through our urgent and emergency care system into the community. Our operational teams are continuing to work around the clock to find solutions to these capacity challenges. The financial position remains in underlying deficit, a position well known to us before the pandemic, but the depth of partnership work enables us to see solutions that are aligned to our ambitious transformation programme, with reductions in expenditure linked to improvements in patient care.

Notwithstanding these ongoing matters, the CCG will close down and hand an assured position to the successor ICB. This includes details of outstanding risks being managed by the CCG, the suite of clinical and non-clinical policies which are currently adopted across Derbyshire, right through to the number of Freedom of Information Act requests and complaints that are live at the point of transition. It also includes fully transparent positions on payroll and taxation, our gifts and hospitality registers, a full register of assets and liabilities, the continuation of software licences to ensure financial systems can continue to pay invoices beyond 30 June, right the way through to making sure that we destroy any blank cheques in the CCG's name. The purpose here is to demonstrate a very small percentage of the actions that are required during such an NHS transition process and to assure our Governing Body colleagues that we will complete a robust closedown process and that the ICB will be in receipt of a going concern.

The CCG, along with its four predecessors, have achieved many things during the last nine years since inception. We have been blessed with excellent, committed and creative staff who have worked tirelessly on a huge range of programmes and projects, who have worked to maintain and manage our infrastructure and systems and who have in more recent years worked very flexibly and at pace to support the Derby and Derbyshire system's response to the Covid-19 pandemic. It has been true that our teams have implemented measures at pace that have been the subject of very high national profile, such as testing, vaccinations and changes to services. What has been less apparent in the public spotlight has been the ongoing work the CCG has done to maintain 'business as usual' as well as deliver the transition programme to close the CCG and establish the ICB. I am very grateful to colleagues who have overseen and been involved with this work.

It would be remiss of me to not reflect the current position with the pressures our health and care system continues to face. Our ability to ensure local people are getting the care they need in the right place at the right time has been challenging in recent months as we have seen the flow of people through the health and care system slow down due to a lack of capacity and ongoing staff absences driven by covid. This often results in fluctuations in pressure across the system and May's performance would align with that.

After an initial period of pressure at the start of May things seemed to be steadily improving, however towards the end of the month that pressure began to bubble back up to the surface. A system operational group continues to meet to seek solutions and ensure that everything that can be done to reduce the pressure in the system is being done. Much work is being undertaken to understand what solutions might be possible in the medium and long-term, including how we can seek to prevent admissions being necessary in the first place.

In advance of the extended bank holiday in recognition of the Jubilee celebrations, our system worked closely together to plan, prepare and to mitigate additional pressure on services. The key elements of our communications to public and patients and our network partners were:

- To raise awareness of the reduced GP and pharmacy provision with a view to planning ahead. Anyone who required non-urgent advice was encouraged to contact NHS 111 (digital and telephony).
- To highlight that the medicines ordering period was extended for the Jubilee bank holiday. This was to allow extra time for people to order the medications ahead of the two bank holiday days on Thursday, June 2 and Friday, June 3.
- To highlight that A&E is for life threatening conditions only and that for anything else, a call to NHS 111 or NHS 111 online would help people get to the right place for their condition, first time with often much shorter waiting times.

In addition, we also encouraged families and carers to think and plan ahead so that should their loved ones be ready for discharge from hospital before, or over the bank holiday weekend, they will be prepared.

Whilst it remains very busy indeed, and still with unprecedented challenges when compared to the pre-pandemic times, we can see that generally our patient flow, staff absence rates and emergency department waiting times are improving. Despite the unprecedented challenges, what remains true is that we continue to work very well as a system partnership and our gratitude to staff for everything they have done and are doing is ongoing. I think that is the resounding message at this juncture, the thanks and gratitude to staff for everything that has been achieved as we come to mark the end of the CCG.

Chris Clayton
Accountable Officer & Chief Executive

2. Chief Executive Officer calendar – examples from the regular meetings programme

Meeting and purpose	Attended by	Frequency
System CEO strategy meetings	NHS system CEOs	Fortnightly
JUCD Board meetings	NHS system CEOs	Monthly
System Review Meeting Derbyshire	NHSE/System/CCG	Monthly
Executive Team Meetings	CCG Executives	Weekly
Derbyshire Chief Executives	System/CCG	Bi Monthly
EMAS Strategic Delivery Board	EMAS/CCGs	Bi-Monthly
Joint Health and Wellbeing Board	DCC/System/CCG	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/System/CCG	Monthly
Joint Committee of CCG	CCGs	Monthly

Outbreak Engagement Board	CEOs or nominees	Fortnightly
Partnership Board	CEOs or nominees	Monthly
Clinical Services and Strategies workstream	System Partners	Ad Hoc
Collaborative Commissioning Forum	CCG/NHSE	Monthly
System Transition Assurance Sub-Committee	CCG/System	Monthly
East Midlands ICS Commissioning Board	Regional AOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance & Estates Sub Committee	NHS/System CEOs	Monthly
JUCD Development Session	CCG/System	Ad Hoc
Delegated and Joint commissioning between NHSE & ICS Meeting	CCG/System/NHSE	Ad Hoc
Midlands ICS Executive & NHSEI Timeout	System/CCG/NHSE	Ad Hoc
Regional Operating Model Session - Midlands	System/NHSE	Ad Hoc
Shadow ICB Meeting	System/CCG	Monthly
Annual Report Reviews	CCG	Ad Hoc
CEO Stakeholder Group Meeting	System	Ad Hoc
2022/23 Financial Planning	NHSE/CCG/System	Ad Hoc
ICB Development Session with Deloitte	System	Ad Hoc
Shadow Derby and Derbyshire Integrated Care Partnership (ICP) Meeting	System	Monthly
PHM Development Programme - System Development Workshop 2	NHSE/CCG	Ad Hoc
Urgent SCG for current pressures in the health and care system	System	Ad Hoc
ICB Leadership Event with Amanda Pritchard	NHSE	Ad Hoc
Strategic Intent Executive Group	CCG/System	Monthly

3.0 National developments, research and reports

3.1 The Health and Care Act – six questions

The Health and Care Act which introduces significant reforms to the organisation and delivery of health and care services in England received Royal Assent in April 2022. The Kings Fund explain what the changes brought in by the Act mean in practice. For the full article go [here](#)

3.2 Open letter from NHS, charity and community leaders to people with a weakened immune system

The NHS and charity leaders joined together to encourage people with a weakened immune system to continue to book in or visit a walk-in centre for their COVID-19 vaccines. All individuals aged 12 years and over who are immunosuppressed are advised to receive a spring booster dose of the vaccine, typically six months after their last dose. To find out more go [here](#)

3.3 New review sets out action to improve patient access to primary care

Neighbourhood teams must be central to improving access to primary care for patients, a new review has said. The teams, evolving from Primary Care Networks, should bring together general practice with other parts of the health and care system to improve access and offer regular support to those with complex needs. For more information go [here](#)

3.4 Checks for prostate cancer hit all-time high on back of NHS and charity awareness campaign

Record numbers of men are getting checked for prostate cancer thanks to a lifesaving awareness raising campaign. Urgent referrals for urological cancers reached an all-time high in March this year, with almost 25,000 people (24,331) checked in just one month, following a campaign launched by the NHS and Prostate Cancer UK. For full details go [here](#)

3.5 NHS fast tracks mental health support for millions of pupils

More than 2.4 million children and young people now have access to mental health support in schools and colleges, thanks to the NHS fast tracking services to help address record demand. The NHS rollout is already one year ahead of schedule and more than 500 teams will be confirmed ahead of the April 2023 ambition. For the full article go [here](#)

3.6 Record numbers of disabled staff in senior management roles in the NHS

The number of disabled staff in senior roles in England's health service has more than doubled over the past three years, helping the NHS better meet the needs of patients. For more information go [here](#)

3.7 One million checks delivered by NHS 'one stop shops'

NHS 'one stop shops' have delivered over one million checks and tests since the rollout began, as the biggest catch up programme in health history gathers pace. Over 90 community diagnostic centres (CDCs) are already freeing up hospital capacity by offering MRI, CT and other services closer to patients' homes, often in the heart of local communities. Tests and checks carried out at these sites will help staff diagnose a range of conditions including cancer, heart and lung disease quicker to ensure patients get the care they need more quickly. For more information go [here](#)

3.8 NHS TV adverts to urge cancer checks

People are being encouraged to get checked for cancer in a new TV campaign launched by the NHS. The campaign aims to combat cancer fears, after polling by NHS England showed almost one-third of patients would delay visiting a GP due to worries about receiving bad news or wasting NHS time.

4.0 Local developments

4.1 Dr Hal Spencer confirmed as new Chief Executive of Chesterfield Royal Hospital

Chesterfield Royal Hospital have confirmed the appointment of Dr Hal Spencer as their new Chief Executive. Dr Spencer began his career at the hospital as a junior doctor and becomes Chief Executive after previously serving as medical director.

4.2 Derbyshire Dialogue on 29 June is about the End of Life Strategy

In 2019 Joined Up Care Derbyshire (JUCD) agreed an End of Life (EoL) strategy to meet the care needs of those thought to be in the last stage of life, enabling them to live as well as possible until they die. It was recognised that there is currently a wide variation in the services available for EoL across the county and that a review of services was needed to ensure that NHS England standards for EoL care are met and most importantly to provide the care that people tell us they need to die comfortably in the setting of their choice and with dignity.

Our vision is to structure end of life services in a way that provides care and support tailored to the individual needs of patients and their family members and/or carers during this time of life. In order to achieve this outcome, we are looking to create a process that refers patients to a Single Point of Access (SPA) for the full range of End of Life care and support services. It is important that local people's voices are heard so that we can develop a SPA that reflects their needs and aspirations. We will talk about some work that has already been done with patients, carers and stakeholders and how we plan to build on this to ensure everybody gets the chance to be heard.

To book onto the session please click [here](#).

4.3 Covid Spring Booster Vaccination

As part of our ongoing vaccination programme, the mobile vaccination service is still in full swing and continues to visit various communities across Derby and Derbyshire. The aim is to provide an opportunity for those who have not yet managed to get their vaccine to come along and talk through any concerns they may have and to receive their life-saving vaccine. The service has been successful in reaching those communities who may find it difficult to attend a larger vaccine clinic and we are now beginning to roll out clinics for children aged 5-11 to support families to get their children vaccinated. You can keep up to date on the vaccination programme and where the mobile service is visiting in the coming weeks by visiting the [Joined Up Care Derbyshire website](#).

4.4 Patient Feedback For Rehabilitation services

Derby and Derbyshire Clinical Commissioning Group have recently commenced a review of rehabilitation services across a range of specialties. We want to gather information on people's lived experiences of the NHS rehabilitation services and the care they received in the following:

- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Vocational Rehabilitation
- Stroke/neurology rehabilitation

If you, or someone you know has experienced the rehabilitation services within the last two years then we encourage you to tell us your thoughts and opinions here: <https://derbyshireinvolvement.co.uk/rehabilitationservices> so we can work on making these services better.

4.5 Platinum Jubilee celebrations and Volunteers Week

Alongside our system approach in preparing for the extended Jubilee bank holiday, we were mindful that the Jubilee weekend also incorporated the national Jubilee "Thank You Day" on Sunday 5 June which was followed by Volunteers Week. In addition to thanking our staff, we also shared the following message across our networks; "On behalf of colleagues at Derby and Derbyshire CCG, we want to say thank you to all our colleagues for the work you do on behalf of those who use and benefit from the services we provide together as part of the health and social care system for Derby and Derbyshire. This is particularly so over the last two years which have been so challenging for us all, so please do share this message with your teams." The NHS celebrates its 74th birthday on 5 July and recruitment is the theme for this year so we will be working to raise the profile of this vitally important aspect in our 74th birthday communications.

Are there any Resource Implications (including Financial, Staffing etc.)?

Not Applicable

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

Not Applicable

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

Not Applicable

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

Not Applicable

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below

Not Applicable

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below

Not Applicable

Have any Conflicts of Interest been identified/ actions taken?

None Identified

Governing Body Assurance Framework

Not Applicable

Identification of Key Risks

Not Applicable

Governing Body Meeting in Public

16th June 2022

Item No: 051

Report Title	Closedown of CCG Corporate Committees and Annual Reports
Author(s)	Chairs of CCG Committees Fran Palmer, Corporate Governance Manager Suzanne Pickering, Head of Governance
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	Decision	x	Assurance	Discussion	Information
Assurance Report Signed off by Chair			N/A		
Which committee has the subject matter been through?			Audit Committee – 10 th June 2022 CLCC – 12 th May 2022 Engagement – 17 th May 2022 Finance – 26 th May 2022 PCCC – 25 th May 2022		
Recommendations					
The Governing Body is requested to APPROVE the contents of the following Corporate Committee Annual Reports for April 2021 to June 2022, including the closure position of live risks, actions and matters for the committee as at the end of June 2022:					
<ul style="list-style-type: none"> • Audit Committee • Clinical & Lay Commissioning Committee • Engagement Committee • Finance Committee • Primary Care Commissioning Committee 					
Report Summary					
NHS Derby and Derbyshire CCG has finalised its preparations for the close down of the CCG and the closure of business of the Corporate Committees; and the transfer of outstanding live matters to the new committees of the NHS Derby and Derbyshire Integrated Care Board (ICB).					
It is also a requirement for Committees of the CCG to produce an Annual Report each financial year, as set out in the terms of reference. This report provides the Governing Body with a review of the work that each Corporate Committee has completed during the period 1 April 2021 to 30 June 2022, and the live matters of					

business which will transfer to the new Corporate Committees of the NHS Derby and Derbyshire Integrated Care Board, which can be found in Appendix Two.

Are there any Resource Implications (including Financial, Staffing etc)?

Not applicable.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

Not applicable.

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

Not applicable.

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

Not applicable.

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below

Not applicable.

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below

Not applicable.

Have any Conflicts of Interest been identified / actions taken?

Not applicable.

Governing Body Assurance Framework

The report provides evidence relevant to the committee's responsibilities in relation to the Assurance Framework.

Identification of Key Risks

The report provides evidence relevant to the committee's responsibilities in relation to the Risk Register.

Audit Committee Annual Report April 2021–June 2022

AUDIT COMMITTEE ANNUAL REPORT APRIL 2021–JUNE 2022

1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Audit Committee and covers the period from 1st April 2021 to 30th June 2022. In responding to the timetable for Integrated Care Board (ICB) transition it is being prepared in advance of the year end auditor's findings and value for money conclusion, which will be communicated separately to Governing Body.
- 1.2 The report provides the Governing Body and Accountable Officer with evidence relevant to their responsibilities in relation to the Assurance Framework and Governance Statement. The production of an annual report is recommended good practice for all UK based audit committees and is included in the NHS Audit Committee Handbook.
- 1.3 The operation of an independent Audit Committee is a central means by which the CCG Governing Body ensures effective internal control arrangements are in place.

2. CONTEXT

- 2.1 The Audit Committee is accountable to the Governing Body and is constituted in line with the provisions of the NHS Audit Committee Handbook and the guidance issued by the UK Financial Reporting Council. It has overseen internal and external audit plans and the risk management and internal control processes (financial and quality), including control processes around counter fraud.
- 2.2 The work of the Audit Committee is driven by the strategic objectives identified by the CCG, and their associated risks. It operates a programme of audit assignments, agreed by the CCG, which is flexible to new and emerging priorities and risks. The Audit Committee also monitors the integrity of the financial and other disclosure statements of the CCG and any other formal reporting relating to the CCG's statutory performance. The planned work of the committee has inevitably had to respond to the impact of the continuing health emergency during the year, resulting in modifications to its usual ways of working and the scope of some of its assignments.

3. MEMBERSHIP

- 3.1 The Audit Committee was constituted in accordance with statute, and membership comprised the respective lay members of the CCG's Governing Body under their terms of reference. A minimum benchmark of one meeting per quarter at appropriate times in the reporting and audit cycle is suggested. The Committee met 10 times during April 2021 to June 2022. All meetings were fully quorate. The quorum necessary for the transaction of business is two members. The full membership attendance can be found at Appendix One.
- 3.2 Additionally, the Audit Committee held a number of confidential meetings to discuss the procurement of Internal and External Audit services, a CCG data breach and salary overpayment write-off.

4. INTERNAL AUDIT SERVICE

- 4.1 360 Assurance carry out a range of activities to provide an independent and objective opinion to the Accountable Officer, the Governing Body, and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's objectives. The activities are conducted against a work plan and in accordance with the 360 Assurance contract.
- 4.2 During the year the committee has shifted the focus of the audit service towards work associated with the transition to an Integrated Care System. All work has been carried out within scheduled timescales and against a set of reported Key Performance Indicators. The contract with 360 Assurance is entering its final year and the ICB will wish to consider its options for this service beyond March 2023.
- 4.3 Following the conclusion of its 2021/22 work programme, 360 Assurance issued a Head of Internal Audit Opinion of 'significant assurance'. A summary of completed assignments is at paragraph 6.3.

5 EXTERNAL AUDIT SERVICE

- 5.1 The statutory external audit service is provided to the CCG by KPMG. The service has included the preparation of various reports, including a risk assessment, value for money conclusion, and planning in preparation for the year-end audit of financial statements. The end of year audit 2021/22 delivered an unqualified opinion that the financial statements:
- 5.1.1 gave a true and fair view of the state of the CCG's affairs as at 31st March 2022 and of its income and expenditure for the year then ended; and
- 5.1.2 had been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2021/22.
- 5.2 In the course of the year following a competitive process KPMG has been reappointed as auditors to the CCG with contract provision for the service to be available to the ICB and system partners. The Audit Committee is of the opinion that the service provided represents fair value for money against a backdrop of tightened market conditions.

6. OUTPUTS OF THE AUDIT COMMITTEE

The main outputs of the Audit Committee are summarised below:

6.1 Financial Reporting

During the year the Audit Committee has overseen the preparation and planning for the 2021/22 Annual Accounts audit in accordance with the published NHS timetable. The external audit risk assessment presented by KPMG to the committee in March 2022 identified two areas for significant attention:

- Financial sustainability arising from the underlying deficit

- Governance relating to the ICB transition and boundary change

The committee has previously discussed these risks within the context of the BAF.

Planning for the introduction of the new lease accounting standard (IFRS16) from April 2022 has been reviewed during the year and the committee has been assured on the estimating assumptions adopted.

6.2 Counter Fraud

- 6.2.1 Between April 2021 and June 2022, the CCG engaged with the Counter Fraud Specialist via 360 Assurance and used their input to ensure that appropriate policies and procedures were in place to mitigate the risks posed by Fraud, Bribery and Corruption.
- 6.2.2 The Accredited Counter Fraud Specialist regularly attended Audit Committee meetings and provided comprehensive updates on progress towards completion of the Annual Work Plan and compliance with the Standards for Commissioners.
- 6.2.5 Any instances of fraud have been reported to the committee throughout the year, and the Counter Fraud Specialist has continued to brief CCG staff on developments in fraud prevention. At March 2022 there are no areas of concern to report to Governing Body.

6.3 Internal Controls

The following Audit Reports from the 2021/22 programme were considered by the Committee, together with the Head of Internal Audit Opinion:

Audit Assignment	Assurance Level
Contracting for Continuing Healthcare	Significant
Conflicts of Interest	Substantial
Primary Medical Care Services – Finance Arrangements	Full
Section 117, CHC and Prescribing Benchmarking	N/A
Integrity of the General Ledger and Financial Reporting	Significant
Date Protection Security Toolkit	Significant
ICB Transition Financial Arrangements	N/A
Financial Governance Decision Making During Covid-19 Pandemic	Significant
Future People Services Project Assurance	Draft report issued
JUCD Transformation and Efficiency Review	Final draft report issued
Personal Health Budgets	Fieldwork ongoing

Any key risks which are highlighted within the reports were added to the CCG Assurance Framework.

6.4 Freedom to Speak Up Guardian

The CCG has a Raising Concerns at Work (Whistleblowing) Policy which supports employees in reporting genuine concerns about wrongdoing at work. The Freedom to Speak Up Guardian supports employees to speak up when they feel that they are unable to do so by any other means. The CCG's Lay Member for Governance is our Freedom to Speak Up Guardian, and they act as an independent and impartial source of advice to staff at any stage of raising a concern.

In October 2021, the CCG recruited three members of staff who volunteered to become our Freedom to Speak Up Ambassadors. The Ambassador's role is to support and advise CCG staff, usually when they are unable to resolve problems locally when raising concerns.

The Freedom to Speak Up Guardian presents a report to each Audit Committee meeting to update it of any concerns that have been raised. During 2021/22 the CCG had five concerns raised through the freedom to speak up process.

6.5 Corporate Governance

During the year Governing Body agreed to expand the committee's terms of reference to include oversight of the transition of its assurance functions to the ICB and accordingly it has had the opportunity to receive regular updates, including internal audit reports, on the impact of these planned changes. Overall, the committee has been reassured by the professional and comprehensive response of the executive team to the transition programme whilst addressing the many pressures and constraints arising from the Covid-19 pandemic. Specific assurances have also been sought on the management of conflicts of interest, risk management and 'freedom to speak up'. The Committee Chair provided a corporate assurance report to the Governing Body, following each meeting of the Audit Committee.

The Audit Committee held an extraordinary meeting on the 18th May to scrutinise and gain assurance on the Due Diligence Checklist evidence and process on the close down of the CCG and establishment of the ICB. The Due Diligence assurance included evidence to demonstrate:

- The progress of the Financial Transition Project to ensure the smooth transition of the financial systems and banking arrangements.
- The closure of NHS Derby and Derbyshire CCG and the boundary change for Derby and Derbyshire ICB relating to the Glossop transfer.

The Audit Committee were assured and agreed that the process and actions for the safe and legal closure of the CCG were sufficient and permitted the Chief Executive Officer to provide assurance of the Due Diligence Checklist to the NHS England and Improvement Midlands Regional Director.

7. AUDIT COMMITTEE PERFORMANCE

- 7.1 The Audit Committee is committed to operating in a manner which is effective and efficient, continuing to provide best value return on time and resources invested in it. Specifically, its agenda has been designed to provide adequate consideration of the financial and other risks to the achievement of the CCG's strategic objectives

whilst acknowledging the monthly operational cycle of other Governing Body sub-committees.

- 7.2 The Audit Committee continues to monitor compliance with the requirements of the NHS Audit Committee Handbook and has reviewed its terms of reference within the constitution of the CCG and its development needs based on a Maturity Matrix Self-Assessment. The competence, commitment and challenge provided by individual members is a recognised strength of the committee.

8. ISSUES ARISING FROM THE COMMITTEE'S WORK

The end of year financial report preparation and audit certification was accomplished on time and the audit certification identified no issues of concern. Risks identified in the external audit plan have been satisfactorily mitigated. As part of its year end work the CCG received Independent Service Auditor Reports on the work of NHS business partners which delivered assurances below the level required. The committee did not receive reports on the work of the IT and business intelligence partner North of England Commissioning Support Unit (NECS), or Continuing Healthcare partner Midlands and Lancashire Commissioning Support Unit, as there is currently no contractual obligation to provide them.

9. CLOSE DOWN OF CCG AND TRANSFER TO ICB

- 9.1 This Annual Report prepares for the close down of the CCG and the closure of business of the Corporate Committees; and the transfer of outstanding matters to the ICB Committees.
- 9.2 The live matters of business which will transfer to the new Committees of the NHS Derby and Derbyshire Integrated Care Board can be found in Appendix Two.

10. CONCLUSION

The Audit Committee has previously confirmed to Governing Body, based on its work between April 2021 and June 2022, that it considers the internal control framework to be appropriate and effective. The committee extends its appreciation to the Finance and Governance teams for their hard work and support to the committee's agenda.

Similarly, the committee has earlier noted and commended the achievement of the organisation's stretching financial targets, reflected also in the well-prepared set of annual report and accounts.

The continuing shift in risks and controls within the Assurance Framework, stemming from the many new demands being placed on the NHS, will require further scrutiny in the coming year. The ICB will wish to test these assurances on a regular basis.

Ian Gibbard
Chair of Audit Committee & Lay Member for Audit
June 2022

APPENDIX ONE

Audit Committee Attendance Record April 2021–June 2022

Audit Committee Member	28 Apr 2021	25 May 2021	16 Sep 2021	18 Nov 2021	17 Dec 2021	20 Jan 2022	17 Mar 2022	26 Apr 2022	18 May 2022	10 June 2022
Ian Gibbard <i>Chair, Lay Member for Audit and Conflicts of Interest Guardian</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jill Dentith <i>Deputy Chair, Lay Member for Governance and Freedom to Speak Up Guardian</i>	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
Andrew Middleton <i>Lay Member for Finance and Sustainability Champion</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Bruce Braithwaite <i>Secondary Care Consultant⁺</i>	X	X	X	X	X	X	X	X	X	X

⁺ 'By invitation' in accordance with the Committee's workplan or where clinical input is required.

APPENDIX TWO

Live matters of business to be transferred to NHS Derby and Derbyshire Integrated Care Board

Live Committee Risks at 10.06.22

Risk Reference	Risk Description	Risk Score	Existing Executive owner	Rationale for transfer of risk to ICB	Responsible ICB Committee	ICB Executive Owner
External Audit Value for Money Risk Assessment	Financial Sustainability Due to the underlying deficit at both the CCG and Integrated Care System (ICS) level as well as uncertainty surrounding future funding arrangements, there is a risk that the CCG does not have in place adequate arrangements to achieve financial sustainability in the medium term.	Amber - Significant	Richard Chapman	This risk has been identified as part of the value for money risk assessment, No significant weaknesses have been identified as part of the KPMG ISA 260 Year End Report 2021/22	Not applicable	Not applicable
External Audit Value for Money Risk Assessment	Governance With the anticipated dissolution of the CCG and creation of the ICB from 1 July 2022, which includes the boundary change resulting in the Glossop element of NHS Tameside & Glossop CCG joining the Derbyshire ICB, there is a risk that the CCG does not have in place adequate governance arrangements concerning this process.	Amber – Significant	Richard Chapman/ Helen Dillistone	This risk has been identified as part of the value for money risk assessment, No significant weaknesses have been identified as part of the KPMG ISA 260 Year End Report 2021/22	Not applicable	Not applicable

Live Committee Emerging Risks Actions 10.06.22 (including forward planner activity)

Action Reference	Action Description	Action Owner	Action update	Next update due date	ICB committee for transfer
AC2021/ 485	Risk Register Report – Rationale and justification for the reduction and closure of Engagement Committee Risk 16 to be circulated to the Audit Committee.				Audit and Governance Committee

Live Committee Matters at 10.06.22

Agenda Reference	Description	Rationale for transfer of issue to ICB	Reference to Committee Minutes for transfer to ICB Committee
N/A	Closing CCG Annual Report and Accounts for the period April 2022 to 30 June 2022	The draft CCG Month 3 2022/23 Annual Report and Accounts are required to be submitted to NHSE 22 nd July 2022. The ICB Audit and Governance Committee will be required to approve the final 2022/23 Month 3 CCG Annual Report and Accounts.	10 th June 2022 CCG Audit Committee
CAC/2021/06	Internal Audit Re-procurement – current contract for Internal Audit ends on 31 March 2023	This is a requirement for the ICB Audit and Governance Committee to make a decision following establishment on the 1 July 2022.	17 th March CCG Audit Committee
AC/2223/10	Service Auditor Reports	Work with Internal Auditors to test the controls of assurance of services.	10 th June Audit Committee
AC/2223/12	Single Tender Waivers (STW)	The increased number of STW's has been situational during the last 18 months and is expected to return to a normal level.	10 th June Audit Committee

**Clinical & Lay
Commissioning Committee
Public Annual Report
April 2021–June 2022**

CLINICAL & LAY COMMISSIONING COMMITTEE PUBLIC ANNUAL REPORT APRIL 2021–JUNE 2022

1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Clinical & Lay Commissioning Committee and covers the period from 1st April 2021 to 30th June 2022.
- 1.2 The report provides the Governing Body and Accountable Officer with evidence relevant to their responsibilities of:
- 1.2.1 developing and implementing the commissioning strategy and policy of the CCG and helping to secure the continuous improvement of the quality of services; and
- 1.2.2 retaining a focus on health inequalities, improved outcomes and quality; and ensuring that the delivery of the CCG's strategic and operational plans are achieved within financial allocations.
- 1.3 The Clinical & Lay Commissioning Committee has delegated authority to make decisions within the limits as set out in the CCG's Schemes of Reservation and Delegation.

2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee between April 2021 and June 2022 was comprised of:
- 3 x GPs (GP Governing Body members providing appropriate geographical coverage and the Chair)
 - 1 x Clinical representatives taken from clinical lead roles
 - 1 x Secondary Care Doctor
 - 3 x Lay Members
 - 1 x Chief Nurse Officer
 - 1 x Medical Director
 - 1x Chief Finance Officer
 - 1 x Public Health Representative
 - 1 x Executive Director of Commissioning Operations
- 2.2 The Committee met 15 times during April 2021 to June 2022. The quorum necessary for the transaction of business was six members, including four Clinicians (can include the Chair), one Lay Member and one Executive Lead. All meetings were fully quorate. The full membership attendance can be found at Appendix One.

3. KEY AREAS OF REVIEW

The Clinical & Lay Commissioning Committee ensured that arrangements were in place to deliver on their duties, which included the review and approval of work in the following areas:

3.1 Commissioning

- Approved the following:
 - Learning Disability & Autism VCSE sector 'lead organisation'
 - Employment Advisors in IAPT Contract Award
- Reviewed the following:
 - Children & Young Persons Mental Health Transformation Plan
 - Evidence Based Interventions Guidance
 - Better Care Fund Plans

3.2 Business Cases and Investments

Provided a clinical opinion on Psychiatric Intensive Care Units

3.3 Policies and Position Statements

Ratified or made suggestions to a number of policies and position statements, which were reviewed and approved by the Clinical Policy Advisory Group. This included policies and position statements in the following areas:

- Abdominoplasty
- Acupuncture
- ADHD Assessment Guidance
- Arthroscopic Shoulder Decompression for Subacromial Pain
- Arthroscopic Surgery for Degenerative Meniscal Tears
- Breast Implant Removal
- Cataract Surgery
- Circumcision
- Congenital Pigmented Lesion
- Dilatation and Curettage for Heavy Menstrual Bleeding in women
- Dupuytren's Contracture
- Epidermoid and Pilar Cyst
- Epidurals for all forms of Sciatica (Lumbar Radiculopathy)
- Exercise ECG for screening for Coronary Heart Disease
- Facet Joint Injections
- Fitting/Removal of Intra-uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care
- Fusion Surgery for Mechanical axial low back pain
- Ganglion Cysts
- Hysterectomy for Menorrhagia
- Injections for Non-specific Back Pain
- Laser Treatment for Skin Conditions
- Lumbar Discectomy
- Lumbar Radiofrequency Facet Joint Denervation

- Lycra body suits for postural management of cerebral palsy and other musculoskeletal/neurological conditions
- Male Breast Reduction Surgery for Gynaecomastia
- Non-Standard MRI Scan
- Oraya Therapy for the Treatment of Wet Age-related Macular Degeneration
- Photodynamic Therapy for Management of Central Serous Chorioretinopathy
- Removal of Benign Skin Lesions
- Surgical Intervention for Chronic Rhinosinusitis
- Surgical Removal of Epidermoid and Pilar Cysts
- Surgical Removal of Lipomas
- Treatment of Congenital Pigmented Lesions on the face
- Trigger Finger

The Committee were also assured during April 2021 to June 2022 that the Clinical Policy Advisory Group reviewed Individual Funding Request cases submitted and Interventional Procedures Guidance, Medtech Innovation Briefings, Medical Technology Guidance and Diagnostic Technologies (DGs).

3.4 **Risk Management**

Agreed and regularly reviewed and updated the Emerging Risk Tracker, Risk Register and Governing Body Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the CCG's Governing Body.

3.5 **Corporate Assurance**

- Received minutes and highlights from the Joint Area Prescribing Committee; Derbyshire Prescribing Group; and Clinical Policy Reference Group.
- Produced a monthly corporate assurance report to the Governing Body, following each meeting of the Clinical & Lay Commissioning Committee

4. **CLOSE DOWN OF CCG AND TRANSFER TO ICB**

- 4.1 This Annual Report prepares for the close down of the CCG and the closure of business of the Corporate Committees; and the transfer of outstanding matters to the ICB Committees.
- 4.2 The live matters of business which will transfer to the new Committees of the NHS Derby and Derbyshire Integrated Care Board can be found in Appendix Two.

5. **CONCLUSION**

We come to the end of another challenging year for all, managing the repeated waves of Covid-19 which has meant we have continued to meet virtually. Despite this, we achieve very good attendance from both our clinical and lay membership who continue to provide scrutiny and rigorous challenge during our discussion and decision making.

The additional challenge we have been grappling with this year is how the assurance that this committee provides currently to the CCG (and indirectly the whole health community and system) can be transferred to the new Integrated Care System: we continue with these discussions.

Finally, can I once again thank colleagues for their continued dedication to the committee and their support.

Professor Ian Shaw

Chair of Clinical & Lay Commissioning Committee & Governing Body Lay Member

June 2022

APPENDIX ONE

Clinical & Lay Commissioning Committee Attendance Record April 2021–June 2022

Clinical & Lay Commissioning Committee Member	8 Apr 2021	13 May 2021	10 Jun 2021	8 Jul 2021	12 Aug 2021	9 Sep 2021	14 Oct 2021	11 Nov 2021	9 Dec 2021	13 Jan 2022	10 Feb 2022	10 Mar 2022	14 Apr 2022	12 May 2022	9 Jun 2022 ¹
Dr Ruth Cooper ² <i>Chair, GP Member</i>	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	X			
Professor Ian Shaw <i>Deputy Chair, Lay Member for Primary Care Commissioning</i>	✓	✓	✓	X	X	X	X	X	✓	✓	✓	X	✓	X	
Dr Bukhtawar Dhadda <i>GP Member</i>	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	X	✓	X	
Dr Emma Pizzey <i>GP Member</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	
Dr Greg Strachan <i>GP Member</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dr Merryl Watkins <i>GP Member</i>	✓	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	X	✓	
Dr Bruce Braithwaite <i>Secondary Care Consultant</i>	✓	✓	✓	X	✓	X	✓	X	X	X	✓	X	X	X	
Simon McCandlish <i>Lay Member for Patient and Public Involvement</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ian Gibbard <i>Lay Member for Audit & Conflicts of Interest Guardian</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	
Brigid Stacey <i>Chief Nurse Officer</i>	X	X	X*	X*	X*	X*	✓	X*	✓	X*	✓	X*	X*	✓	
Richard Chapman <i>Chief Finance Officer</i>	✓	✓	✓	✓	X*	✓	X*	X*	X*	X*	✓	✓	✓	X*	
Dr Steven Lloyd <i>Executive Medical Director</i>	X*	X*	X	✓	✓	✓	✓	✓	✓	X	✓	X*	✓	✓	
Dr Robyn Dewis <i>Public Health Representative</i>	X	X	X	X	X	X*	X*	X*	X*	X*	X	X	X	X	
Zara Jones <i>Executive Director of Commissioning Operations</i>	✓	✓	✓	✓	X*	✓	✓	✓	✓	✓	✓	✓	✓	X*	

For those items with * above please note that a deputy was present to ensure quoracy

¹ Please note that this meeting has not yet taken place. Attendance will be updated once the meeting has occurred.

² Dr Ruth Cooper left the CCG on the 31st March 2022, Professor Ian Shaw took over the role of Chair from the 1st April 2022.

APPENDIX TWO

Live matters of business to be transferred to NHS Derby and Derbyshire Integrated Care Board

Live Committee Risks at 9.06.22

Risk Reference	Risk Description	Risk Score	Existing Executive owner	Rationale for transfer of risk to ICB	Responsible ICB Committee	ICB Executive Owner
GBAF 3	Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.	12	Zara Jones	New processes, ways of working and implications of transfer to ICB will continue past 1 st July and therefore this risk remains live.	Strategic Population Health and Commissioning Committee	Zara Jones

Live Committee Matters at 09.06.22

Agenda Reference	Description	Rationale for transfer of issue to ICB	Reference to Committee Minutes for transfer to ICB Committee
	MSK review Quarterly update	Quarterly Updates required, next update due Sept 2022	June 2022 CLCC minutes
	Team Up Update	Quarterly Updates required, next update due Sept 2022	June 2022 CLCC minutes
	Joint Area Prescribing Committee (JAPC) Minutes and bulletin	Monthly update required	June 2022 CLCC minutes
	Clinical Policy Advisory Group (CPAG) Minutes and bulletin	Monthly update required	June 2022 CLCC minutes
	Derbyshire Prescribing Group (DPG) report/minutes	Monthly update required	June 2022 CLCC minutes

Derbyshire Engagement Committee Annual Report April 2021–June 2022

ENGAGEMENT COMMITTEE ANNUAL REPORT

APRIL 2021–JUNE 2022

1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Engagement Committee and covers the period from 1st April 2021 to 30th June 2022.
- 1.2 The report provides the Governing Body and Accountable Officer with evidence relevant to their responsibilities of ensuring the CCG is involving patients in decisions about health services and that robust processes are in place to ensure that the CCG is fully compliant with their statutory obligations.
- 1.3 The Engagement Committee can sign off the approach to all formal consultation programmes, either with delegated authority from the CCG's Governing Body or prior to their final sign off at those meetings.

2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee comprised of:

- Voting Members
 - Governing Body Lay Member – Patient and Public Involvement Lead (Chair)
 - Governing Body Lay Member - Patient and Public Involvement Lead (Vice-Chair)
 - Governing Body Lay Member - Primary Care Commissioning Lead
 - Foundation Trust Governor – Secondary Care – Chesterfield Royal Hospital NHS Foundation Trust
 - Foundation Trust Governor – Secondary Care – University Hospitals of Derby & Burton NHS Foundation Trust
 - Foundation Trust Governor – Community
 - Foundation Trust Governor – Mental Health
 - Derbyshire County Council representative
 - Derby City Council representative
 - Clinical representative
 - 8 x Integrated Care Partnership/Place Alliance/public representatives
 - Executive Director of Corporate Strategy and Delivery or Deputy
 - Derbyshire STP Director or Deputy
 - Voluntary Sector City and County representation – nominated infrastructure lead officer
- Non-voting Members
 - Healthwatch Derby Representative
 - Healthwatch Derbyshire Representative
 - CCG/Joined Up Care Derbyshire, Assistant Director Communications and Engagement (or deputy)
 - Joined Up Care Derbyshire Head of Engagement

2.2 The Committee met 12 times during April 2021 to June 2022. All meetings were fully quorate. The quorum necessary for the transaction of business was 5 members, including 2 CCG Lay Members including either the Chair or Vice Chair being present, 2 Place Engagement Representatives and 1 Executive Director or Deputy. The full membership attendance can be found at Appendix One.

3. FREQUENCY OF MEETINGS

The Engagement Committee meeting is normally held on a monthly basis but due to the Covid-19 Pandemic, met bi-monthly at times in response to operational pressures and staff capacity. The meeting has a single agenda reflecting the move to system working, whilst accommodating the statutory role of the CCG. Assurance reporting is therefore both to the CCG Governing Body and the system via the Joined Up Care Derbyshire (JUCD) Board; this is reflected in the its revised Terms of Reference which removed the two-part structure of the agenda and revised the membership to better reflect all partners in the JUCD system.

4. KEY AREAS OF REVIEW

The Engagement Committee ensured that arrangements were in place to deliver on their duties, which included the review and approval of work in the following areas:

4.1 Engagement

Received the following reports on the development, implementation and monitoring of a robust engagement infrastructure across the Derbyshire health and care system:

- NHS Improvement and Assessment Framework – Patient and Community Engagement Indicator
- Section 14Z2 Log
- Primary Care Access Insight
- Communications and Engagement Performance Metrics
- Insight into GP and Urgent Care Access
- Winter Communications and Engagement Plan
- Place Engagement Approach
- Glossop Transition Communications and Engagement
- Communications and Engagement Response to the Vaccination Programme and System Pressures

4.2 Service Developments

Championed patient and public engagement across the Derbyshire health and care system by scrutinising service developments in the following areas:

- Acute Mental Health Unit Dormitories
- System Insight Group Update
- Sinfin Health Centre
- London Road Community Hospital Reconfiguration
- St. Thomas Road Surgery

- London Road Wards 1 & 2
- Older People's Mental Health Consultation
- Newholme Hospital – Service Move
- Urgent Treatment Centres
- Accessible Services for Deaf People

4.3 **Joined Up Care Derbyshire**

Received reports on the following:

- JUCD Communications and Engagement Strategy 2021–23
- Evolving role of Governors in JUCD
- Health Overview and Scrutiny Committees
- Integrated Care System Communications and Engagement Plan

4.4 **Risk Management**

Agreed and regularly reviewed the Risk Register and Governing Body Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the CCG's Governing Body.

4.5 **Corporate Assurance**

Produced a corporate assurance report to the Governing Body, following each meeting of the Derbyshire Engagement Committee.

5. **CLOSE DOWN OF CCG AND TRANSFER TO ICB**

- 5.1 This Annual Report prepares for the close down of the CCG and the closure of business of the Corporate Committees; and the transfer of outstanding matters to the ICB Committees.
- 5.2 The live matters of business which will transfer to the new Committees of the NHS Derby and Derbyshire Integrated Care Board can be found in Appendix Two.

6. **CONCLUSION**

The Engagement Committee has continued to evolve to the further development of integrated working across the Derbyshire System. The Committee agreed that it now works as a truly system-based committee, so much so that it could dispense with the two-part approach and genuinely work as one body.

It has clearly been a difficult couple of years for everyone with the Covid-19 Pandemic changing many parts of our working and private lives; the Committee adapted extremely well to the challenges and met virtually when it needed to in order to carry out its important work. Whilst it has not seen the usual level of planned service change to scrutinise due to the Covid-19 Pandemic, it has needed to review both Covid-19 related and non-Covid-19 related plans, and provide assurance to the CCG Governing Body that standards of engagement remain high and involve patients appropriately.

The Committee has a majority of public and lay representation which helps provide rigorous scrutiny from a patient and public perspective, including the perspective from partner Governor colleagues from all the main Derbyshire providers. From this solid base the Committee is well placed to tackle the work ahead as Derbyshire moves to being a fully Integrated Care System, and to ensure that public and patient input is at the forefront of future healthcare planning.

Martin Whittle

Chair of Engagement Committee & Lay Member for Patient & Public Involvement

June 2022

APPENDIX ONE

Engagement Committee Attendance Record April 2021–June 2022

Engagement Committee Member	20 Apr 2021	18 May 2021	15 June 2021	20 July 2021	17 Aug 2021	21 Sep 2021	16 Nov 2021	18 Jan 2022	15 Mar 2022	26 Apr 2022	17 May 2022	21 Jun 2022 ¹
Martin Whittle <i>Chair, Lay Member for Patient and Public Involvement</i>	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	
Simon McCandlish <i>Deputy Chair, Lay Member for Patient and Public Involvement</i>	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	
Professor Ian Shaw <i>Lay Member for Primary Care Commissioning</i>	✓	✓	✓	X	X	✓	✓	✓	✓	✓	X	
Maura Teager <i>Foundation Trust Governor – Secondary Care</i>	X	X	✓	✓	X	✓	✓	✓	X	X*	✓	
Margaret Rotchell <i>Foundation Trust Governor – Secondary Care</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Lynn Walshaw <i>Foundation Trust Governor – Community</i>	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	X	
Kevin Richards <i>Foundation Trust Governor – Mental Health</i>	X	✓	✓	X	X	X	✓					
Chris Mitchell <i>Foundation Trust Governor – Mental Health²</i>							✓	✓	✓	X	✓	
Ram Paul <i>Derby City Council Representative</i>	X	X	X	X	X	X	X	X	X	X	X	
Jocelyn Street <i>Place Engagement Representative</i>	✓	✓	X	✓	X	✓	✓	✓	✓	✓	X	
Ruth Grice <i>Place Engagement Representative</i>	✓	✓	X	X	X	X	X	X	X	X	X	
Roger Cann <i>Place Engagement Representative</i>	✓	✓	✓	X	X	X	X	X	X	X	X	
Trevor Corney <i>Place Engagement Representative</i>	X	X	X	X	X	X	X	X	X	X	X	

¹ Please note that this meeting has not yet taken place. Attendance will be updated once the meeting has occurred.

² Chris Mitchell replaced Kevin Richards in November 2021 as Foundation Trust Governor – Mental Health for the Engagement Committee.

Engagement Committee Member	20 Apr 2021	18 May 2021	15 June 2021	20 July 2021	17 Aug 2021	21 Sep 2021	16 Nov 2021	18 Jan 2022	15 Mar 2022	26 Apr 2022	17 May 2022	21 Jun 2022 ¹
Steve Bramley <i>Place Engagement Representative</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Tim Peacock <i>Place Engagement Representative</i>	✓	✓	✓	X	✓	X	✓	✓	✓	✓	X	
Helen Dillistone <i>Executive Director of Corporate Strategy and Delivery</i>	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	
Beth Soraka <i>Healthwatch Derby Representative</i>	X	X	✓	✓	✓	✓	X	X*	X	X	X	
Rebecca Johnson <i>Healthwatch Derby Representative</i>								✓	X	✓	✓	
Helen Henderson-Spoors <i>Healthwatch Derbyshire Representative</i>	X	X	X	X	X	X	X	X	X	X	X	
Kim Harper <i>Community Action Derby</i>	✓	X	X	X	X	X	X	X	✓	X	X	
Vikki Taylor <i>Director, Joined Up Care Derbyshire</i>	X*	✓	✓	X*	X*	✓	✓	✓	✓	X*	X*	
Sean Thornton <i>Assistant Director Communications and Engagement, CCG</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Karen Lloyd <i>Head of Engagement, Joined Up Care Derbyshire</i>	X	✓	✓	X	✓	X	✓	✓	✓	✓	✓	

For those items with * above please note that a deputy was present to ensure quoracy.

* Indicates where a member was deputised.

APPENDIX TWO

Live matters of business to be transferred to NHS Derby and Derbyshire Integrated Care Board

Live Committee Risks at 09.06.22

Risk Reference	Risk Description	Risk Score	Existing Executive owner	Rationale for transfer of risk to ICB	Responsible ICB Committee	ICB Executive Owner
GBAF Risk 5	The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.	9	Helen Dillistone	This GBAF risk is an ongoing strategic risk and continue to apply to the ICB. The risk will therefore transfer to the ICB Board assurance Framework	Public Partnerships Committee	Helen Dillistone
RR016	Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development, including restoration and recovery work arising from the COVID-19 pandemic.	6	Helen Dillistone	This risk is being proposed to be closed at May Engagement Committee and Governing Body on the 16 th June. Significant progress has been made with the engagement infrastructure and governance in recent months, ensuring that the legal duties and processes are embedded into CCG and system assurance processes.	Not applicable	Not applicable
RR049	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on	9	Helen Dillistone	This risk will transfer to the ICB. It is difficult to quantify the extent of the risk until we	Public Partnerships Committee	Helen Dillistone

	<p>the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.</p>			<p>start to see details of the transformation programme. The approach taken to citizen engagement in the Integrated Care Strategy will also have a significant bearing.</p>		
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Live Committee Actions at 09.06.22 (including forward planner activity)

Action Reference	Action Description	Action Owner	Outstanding actions	Due Date	ICB committee for transfer
EC/2122-155	DRAFT COMMUNICATIONS AND ENGAGEMENT PERFORMANCE FRAMEWORK	Sean Thornton	The Communications and Engagement Performance Framework will transfer to the new ICB Committee	June 2022	Public Partnerships Committee
EC/2122-152	INTEGRATED CARE SYSTEM ENGAGEMENT STRATEGY	Sean Thornton	The Integrated Care System	June 2022	Public Partnerships Committee
EC/21/22-92	NEWHOLME HOSPITAL-SERVICE MOVE – UPDATE	CH	18.01.21 Letters sent to relevant parties and no complaints received	June 2022	Public Partnerships Committee
	DRAFT COMMUNICATIONS AND ENGAGEMENT PERFORMANCE REPORTING SCHEDULE	Sean Thornton	Updated performance report/ dashboard to be presented at the next meeting.	June 2022	Public Partnerships Committee

Finance Committee Annual Report April 2021–June 2022

FINANCE COMMITTEE ANNUAL REPORT APRIL 2021–JUNE 2022

1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Finance Committee and covers the period from 1st April 2021 to 30th June 2022.
- 1.2 The report provides the Governing Body and Accountable Officer with evidence relevant to their responsibilities of reviewing both the financial and service performance of the CCG against financial control targets and the annual commissioning plan. The Committee also identifies where remedial action is needed, ensuring that action plans are put in place and delivery is monitored.

2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee comprised of:
- 2 x GP Governing Body Members;
 - 3 x Governing Body Lay Members;
 - Chief Finance Officer;
 - 1 x Clinical Representative (Chief Nurse Officer/Medical Director).
- 2.2 From January 2022, the CCG Finance Committee met jointly with the JUCD Derbyshire System Finance and Estates Committee, for the purpose of continuous induction of system partners (Finance Chairs and CFOs from our major providers) into NHS commissioning activity and processes. Increasingly, all partner finance leads (executive and NEDs) have gained mutual understanding of the underlying challenges and financial constraints in the NHS in Derby and Derbyshire. This arrangement has also supported strengthened relationships between finance officer teams throughout the system, which will assist seamless transition from CCG to ICS financial management from 1 July 2022. Joint attendance at these meetings has been good, and since January 2022 the designate ICB NEDs for Finance and Audit have attended regularly as observers. There is a high degree of confidence that this arrangement has been exemplary in preparing all transitioning finance leads to ICS operations.
- 2.3 The quorum necessary for the transaction of business was four members, which included at least one Executive Lead (Chief Finance Officer or Deputy Chief Finance Officer), at least one Clinical Representative and at least two Governing Body Lay Members. The full membership attendance can be found at Appendix One.
- 2.4 The Committee met 16 times during April 2021 to June 2022. All meetings were fully quorate, except those on 28th April 2022 and 9th May 2022. Papers which required a quorate decision for this meeting were subsequently issued to absent members of the Committee for approval; hence ensuring quoracy was met.
- 2.5 The Committee also requested attendance by appropriate individuals to present relevant reports and/or advise the Committee.

3. KEY AREAS OF REVIEW

Throughout April 2021 to June 2022, the Finance Committee reviewed, monitored and had oversight of finance in relation to work in the following areas:

3.1 Financial Position

Reviewed monthly finance reports, which included information on the:

- operational planning in-year
- Year to Date spend and savings
- forecast outturn position
- received allocations
- Elective Recovery Fund
- Budget Virement

3.2 Financial Planning

- Endorsed the process to develop a framework for non-NHS contracts
- Noted the results of the Integrated Single Financial Environment Metrics
- Approved the Care Home AQP Tariff Uplift and agreed for this to be used as the standard rate for future care home placements
- Noted the approval and adoption of budgets by the Executive members for 2021/22 budgets in H1 and H2
- Recommended retrospective ratification to Governing Body of the planned use of Business as Usual capital allocation that NHSE/I made available for the CCG to use for GPIT, corporate IT and GP premises
- Ratified the decision to provide non-recurrent funding to support the orthotics backlog
- Recommended to Governing Body the Financial Plan for the ICB for 2022/23, along with the approval and adoption of budgets

3.3 Business Cases, Contract Awards and Extensions

- CHC Domiciliary Home Care (adult) tariff rates for commissioned home care provision under the AQP framework and Derbyshire County Council's agreed travel rates
- Employment Advisors in IAPT
- IT Professional Services
- My Locum Manager
- Corporate Vodafone contract extension
- Repeat Prescribing Project
- Mental Health Engagement: direct award and contract extension

3.4 Deep Dives

For further assurance and insight, the Finance Committee conducted deep dives in the following areas:

- Mental Health
- Continuing Healthcare
- Section 117

- Prescribing

3.5 **Corporate Assurance**

- Reviewed an update of the financial governance elements of the Constitution and CCG Handbook
- Reviewed other CCG committees' meeting logs
- Produced a monthly corporate assurance report to the Governing Body, following each meeting of the Finance Committee
- Noted the closure of the CCG's Recovery and Restoration Plan
- Approved the Losses and Special Payments Financial Policy and Procedures
- Approved the Credit Card Policy

3.6 **Risk Management**

- Received monthly financial risk reports
- Agreed and regularly reviewed the Risk Register and Governing Body Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the CCG's Governing Body

4. **CLOSE DOWN OF CCG AND TRANSFER TO ICB**

- 4.1 This Annual Report prepares for the close down of the CCG and the closure of business of the Corporate Committees; and the transfer of outstanding matters to the ICB Committees.
- 4.2 The live matters of business which will transfer to the new Committees of the NHS Derby and Derbyshire Integrated Care Board can be found in Appendix Two.

5. **CONCLUSION**

The Finance Committee has discharged its duties effectively during the year, in this most challenging of corporate governance contexts resulting from the continuation of non-standard financial arrangements as a consequence of the pandemic. Attendance has been good and we have had the added benefit of a joint committee with System Finance and Estates Committee (SFEC) consisting of senior finance members from our Derbyshire provider partners. This has prepared colleagues and provider partners for system working as the organisation transitions to the ICB.

The committee continues to be well-served by incisive questioning by members, including informed clinical members. This success is firmly based on excellent committee papers, produced to governance timescales, and supported by comprehensive attendance by highly skilled and experienced senior finance officers. The officers have maintained an impressive grip on the highly dynamic special financial regime. Indeed, third party confirmation of the team's excellence is through assessment against the ISFE metrics framework. In March 2022 our finance operations were judged the 3rd best of 109 CCGs in England. The CCG financial outturn was in financial balance for the year, however the system result was a deficit

position. This reflects the change in financial regimes as we move into a period of patient waiting lists, continued impact of Covid, with reduced special funding arrangements.

A new, higher standard, of financial report presentation was maintained with the graphical enhancement of the monthly integrated finance and savings report. Shortly after each meeting of the committee the Governing Body has received reliable assurance reports of sound management of the CCG's resources.

The year 2022-23 sees the continuation of some special funding arrangements, but a challenging period ahead for both the CCG/ICB and System; with a £65.9m planning deficit for the latter as a whole. In the immediate term both the CCG Finance Committee and the System Finance and Estates Committee are fully aware that the underlying financial challenges for the system require determined attention in delivering its planned 'efficiency' targets, gaining assurances of medium term trajectories, and transforming patient care to return to a break even position. Both are planning for the return of a normal financial regime and the SFEC has taken ownership of this most challenging of transitions, under a new ICS structure. CCG/ICB and Provider officers are key players in this reorganisation and future strategies. The system has prepared for this challenging future by setting up specialist units for system intelligence (under Craig Cook) and system transformation (Maria Riley). These two teams are ready and prepared to receive directions from the JUCD/ICS boards.

Andrew Middleton

Chair of Finance Committee & Lay Member for Finance

June 2022

APPENDIX ONE

Finance Committee Attendance Record April 2021–June 2022

Finance Committee Member	29 Apr 2021	27 May 2021	24 Jun 2021	29 Jul 2021	26 Aug 2021	30 Sep 2021	28 Oct 2021	25 Nov 2021	23 Dec 2021	27 Jan 2022	2 Mar 2022	31 Mar 2022	28 Apr 2022	9 May 2022	26 May 2022	30 Jun 2022 ¹
Andrew Middleton <i>Chair, Lay Member for Finance and Sustainability Champion</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Martin Whittle <i>Lay Member for Patient and Public Involvement</i>	✓	X	✓	✓	✓	✓	✓	✓	X	X	X	✓	✓	X	X	
Ian Gibbard <i>Lay Member for Audit and Conflicts of Interest Guardian</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	
Dr Bukhtawar Dhadha <i>GP Member</i>	✓	X	✓	X	✓	✓	✓	✓	✓	✓	X	✓	X	X	✓	
Dr Merryl Watkins	X	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	
Richard Chapman <i>Chief Finance Officer</i>	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	
Brigid Stacey <i>Chief Nurse Officer</i>	X	✓	✓	✓	X	✓	✓	X*	✓	X*	✓	x	X	X*	X*	

For those items with * above please note that a deputy was present to ensure quoracy.

¹ Please note that this meeting has not yet taken place. Attendance will be updated once the meeting has occurred.

APPENDIX TWO

Live matters of business to be transferred to NHS Derby and Derbyshire Integrated Care Board

Live Committee Risks at 19.05.22

Risk Reference	Risk Description	Risk Score	Existing Executive owner	Rationale for transfer of risk to ICB	Responsible ICB Committee	ICB Executive Owner
GBAF Risk 4A	The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	16	Richard Chapman	This GBAF Strategic risk will be closed at the demise of the CCG at the end of June 2022	Not applicable	
GBAF Risk 4B	The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the system to move to a sustainable financial position.	16	Richard Chapman	This GBAF Strategic risk is ongoing relating to the Derbyshire System financial position and will transfer to the ICB Board Assurance Framework	System Finance and Estates Committee	Executive Director of Finance
RR011	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	16	Richard Chapman	This risk will be closed at the demise of the CCG at the end of June 2022 a new risk will be identified for the ICB	Not applicable	

Live Committee Actions at 19.05.22 (including forward planner activity)

Action Reference	Action Description	Action Owner	Outstanding actions	Due Date	ICB committee for transfer
06/10/2021	5 year revenue & UDL. To develop a 5 year forward view of system cost base	LO/RC		Ongoing	Yes
25/11/21 DFC2021/590	A deep dive on the Better Care Fund was requested. Richard Chapman agreed to consider timings for this, possibly to Joint CCG Finance/SFEC in 2022.	DG	BCF would form part of the ongoing review of our cost base going forward. Chair requested that DG develop a system risk register; this item to be included on the register for a future deep dive. DG to link in with Kate Brown for BCF deep dive when ready.	TBA	Yes
27/01/2022	CCG Risk Register to incorporate risks for System Finance and Estates Committee.	RC/DG	RC/DG to review with CCG Governance Team.	Ongoing	Yes, but will be incorporated into ICB Risk Register
31/03/2022	All to provide any risks for inclusion on SFEC Risk Register via email to DG.	All/DG	DG agreed to bring an updated system risk register monthly	Ongoing	Yes

			to this Subcommittee		
26/04/2022	DG to incorporate onto Risk Register, risk associated with hyper inflation on capital schemes	DG	DG to add to System risk register.	Ongoing	Yes
26/04/2022	Review and update of the Financial Governance Elements of the Constitution and Handbook. RC reported this paper had been emailed to members for virtual approval	All	Members were requested to come back virtually with their agreement or disagreement as soon as possible.	Ongoing	N/A

Live Committee Matters at 19.05.22

Agenda Reference	Description	Rationale for transfer of issue to ICB	Reference to Committee Minutes for transfer to ICB Committee
	None identified as at 19.05.22		

Primary Care Commissioning Committee Public Annual Report April 2021–June 2022

PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC ANNUAL REPORT APRIL 2021–JUNE 2022

1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Primary Care Commissioning Committee (PCCC) and covers the period from 1st April 2021 to 30th June 2022.
- 1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended); NHS England has delegated the exercise of the functions specified in Schedule 2 of the PCCC Terms of Reference to NHS Derby and Derbyshire CCG. The CCG established the PCCC to function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.3 The report provides the Governing Body and Accountable Officer with evidence relevant to their responsibilities of the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the National Health Service Act 2006 (as amended). The Committee makes collective decisions on the review, planning and procurement of primary care services in the CCG, under delegated authority from NHS England. They also promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference, the membership of the committee was:
- 3 x Governing Body Lay Members
 - Chief Finance Officer or nominated Deputy
 - Chief Nurse Officer or nominated Deputy
 - Medical Director or nominated Deputy
- 2.2 Representatives invited to attend the Committee include:
- NHS England Primary Care Representative
 - Local Medical Committee Representative
 - Health and Wellbeing Board (County)
 - Health and Wellbeing Board (City)
 - Senior Healthwatch Representatives
- 2.3 The Committee met 15 times during April 2021 to June 2022. All meetings were fully quorate. The quorum necessary for the transaction of business was four voting members, at least two of whom were Lay Members (including the Chair or Deputy Chair).
- 2.4 CCG Officer subject experts are attendees at each meeting and the Committee can also request attendance by appropriate individuals to present relevant reports and/or advise the Committee. The full membership attendance can be found at Appendix One.

3. KEY AREAS OF REVIEW

Throughout April 2021 to June 2022, the Committee reviewed, monitored and had oversight of the commissioning, procurement and management of Primary Medical Services Contracts in relation to work in the following areas:

3.1 Primary Care Commissioning and Development

- National GP contracts
 - Mergers between GP Practices including changes to contracting partners
 - Branch closures
 - Procurement of Alternative Provider Medical Services (APMS) Contract for St Thomas Road GP practice in Derby City by 1st October 2022
 - National GP and Primary Care Network Contract changes for 22/23
 - Primary Medical Care Estates - Proposals for GP practice premises e.g. new leases, additional space, feasibility studies and business cases
- Primary Care Commissioning
Approved the following:
 - The full practice merger between Littlewick Medical Practice and Dr Purnell's Practice, including the branch closure of Dr Purnell's Practice with effect from April 2022
 - The full practice merger between The Golden Brook practice and Park View Medical Centre from July 2022
 - The monthly recommendations from the Primary Care Estates Steering Group
 - The full practice merger between Hollybrook Medical Practice and Haven Medical Centre from July 2022
 - Alignment of the GP practice boundary for the Aspiro group of three GP practices in Derby City from July 2022
 - Executive summary of the Swadlincote estates feasibility study

3.2 Quality

Ensured there was a focus on quality by receiving assurance and updates through:

- Quarterly Primary Care Quality and Performance Assurance Reports
- Care Quality Commission Inspection updates for individual practices rated inadequate
- Reviewing and scrutinising concerns raised in regards to GP Practice performance
- Receiving the Annual Flu Report

3.3 Finance and Savings

Supported the CCG in formulating the Savings Plan for the next financial year by reviewing/approving monthly CCG Finance Reports and receiving a prescribing position update.

3.4 **Organisational Development**

- Received regular updates on the Covid–19 Vaccination Programme for Derbyshire
- Received and noted the CCG's Restoration and Recovery work

3.5 **Corporate Assurance**

- Received assurance reports and/or minutes from the following sub-committees:
 - Primary Care Quality & Performance Review Committee
 - Primary Care Estates Steering Group
- Approved the Terms of Reference for the Committee and sub committees.
- Produced a corporate assurance report to the Governing Body, following each meeting of the PCCC.

3.6 **Risk Management**

- Ensured good risk management was observed within the CCG and that robust controls were in place in accordance with the CCG's Risk Management Framework.
- Agreed and reviewed the CCG Risk Register on a monthly basis for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the CCG's Governing Body.

4. **CLOSE DOWN OF CCG AND TRANSFER TO ICB**

- 4.1 This Annual Report prepares for the close down of the CCG and the closure of business of the Corporate Committees; and the transfer of outstanding matters to the ICB Committees.
- 4.2 The live matters of business which will transfer to the new Committees of the NHS Derby and Derbyshire Integrated Care Board can be found in Appendix Two.

5. **CONCLUSION**

This has been an extremely challenging period for primary care in both delivering on the Governments Covid-19 vaccination programme as well as on wider primary care health services. The activities outlined above illustrate the ways in which the Committee has supported the primary care and its role in developing a broader primary care agenda.

The Committee has its core aims of improving health of the community and reducing health inequalities, in enabling the improvement of primary care within available budget, in supporting services in ensuring that the development of primary care aligns with the strategic priorities of the CCG and the legislation from NHS England. I submit

that this report shows the scope of the work of the committee, that it is effective and has patient benefit at the heart of its decision making.

Professor Ian Shaw

Chair of Primary Care Commissioning Committee & Lay Member for Primary Care Commissioning

June 2022

APPENDIX ONE

Primary Care Commissioning Committee Attendance Record April 2021–June 2022

Primary Care Commissioning Committee Member	28 Apr 2021	26 May 2021	23 Jun 2021	28 Jul 2021	25 Aug 2021	22 Sep 2021	27 Oct 2021	24 Nov 2021	22 Dec 2021	26 Jan 2022	23 Feb 2022	23 Mar 2022	27 Apr 2022	25 May 2022	22 Jun 2022 ¹
Professor Ian Shaw <i>Chair, Lay Member for Primary Care Commissioning</i>	✓	✓	X	✓	✓	✓	X	✓	✓	X	✓	✓	✓	✓	
Simon McCandlish <i>Deputy Chair, Lay Member for Patient and Public Involvement</i>	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓	
Jill Dentith <i>Lay Member for Governance and Freedom to Speak Up Guardian</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Brigid Stacey <i>Chief Nurse Officer</i>	X*	X	X*	X	X	X*	X*	X*	X*	X*	X*	X*	X*	X*	
Richard Chapman <i>Chief Finance Officer</i>	X*	✓	X*	X*	X*	X*	X*	X*	✓	X*	X*	X*	X*	X*	
Dr Steven Lloyd <i>Executive Medical Director</i>	✓	X*	✓	X*	X*	✓	✓	✓	✓	✓	X	✓	✓	X	

For those items with * above please note that a deputy was present to ensure quoracy.

¹ Please note that this meeting has not yet taken place. Attendance will be updated once the meeting has occurred.

APPENDIX TWO

Live matters of business to be transferred to NHS Derby and Derbyshire Integrated Care Board

Live Committee Risks at 26.05.22

Risk Reference	Risk Description	Risk Score	Existing Executive owner	Rationale for transfer of risk to ICB	Responsible ICB Committee	ICB Executive Owner
Risk 04	<p>GP Practice</p> <p>There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.</p>	16	Dr Steve Lloyd	ICB responsible under delegation agreement for the commissioning and contracting of GP contract on behalf of NHSE/I	Strategic Population Health & Commissioning Committee	Zara Jones

Governing Body Meeting in Public

16th June 2022

Item No: 052

Report Title	Finance Report – Month 01
Author(s)	Georgina Mills, Senior Finance Manager
Sponsor (Director)	Richard Chapman, Chief Finance Officer

Paper for:	Decision		Assurance	x	Discussion		Information	x
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Recommendations

The Governing Body is requested to **NOTE** the following:

- Allocations have been conveyed for the full year at £2.117bn.
- The CCG is required to comply with national budget upload deadlines and so has not been able to upload a phased budget at this stage. Therefore, only the year-to-date expenditure has been reported at £172.128m.
- The reported year end forecast adverse variance to plan at month 1 is £9.013m, to which there are three key elements:
 - A forecast over-spend against mental health budgets of £3m
 - A shortfall against the £10m prescribing efficiency target of £3.5m
 - A remaining efficiency target against which no schemes are yet developed of £2.7m

Report Summary

The report describes the month 1 position. The key points are listed in the recommendations section above.

Are there any Resource Implications (including Financial, Staffing etc)?

N/A

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

N/A

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

N/A

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

None identified

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below

No

**Has there been involvement of Patients, Public and other key stakeholders?
Include summary of findings below**

No

Have any Conflicts of Interest been identified/ actions taken?

None identified






Governing Body Assurance Framework

N/A

Identification of Key Risks

N/A

Financial Performance Summary Month 1, April 2022

Statutory Duty/ Performance	Target	Forecast Outturn	Achieved	Key	Comments/Trends
Achievement of expenditure to plan	£2116.82m	£2105.93m		Green <1%, Amber 1-5% Red >5%	Forecast outturn at month 1 is £9.013m overspend before the planned surplus. Forecasts above plan sit in Mental Health, Prescribing and efficiencies to be planned.
Remain within the Delegated Primary Care Co-Commissioning Allocation	£173.19m	£173.19m		Green <1%, Amber 1-5% Red >5%	Primary Care Co-Commissioning is showing as a breakeven position.
Remain within the Running Cost Allowance	£20.55m	£20.39m		Green <1%, Amber 1-5% Red >5%	Running Costs are forecast to underspend £0.16m, due to vacancies anticipated during the year.
Remain within cash limit	Greatest of 1.25% of drawdown or £0.25m	0.96%		Green <1.25%, Amber 1.25-5% Red >5%	Closing cash balance of £1.5m against drawdown of £160.0m
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8		Green 8/8 Amber 7/8 Red <6/8	In month and YTD payments of over 98% for invoices categorised as NHS and non NHS assessed on value and volume.

Operating Cost Statement For the Period Ending: April 2022

The CCG is awaiting approval of the plan from NHS England to allow us to upload budgets, meaning no phasing can be applied to the OCS as reported.

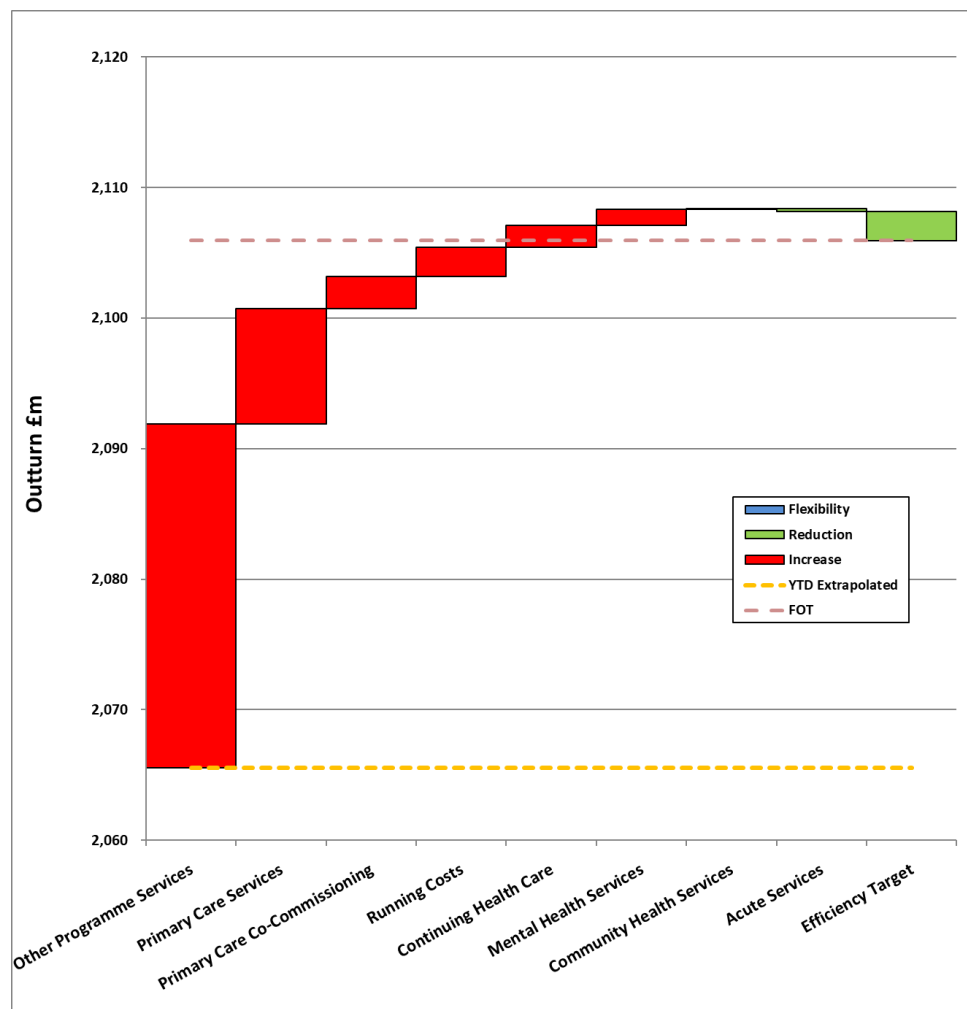
This report's focus is on the year-to-date actual expenditure and forecast against plan.

YTD actual expenditure is £172.128m with a forecast adverse variance of £9.013m before the planned surplus.

In month 1 there is no reclaimable Covid expenditure.

	YTD Actual	Annual Budget	Forecast Outturn	Forecast Variance	FOT Variance as a % of Annual Budget
	£'000's	£'000's	£'000's	£'000's	%
Acute Services	86,369	1,036,169	1,036,187	(18)	0.00
Mental Health Services	20,586	245,253	248,264	(3,011)	(1.23)
Community Health Services	13,753	165,067	165,067	0	0.00
Continuing Health Care	9,865	120,104	120,089	15	0.01
Primary Care Services	17,675	217,454	220,937	(3,483)	(1.60)
Primary Care Co-Commissioning	14,228	173,191	173,191	0	0.00
Other Programme Services	8,140	119,132	121,806	(2,675)	(2.25)
Total Programme Resources	170,616	2,076,370	2,085,542	(9,171)	(0.44)
Running Costs	1,512	20,548	20,389	159	0.77
Total before Undistributed Allocations	172,128	2,096,918	2,105,931	(9,013)	(0.43)
In year Planned Surplus	0	19,900	0	19,900	100.00
Total including Undistributed Allocations	172,128	2,116,818	2,105,931	10,887	0.51

Run Rate based on Year to Date Expenditure



£53.4m variation between the position to date continuing at its current rate and the forecast outturn for the full financial year.

- **Other Programme Services** – It is forecast the full £34.6m ERF will be utilised or returned. 111 services increased costs due to the contract year commencing in October. Pay assumes the vacancies carried in M1 will be filled.
- **Primary Care Services** – Prior Year Prescribing has been confirmed at £0.7m less than the accrual which means year to date expenditure is lower than plan.
- **PC Co-Commissioning** – QOF payments and contract payments based on list size are low in April and expected to increase during the year.
- **Running Costs** – Vacancies are forecast to be filled as the year continues.
- **Continuing Health Care** – Differences relating to caseload phasing and estimated growth throughout the year.
- **Mental Health Services** – Section 117 caseload phasing which are currently above the levels planned.
- **Community Health Services** – No significant changes.
- **Acute Services** – Ophthalmology activity high in April, awaiting more activity data before reflecting a trend in the forecast.
- **Efficiency Target** – Forecast achievement against efficiency target phased later in the year.

Governing Body Meeting in Public

16th June 2022

Item No: 054

Report Title	Audit Committee Assurance Report – June 2022
Author(s)	Suzanne Pickering, Head of Governance
Sponsor (Director)	Ian Gibbard, Audit Lay Member and Audit Committee Chair

Paper for:	Decision	Assurance	x	Discussion	Information
Assurance Report Signed off by Chair		Ian Gibbard, Chair of Audit Committee Chair			
Which committee has the subject matter been through?		Audit Committee – 10.6.2022			
Recommendations					
The Governing Body is requested to NOTE the contents of this report for information and assurance.					
Report Summary					
This report provides the Governing Body with highlights from the 10 th June 2021 meeting of the Audit Committee. This report provides a brief summary of the items transacted for assurance.					
<u>2021/22 Annual Report, Accounts and Governance Statement</u>					
<u>Annual Accounts</u>					
The Audit Committee were made aware of adjustments since the last meeting and APPROVED the 2021/22 Annual Accounts for the CCG.					
<u>Final Annual Report, Accounts and Governance Statement</u>					
The Audit Committee RECEIVED the final version of the 2021/22 Annual Report and Accounts. Updates were given on significant changes, which have been made to the report since the draft Annual Report was received by the committee in April.					
The Audit Committee APPROVED the 2021/22 Annual Report and Accounts under the delegated authority of Governing Body.					
<u>External Audit</u>					
<u>KPMG Year End Report 2021/22 – ISA 260</u>					
The Audit Committee RECEIVED the KPMG Year End Report 2021/22 – ISA 260.					
<u>External Audit Opinion</u>					
The Audit Committee NOTED the External Audit Opinion and GAINED ASSURANCE of the unqualified opinion of the Financial Statements and Regularity, and a no significant weaknesses conclusion on the Use of Resources.					

Letter of Representation

Audit Committee NOTED the update provided on the Letter of Representation.

Internal Audit

2021/22 Head of Internal Audit Opinion

The Audit Committee RECEIVED and GAINED ASSURANCE of the 'Significant Assurance' rating received from 360 Assurance within the 2021/22 Head of Internal Audit Opinion.

360 Assurance 2021/22 Annual Report

The Audit Committee NOTED the 360 Assurance 2021/22 Annual Report and NOTED an Addendum Paper to the 2021/22 Annual Report

The Audit Committee also NOTED the following:

- ICB Transition Arrangements Advisory Paper
- Head of Internal Audit Opinion Terms of Reference – 1st April 2022 – 30th June 2022

Finance

Service Auditor Reports 2021/22

The Audit Committee NOTED the Service Auditor Reports received for 2021/22.

AccuRx Lessons Learned

The Audit Committee NOTED the lessons learned report from the contract award to AccuRx.

Continuing Healthcare Service (CHC) – Annual Report 2021/22

The Audit Committee RECEIVED a 2021/22 Annual Report on the CHC Service received from Midlands and Lancashire Commissioning Support Unit (MLCSU) in the absence of a Service Auditor Report being available.

The Audit Committee AGREED that the Committee does not insist on receiving the service auditor report however further assurance is required additionally to the Annual Report provided for the Committee to gain assurance on the service.

Single Tender Waivers

The Audit Committee NOTED the report of Single Tender Waivers approved by the Chief Finance Officer.

Governance

Audit Committee Annual Report 2021/22

The Audit Committee APPROVED the Audit Committee Annual Report and live matters and risk close down position of the CCG and transfer to ICB.

Forward Plan

The Audit Committee RECEIVED and AGREED the relevant changes to the forward planner.

Any Other Business
There was no items of any other business.
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
A PIA is not found applicable to this update. This report is for assurance and information.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
A QIA is not found applicable to this update. This report is for assurance and information.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
An EIA is not found applicable to this update. This report is for assurance and information.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable to this update. This report is for assurance and information.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update. This report is for assurance and information.
Have any Conflicts of Interest been identified/ actions taken?
None identified.
Governing Body Assurance Framework
Any risks highlighted and assigned to the Audit Committee will be linked to the Derby and Derbyshire CCG GBAF and risk register.
Identification of Key Risks
Noted as above.

Governing Body Meeting in Public

16th June 2022

Item No: 055

Report Title	Clinical and Lay Commissioning Committee Assurance Report
Author(s)	Zara Jones, Executive Director of Commissioning Operations
Sponsor (Director)	Zara Jones, Executive Director of Commissioning Operations

Paper for:	Decision x Assurance x Discussion Information
Assurance Report Signed off by Chair	Ian Gibbard, Chair of CLCC
Which committee has the subject matter been through?	CLCC – 12.5.2022

Recommendations

The Governing Body is requested to **RATIFY** the decisions made by the Clinical and Lay Commissioning Committee (CLCC) on the 12th May 2022.

Report Summary

CLC/2223/ CPAG Policy updates

CLCC RATIFIED the following updated Clinical Policies:

- 1a. Diagnostic Knee Arthroscopy Policy
- 1b. Arthroscopic Knee washout for patients with Osteoarthritis Policy
- 1c. Intrauterine Insemination (IUI) Policy
- 1d. Meibomian Cysts (Chalazion) Policy
- 1e. Continuous Glucose Monitoring Policy

Areas of Service Development

CLCC NOTED that CPAG have reviewed the Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DTs) for March 2022. CLCC were assured that no areas for service developments were identified.

CPAG updates for ratification/information:

IFR Update – Panel Membership and Training

CLCC noted the updates and the actions that are being taken to ensure that the IFR process can continue as a statutory function as it transitions to the ICB.

Glossop Transition update for IFR/Prior Approval/Cosmetics service for Glossop residents

CLCC NOTED the updates to the Glossop Transition for IFR/Prior Approval and Cosmetics and the concerns that have been raised regarding the issues that remain unresolved.

CLCC NOTED the CPAG Bulletin for March 2022

Are there any Resource Implications (including Financial, Staffing etc)?
N/A
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
N/A
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
N/A
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
N/A
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
N/A
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
N/A
Have any Conflicts of Interest been identified/ actions taken?
N/A
Governing Body Assurance Framework
N/A
Identification of Key Risks
N/A

Governing Body Meeting in Public

16th June 2022

Item No: 056

Report Title	Derbyshire Engagement Committee Assurance Report – May 2022
Author(s)	Sean Thornton, Deputy Director Communications and Engagement
Sponsor (Director)	Martin Whittle, Vice Chair/Lay Member for PPI

Paper for:	Decision	Assurance	x	Discussion	Information
Assurance Report Signed off by Chair				Martin Whittle, Chair of Engagement Committee/Lay Member for PPI	
Which committee has the subject matter been through?				Engagement Committee – 17.5.2022	
Recommendations					
The Governing Body is requested to NOTE the contents of this report for assurance.					
Report Summary					
<p>This report provides the Governing Body with highlights from the meeting of the Engagement Committee, held on 17th May 2022. This report provides a summary of the items transacted for assurance.</p> <p>Integrated Care System Engagement Strategy – Initial Draft Our strategic approach to citizen engagement builds upon the existing Joined Up Care Derbyshire Communications and Engagement Strategy April 2021-March 2023. Ahead of final ICB establishment submission to NHS England on 20th May, the Engagement Committee received an updated version of the draft Engagement Strategy, following a previous review at the April 2022 meeting. Updates had included better structuring of the various frameworks incorporated into the strategy and significantly enhanced information for local authority and voluntary sector partners on existing engagement routes available to the ICS. A review had also taken place by The Consultation Institute as part of a programme of support offered by NHS England, where it was noted that all systems' strategies had a different feel. Some specific pointers were suggested by the Institute for consideration in future operational delivery.</p> <p>The Engagement Strategy was submitted to NHSEI with other strategic documents as part of our establishment application and the committee recognised the strategic document in will continue to evolve as we move through the establishment of the ICB, and the creation of the Integrated Care Partnership from July 2022 to September 2022.</p> <p>A risk was articulated relating to the resources available to the system to deliver the community engagement programme required within the strategy, and this will be processed through the committee at a future meeting.</p> <p>Transition of Glossop into the Derbyshire Integrated Care System The Committee received an update on progress with the transition of the Glossop area into the Derbyshire ICS boundary from 1 July 2022. There has been continued dialogue with Glossop residents since the Secretary of State announced the boundary amendment in 2021.</p>					

Revised Engagement Assessment and Equality Impact Assessment Process

A review had been undertaken of the public engagement assessment form (known locally as the S14Z2 form) and the Equality Impact Assessment (EIA) process, both aiming to make the processes more efficient and less burdensome for programme managers, whilst retaining assurance against legal duties. This had seen both processes – which are intrinsically linked due to their association with understanding citizen needs and routes of engagement – move to a two stage process, in line with the JUCD system's Quality Impact Assessment (QIA). The Committee approved the amendments to the process and these will now be incorporated into a wider review of the QEIA and system PMO approaches.

Committee Annual Report and Closedown Report

The Committee received an annual report of activity, covering the period April 2021 to June 2022, highlighting work done over the year and the live matters being transferred over to the ICB's new Public Partnership Committee. This was aligned to a Committee Closedown Report, which sets out the risks, actions and matters needing to be handed over to the new committee.

ICS Communications and Engagement Plan

The Committee received draft communications materials pertaining to the launch of the new Integrated Care Board from 1 July 2022 and was asked to comment on their readability and explanation. The Committee also received a demonstration of the developing ICS/ICB website and commented on its simplicity of design and ease of access. All communications channels and materials were being developed as part of a broader communications plan to mark the launch of the ICB and ICS and support internal and external communications.

Communications and Engagement Performance Report

A first draft performance report was received, showing an overview of communications and engagement core activity outputs and analysis. The report identifies performance against a range of key measures across all areas of activity and is developed in a way to provide assurance to the Committee and insight to the team to improve outcomes. This report was the first draft and a work in progress; it was suggested that the Committee focus on three metrics per meeting to ensure a deep dive of knowledge and strengthened assurance.

Exception Risk Report and Governing Body Board Assurance Framework

The Committee agreed to close the single risk currently being managed by the Engagement Committee, after the score had been reduced at its meeting in January and subsequent agreement to close followed in March. This relates to a risk on the adherence to engagement legislation when undertaking service commissioning, which had been mitigated by work to date on the engagement model and governance guide, in addition to the ongoing examples of engagement and communications taking place across the vaccination programme. Evidence to support the risk closure will be provided to the Audit Committee in due course.

A new risk was identified, relating to the resources available within the engagement team to deliver the approach set out in the system's Engagement Strategy. The risk profile would be developed and discussed at the committee's June meeting.

Are there any Resource Implications (including Financial, Staffing etc)?

None identified.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
A PIA is not found applicable to this update. This report is for assurance and information.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
A QIA is not found applicable to this update. This report is for assurance and information.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
An EIA is not found applicable to this update. This report is for assurance and information.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable to this update. This report is for assurance and information.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update. This report is for assurance and information but describes a range of patient, public communications and engagement activity across the breadth of CCG work.
Have any Conflicts of Interest been identified/ actions taken?
None identified.
Governing Body Assurance Framework
Risks assigned to the Engagement Committee are reviewed monthly and changes noted within this assurance report. The single risk currently allocated to the Committee was closed in May 2022, with a further new risk to be adopted at the June 2022 meeting.
Identification of Key Risks
Noted as above.

Governing Body Meeting in Public

6th June 2022

Item No: 057

Report Title	Primary Care Commissioning Committee Assurance Report – May 2022
Author(s)	Hannah Belcher, Assistant Director GP Commissioning Development
Sponsor (Director)	Clive Newman, Director GP Commissioning and Development

Paper for:	Decision		Assurance	x	Discussion		Information	x
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Assurance Report Signed off by Chair Ian Shaw, Chair of the PCCC

Which committee has the subject matter been through? Primary Care Commissioning Committee – 25.5.2022

Recommendations

The Governing Body is requested to **RECEIVE** the decisions made by the Primary Care Commissioning Committee (PCCC) at the public meeting held on Wednesday 25th May 2022 for information and assurance.

Report Summary

The Primary Care Commissioning Committee Public meeting held on Wednesday 25th May 2022 formally APPROVED:

- the full practice merger of the Hollybrook Medical Centre and Haven Medical Centre in Derby City South PCN with effect from July 2022 following patient and stakeholder engagement. Hollybrook Medical Centre will be the main site under a GMS contract and all other locations will then become the branch sites. The practice boundary has been aligned to cover the same area for all three practices in the group in Derby. There are no changes to the practice opening hours.

The Committee also received the following reports for information and assurance:

- M12 Finance Report
- Risk Register – A review of the Primary Care Contracting and Primary Care Quality separate risks has been undertaken with the risks consolidated into a single risk description.
- Quarter 4 Primary Care Quality & Performance Assurance report.
- NHSE/I Primary Medical Care Policy and Guidance manual v4 updated May 2022

Are there any Resource Implications (including Financial, Staffing etc)?

Outlined specifically in each report considered by the Primary Care Commissioning Committee.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Included as part of each report as required.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Included as part of each report as required.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Included as part of each report as required.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Included as part of each report as required.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Included as part of each report as required.
Have any Conflicts of Interest been identified / actions taken?
Included as part of each report as required and highlighted where a conflict of interest applies for Governing Body members.
Governing Body Assurance Framework
Which of the CCG's objectives does this paper support? Considered for each agenda item.
Identification of Key Risks
Cross reference to risks within GBAF or Risk Registers Considered for each agenda item.

Governing Body Meeting in Public

16th June 2022

Item No: 058

Report Title	Quality and Performance Committee Assurance Report – May 2022
Author(s)	Jackie Carlile, Head of Performance and Assurance Helen Hipkiss, Director of Quality
Sponsor (Director)	Zara Jones, Executive Director for Commissioning Operations Brigid Stacey, Chief Nurse Officer

Paper for:	Decision	Assurance	x	Discussion		Information	x
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Recommendations

The Governing Body is requested to **NOTE** the paper for assurance purposes.

Report Summary

Performance:

Urgent and Emergency Care:

- The A&E standard was not met at a Derbyshire level at 70.8% for April 2022. CRH did not achieve the standard achieving 82.6%. UHDB achieved 62.0% in April 2022.
- UHDB had 432 x 12-hour trolley breaches during April – 427 were due the availability of medical beds and 5 were due to the unavailability of a suitable mental health bed.
- CRH had 4 x 12-hour trolley breaches during April.
- EMAS were non-compliant for all of their standards for Derbyshire during April, reflecting the continuing significant pressures being experienced by the trust.

Planned Care:

- 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 62.3% - a marginal decrease on last month's figure.
- CRHFT performance was 64.1% and UHDB 59.2%.
- Derbyshire had 5,269 breaches of the 52-week standard across all trusts – 17 more than the previous month.
- Diagnostics – The CCG performance was 35.3%, slightly worse than last month. Neither CRH (23.74%) or UHDB (37.36%) have achieved the standard, with performance slightly worse than the previous month.

Cancer:

During March 2022, Derbyshire was non-compliant in all of the cancer standards except 31-day Subsequent Radiotherapy:

- 2-week Urgent GP Referral – 73.3% (93% standard) – Compliant at Stockport.
- 2 week Exhibited Breast Symptoms – 26.5% (93% standard) – Compliant at East Cheshire.
- 28-day Faster Diagnosis – 74.6% (75% standard) – Compliant at CRH, NUH and Sherwood.
- 31 days from Diagnosis – 91% (96% standard) – Compliant at Stockport.
- 31-day Subsequent Surgery – 71.8% (94% standard) – Compliant at CRH.

- 31-day Subsequent Drugs – 96.1% (98% standard) – Compliant at CRH, NUH and Stockport.
- 31-day Subsequent Radiotherapy – 95.5% (94% standard) – Compliant at UHDB, NUH and Sheffield.
- 62-day Urgent GP Referral – 59.5% (85% standard) – Non compliant for all trusts.
- 62-day Screening Referral – 54.7% (90% standard) – Compliant at Sherwood.
- 104 days wait – 44 patients treated after 104 days (CRH – 6 patients and UHDB – 38 patients).

Quality

Chesterfield Royal Hospital FT

Falls: As of March 2022, the Trust maintained the number of falls to 1.37 per 1000 bed days against the national target of 1.4 per 1000 beds. The Trust have seen an increase in the average percentage of repeat fallers within the Trust from 30.5% to 33%. The Trust have agreed an improvement plan for 2022/23 which includes the aim to reduce the percentage of repeat falls.

Maternity: As of 14 April 2022, the National submission for Ockenden showed that the Trust was only compliant in 1 out of the 7 IEAs. The remaining 6 were partial compliance with 5 IEAs above 80% completion and 1 IEA at 54% compliance. Progress is monitored monthly by the LMNS Quality and Safety Forum (QSF). The Trust commenced implementing the OASI Care Bundle from November 2021 which consists of 4 elements to improve perineal care. Progress against plan will continue to be monitored via QSF.

University Hospitals of Derby and Burton FT

Maternity: As of 14 April 2022, the National submission for Ockenden showed full compliance with 5 out of 7 IEAs with remaining 2 >=90% compliant. Progress is monitored monthly by the LMNS Quality and Safety Forum. The Trust have commenced implementing the OASI Care Bundle which consists of 4 elements to improve perineal care. Progress against plan will continue to be monitored via the Maternity Quality and Safety Forum and Maternity& Perinatal Board

Derbyshire Community Health Services FT

Staffing Capacity: The CCG Quality team have noted that agency spend has increased, this is attributable to ability to supply staffing against demand. The CCG quality team are reassured that whilst fill rates have reduced safe staffing levels have remained. The market conditions for permanent, bank and agency workforce are understood, and mitigating activity is planned. Staffing for the Pathway 3 wards, Learning Disability Unit and OPMH ward continues to be a challenge. Thornbury Agency usage to address the gaps spiked during surge periods and forward bookings became necessary due to the pressure across the system, this has begun to reduce and is reflective in agency spend. Safer staffing will continue to be monitored through CQRG.

Derbyshire Healthcare Foundation Trust

Staff absence: Sickness absence increased significantly in March with COVID-19 absence being the top reason for absence. Improvements have been made to staff support provided by external absence management provider GoodShape. This ensures the Trust is maximising opportunities to support managers and colleagues over a period of absence. In the latest benchmarking data, the absence rate was above average for the nursing and midwifery staff group but was low compared with the peer group for the medical and dental

and allied health professionals staff groups. Of note is also the current absence rates for Corporate Services -6.3%, and Operational Services - 9.4%. The absence task and finish group are initially focusing on the return-to-work process and is being reviewed to ensure it is health and wellbeing focused conversation, supportive and recorded as part of the employees return to work. Ensuring all the basics are right and connected the support available for managers and colleagues. CQRG will continue to monitor sickness absence rates and initiatives to reduce rates.

East Midlands Ambulance Trust

Staff absence: The Trust experienced an increase in staff absence due to COVID-19 which was their biggest pressure through this wave of the pandemic. As at 23 March 2022 there were over 200 staff members isolating because either they had COVID-19 symptoms or had been in close contact with someone who had tested positive. The Trust continue to return staff to work promptly where appropriate and in line with national guidance. This includes the completion of a risk assessment by the local management teams, conducted to protect patients and staff.

Update from Quality and Performance Committee 26th May 2022

The Q1 GBAF report was noted. The individual GBAFs are the closing positions of the CCG and the opening position of the ICB on the 1st July 2022. The GBAF Task And Finish Group have reviewed the risk scores, remaining as they were for Q4 2021/22. The Committee Risk Register was reviewed, there remains three very high risks. The Transforming Care Partnership risk was reduced to 16, due to additional staff being recruited and additional agency support is now in place. The Committee will review the GBAFs and risk register at the final Committee to ensure all risks are handed to the System Quality and Performance Committee.

A&E performance continues to deteriorate with UHDB continuously on Opel 4 rating in March. Discharge delays have been identified as having a significant impact on urgent care. The System discharge proposal around home first and reablement support was discussed. This will increase flow though the hospitals but will be a longer-term impact on urgent care services. The System Operational Resilience Group (SORG) meet twice weekly to ensure all actions are in place to support urgent care.

The number of people waiting over 2 years is reducing, with the majority having a treatment date. There is a weekly meeting with NHSE/I to provide assurance on the actions being taken against the system delivery plan.

Cancer waits are improving although performance is still below target for both Trusts. The two week wait referrals continue to be high, the data shows the activity has increased for the cancer pathways. The increasing impact on General Practice of supporting patients waiting for an appointment was noted, this may lead to GPs referring early to ensure patients are on waiting list as soon as possible. The national message is refer early if there are any concerns.

The integrated and activity reports were approved by the Committee.

The Quality visits reports were discussed. The Committee was assured that the visits had identified good practice and excellent patient care. The Clinical Quality Review Groups will oversee the recommendations form the visits. The Chair asked that a letter was written from the Committee thanking the Trust and staff for their continued excellent quality standards.

<p>The Children Safeguarding report was noted. There has been a doubling of the number of unaccompanied asylum-seeking children in the last year. The system works closely with the Home Office to ensure the assessments are undertaken before placement.</p> <p>An update was given on the EMAS performance. Performance has deteriorated, none of the six national standards were met. Serious Incidents are increasing, significantly on delays in arrivals. All serious incidents are being reviewed by Trust and reviewed at the Quality Assurance Group. Two GP Committee members have offered to contribute to a review of processes for the interface between the ambulances and general practice. This was welcomed by the EMAS Quality lead.</p> <p>The Medicine Management report was noted. The Continuing Healthcare (CHC) Operational Terms of Reference and the CHC Contract Management Board Terms of Reference were ratified.</p> <p>The minutes of the last Committee on the 28th April 2022 were approved. The assurance questions were agreed.</p>
<p>Are there any Resource Implications (including Financial, Staffing etc)?</p>
<p>No</p>
<p>Has a Privacy Impact Assessment (PIA) been completed? What were the findings?</p>
<p>N/A</p>
<p>Has a Quality Impact Assessment (QIA) been completed? What were the findings?</p>
<p>N/A</p>
<p>Has an Equality Impact Assessment (EIA) been completed? What were the findings?</p>
<p>N/A</p>
<p>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below</p>
<p>N/A</p>
<p>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below</p>
<p>N/A</p>
<p>Have any Conflicts of Interest been identified/ actions taken?</p>
<p>None</p>
<p>Governing Body Assurance Framework</p>
<p>The report covers all the CCG objectives</p>
<p>Identification of Key Risks</p>
<p>The report covers GBAFs 1,2 and 6</p>

Month 12

Quality & Performance Report

2021/22

May 2022

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EXECUTIVE SUMMARY

Key Messages	<ul style="list-style-type: none"> The tables on slides 5-8 show the latest validated CCG data against the constitutional targets. A more detailed overview of performance against the specific targets and the associated actions to manage performance is included in the body of this report.
Urgent & Emergency Care	<ul style="list-style-type: none"> The A&E standard was not met at a Derbyshire level at 70.8% for April 2022. CRH did not achieve the standard achieving 82.6%. UHDB achieved 62.0% in April 2022. UHDB had 432 x 12 hour trolley breaches during April – 427 were due to the availability of medical beds and 5 were due to the unavailability of a suitable mental health bed. CRH had 4 x 12 hour trolley breaches during April. EMAS were non-compliant for all of their standards for Derbyshire during April, reflecting the continuing significant pressures being experienced by the trust.
Planned Care	<ul style="list-style-type: none"> 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 62.3% - a marginal decrease on last months figure. CRHFT performance was 64.1% and UHDB 59.2%. Derbyshire had 5,269 breaches of the 52 week standard across all trusts – 17 more than the previous month. Diagnostics – The CCG performance was 35.3%, slightly worse than last month. Neither CRH (23.74%) or UHDB (37.36%) have achieved the standard, with performance slightly worse than the previous month.
Cancer	<p>During March 2022, Derbyshire was non compliant in all of the cancer standards except 31 day Subsequent Radiotherapy:</p> <ul style="list-style-type: none"> 2 week Urgent GP Referral – 73.3% (93% standard) – Compliant at Stockport. 2 week Exhibited Breast Symptoms – 26.5% (93% standard) – Compliant at East Cheshire. 28 day Faster Diagnosis – 74.6% (75% standard) – Compliant at CRH, NUH and Sherwood. 31 day from Diagnosis – 91% (96% standard) – Compliant at Stockport. 31 day Subsequent Surgery – 71.8% (94% standard) – Compliant at CRH. 31 day Subsequent Drugs – 96.1% (98% standard) – Compliant at CRH, NUH and Stockport. 31 day Subsequent Radiotherapy – 95.5% (94% standard) – Compliant at UHDB, NUH and Sheffield. 62 day Urgent GP Referral – 59.5% (85% standard) – Non compliant for all trusts. 62 day Screening Referral – 54.7% (90% standard) – Compliant at Sherwood. 104 day wait – 44 patients treated after 104 days (CRH – 6 patients and UHDB – 38 patients).

Executive Summary

Trust	
Chesterfield Royal Hospital FT	<p>Falls: As of March 2022, the Trust maintained the number of falls to 1.37 per 1000 bed days against the national target of 1.4 per 1000 beds. The Trust have seen an increase in the average percentage of repeat fallers within the Trust from 30.5% to 33%. The Trust have agreed an improvement plan for 2022/23 which includes the aim to reduce the percentage of repeat falls.</p> <p>Maternity: As of 14 April 2022 the National submission for Ockenden showed that the Trust was only compliant in 1 out of the 7 IEAs. The remaining 6 were partial compliance with 5 IEAs above 80% completion and 1 IEA at 54% compliance. Progress is monitored monthly by the LMNS Quality and Safety Forum (QSF). The Trust commenced implementing the OASI Care Bundle from November 2021 which consists of 4 elements to improve perineal care. Progress against plan will continue to be monitored via QSF.</p>
University Hospitals of Derby and Burton NHS FT	<p>Maternity: As of 14 April 2022 the National submission for Ockenden showed full compliance with 5 out of 7 IEAs with remaining 2 >=90% compliant. Progress is monitored monthly by the LMNS Quality and Safety Forum. The Trust have commenced implementing the OASI Care Bundle which consists of 4 elements to improve perineal care. Progress against plan will continue to be monitored via the Maternity Quality and Safety Forum and Maternity& Perinatal Board</p>
Derbyshire Community Health Services FT	<p>Staffing Capacity: The CCG Quality team have noted that agency spend has increased, this is attributable to ability to supply staffing against demand. The CCG quality team are reassured that whilst fill rates have reduced safe staffing levels have remained. The market conditions for permanent, bank and agency workforce are understood, and mitigating activity is planned. Staffing for the Pathway 3 wards, Learning Disability Unit and OPMH ward continues to be a challenge. Thornbury Agency usage to address the gaps spiked during surge periods and forward bookings became necessary due to the pressure across the system, this has begun to reduce and is reflected in agency spend. Safer staffing will continue to be monitored through CQRG.</p>
Derbyshire Healthcare FT	<p>Staff absence: Sickness absence increased significantly in March with COVID-19 absence being the top reason for absence. Improvements have been made to staff support provided by external absence management provider GoodShape. This ensures the Trust is maximising opportunities to support managers and colleagues over a period of absence. In the latest benchmarking data, the absence rate was above average for the nursing and midwifery staff group but was low compared with the peer group for the medical and dental and allied health professionals staff groups. Of note is also the current absence rates for Corporate Services - 6.3%, and Operational Services - 9.4%. The absence task and finish group are initially focusing on the return-to-work process which is being reviewed to ensure it is health and wellbeing focused conversation, supportive and recorded as part of the employee's return to work. Ensuring all the basics are right and connecting the support available for managers and colleagues. CQRG will continue to monitor sickness absence rates and initiatives to reduce rates.</p>
East Midlands Ambulance Trust	<p>Staff absence: The Trust experienced an increase in staff absence due to COVID-19 which was their biggest pressure through this wave of the pandemic. As at 23 March 2022 there were over 200 staff members isolating because either they had COVID-19 symptoms or had been in close contact with someone who had tested positive. The Trust continue to return staff to work promptly where appropriate and in line with national guidance. This includes the completion of a risk assessment by the local management teams, conducted to protect patients and staff.</p>

PERFORMANCE OVERVIEW MONTH 1 – URGENT CARE

Key:	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

Performance Improved From Previous Period	↑
Performance Maintained From Previous Period	→
Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Urgent Care	Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
									Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Apr-22	↑	70.8%	70.8%	79	82.6%	82.6%	8	62.0%	62.0%	79	74.6%	74.6%	79
		A&E 12 Hour Trolley Waits	0	Apr-22					4	4	1	432	432	21	24138	24138	79

EMAS Dashboard for Ambulance Performance Indicators

Urgent Care	Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	EMAS Performance (Whole Organisation)				EMAS Completed Quarterly Performance 2022/23				NHS England		
									Current Month	YTD	consecutive months non-compliance	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Current Month	YTD	consecutive months non-compliance	
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Apr-22	↓	00:09:23	00:09:23	22	00:09:45	00:09:45	21					00:09:02	00:09:02	12	
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Apr-22	↓	00:17:07	00:17:07	3	00:17:55	00:17:55	10					00:16:07	00:16:07	10	
		Ambulance - Category 2 - Average Response Time	00:18:00	Apr-22	↓	00:56:45	00:56:45	21	01:09:37	01:09:37	22					00:51:22	00:51:22	21	
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Apr-22	↓	02:03:36	02:03:36	21	02:35:39	02:35:39	21					01:56:34	01:56:34	13	
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Apr-22	→	07:52:39	07:52:39	21	08:52:42	08:52:42	21					06:41:39	06:41:39	13	
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Apr-22	→	05:13:12	05:13:12	13	09:32:58	09:32:58	13					07:41:17	07:41:17	13	

PERFORMANCE OVERVIEW MONTH 12 – PLANNED CARE

Key:	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

Performance Improved From Previous Period	↑
Performance Maintained From Previous Period	→
Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	NHS Derby & Derbyshire CCG			Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
								Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Mar-22	↓	62.3%	65.3%	50	64.1%	67.3%	35	59.2%	61.1%	51	62.4%	65.4%	73		
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Mar-22	↓	5269	70398	26	1089	13537	24	5090	73566	25	306286	3760598	179		
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Mar-22	↑	35.03%	33.45%	46	23.74%	19.76%	24	37.36%	36.93%	25	24.85%	25.31%	103		
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Mar-22	↓	73.3%	80.4%	19	Cancer 2 Week Wait Pilot Site - not currently reporting			66.3%	74.0%	19	80.6%	82.1%	22		
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Mar-22	↓	26.5%	48.2%	7	19.2%	43.0%	6	59.5%	64.1%	22					
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Mar-22	↑	74.6%	73.8%	7	79.4%	77.8%	0	69.7%	70.4%	8	73.1%	72.1%	12		
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Mar-22	↓	91.0%	91.0%	15	87.8%	91.2%	7	92.8%	91.6%	20	93.4%	93.5%	15		
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Mar-22	↓	71.8%	77.9%	28	94.1%	93.8%	0	72.9%	82.0%	10	82.2%	84.3%	44		
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Mar-22	↓	96.1%	98.1%	4	100.0%	100.0%	0	94.3%	97.7%	1	98.5%	98.8%	0		
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Mar-22	↓	95.5%	94.9%	0				94.8%	90.6%	0	93.7%	95.1%	1		
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Mar-22	↑	59.5%	63.0%	37	72.1%	71.9%	32	55.4%	58.7%	47	67.4%	68.8%	75		
		First Treatment Administered - 104+ Day Waits	0	Mar-22	↓	28	353	72	4	56	47	37	338	72	1592	13643	75		
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Mar-22	↓	54.7%	64.3%	35	31.5%	48.2%	35	85.7%	79.4%	16	74.6%	72.5%	48		
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Mar-22	↓	77.8%	80.5%		100.0%	85.5%		60.0%	84.4%		77.1%	79.4%			
	Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2021/22 Q4	↓				49.0%	39.8%		17.2%	19.5%		23.0%	23.4%			

PERFORMANCE OVERVIEW MONTH 12 – PATIENT SAFETY

Key:	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

CCG Dashboard for NHS Constitution Indicators				Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	
Area	Indicator Name	Standard	Latest Period	NHS Derby & Derbyshire CCG				Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England			
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Mar-22		0	38	0			0	3	0	3398	16576	6	
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Mar-22	↑	0	2	0	Cancer 2 Week Wait Pilot Site - not currently reporting			0	1	0	60	673	36
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Mar-22	↑		235			34			117		14241		
			Actual				250	7		22	0		73	0			
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Mar-22	↓	51	819		4	241		44	583		51	819	
Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Mar-22	↓	26	262		4	74		23	188		1055	12276			

PERFORMANCE OVERVIEW MONTH 12 – MENTAL HEALTH

Key:	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months of failure	Cancer 2 Week Wait Pilot Site - not currently reporting	Current Month	YTD	consecutive months of failure	NHS England			Current Month	YTD	consecutive months of failure		
												Current Month	YTD	consecutive months of failure					
Early Intervention In Psychosis	Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	60.0%	Mar-22	↑	68.8%	56.3%	0	68.8%	55.5%	0		66.8%	67.7%	0					
	Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Mar-22	↑	75.0%	44.1%	0	75.0%	49.8%	0		31.1%	27.5%	35					
Mental Health	Dementia Diagnosis Rate	67.0%	Mar-22	↑	63.2%	64.3%	21					62.0%	62.8%	24					
	CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		2021/22 Q4	↓	73.8%	74.6%													
	CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		2021/22 Q4	↓	39.3%	83.9%													
	Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	2021/22 Q2	↑	3.5%	3.9%	7												
	Mental Health - Out Of Area Placements		Feb-22	↓	390	6070													
	Physical Health Checks for Patients with Severe Mental Illness	25%	2021/22 Q4	↑	36.2%	29.6%	0												
Area	Indicator Name	Standard	Latest Period	NHS Derby & Derbyshire CCG				Talking Mental Health Derbyshire (D&DCCG only)			Trent PTS (D&DCCG only)			Insight Healthcare (D&DCCG only)			Vita Health (D&DCCG only)		
Improving Access to Psychological Therapies	IAPT - Number Entering Treatment As Proportion Of Estimated Need In The Population	Plan	Mar-22	↑	2.10%	25.20%													
		Actual			2.52%	31.02%	0												
	IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Mar-22	↑	54.3%	52.9%	0	53.3%	54.9%	0	55.0%	52.6%	0	47.7%	46.6%	2	63.6%	58.1%	0
	IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Mar-22	↓	69.3%	87.9%	2	88.6%	89.2%	0	52.1%	84.5%	3	96.6%	97.8%	0	97.5%	98.3%	0
	IAPT Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of IAPT treatment	95%	Mar-22	↑	100.0%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0
Area	Indicator Name	Standard	Latest Period	Derbyshire Healthcare FT															
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Mar-22	↓	57.3%	71.8%	10												
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Mar-22	↔	0	1	0												

Quality Overview

QUALITY OVERVIEW M12

Trust	Key Issues
Chesterfield Royal Hospital FT	<p>Mortality: The HSMR is currently 105.3 (98.7 – 112.2) which is back within expected range. There is divergent trend between the observed deaths and expected deaths. The Trust Specialist Palliative Care coded deaths are below the national average at 22.7% vs 39% The Trust Committee Mortality have undertaken an internal review and are progressing key actions which will reported through DDCCG CQRG.</p> <p>Stroke: The improvement work in stroke services continues with a 7 day service and the development of TIA Clinics, which are now in place. The Trust continue to work towards the stroke service improvement plan. Overview and progress of the improvement plan will continue to be addressed on a monthly basis via the Stroke Delivery Group and reported through to DDCCG CQRG.</p> <p>Falls: As of March 2022, the Trust maintained the number of falls to 1.37 per 1000 bed days against the national target of 1.4 per 1000 beds. The Trust have seen an increase in the average percentage of repeat fallers within the Trust from 30.5% to 33%. The Trust have agreed an improvement plan for 2022/23 which includes the aim to reduce the percentage of repeat falls.</p> <p>Maternity: As of 14 April 2022 the National submission for Ockenden showed that the Trust was only compliant in 1 out of the 7 IEAs. The remaining 6 were partial compliance with 5 IEAs above 80% completion and 1 IEA at 54% compliance. Progress is monitored monthly by the LMNS Quality and Safety Forum (QSF). The Trust commenced implementing the OASI Care Bundle from November 2021 which consists of 4 elements to improve perineal care. Progress against plan will continue to be monitored via QSF.</p>
University Hospitals of Derby and Burton NHS FT	<p>Stroke Services: The Trust have requested an external review of their Stroke Pathway from the Royal College of Physicians to support a continuous improvement plan, this was following higher than expected mortality at Queens Hospital Burton in 2019. The stroke pathway has now merged across UHDB as the Trust are wishing the review to look at the current quality and safety of the new stroke service across UHDB. This review is planned for June 2022. A Quality Visit was arranged by the Acute Quality Team in May to walk through the stroke pathway across both sites. The report and findings of the quality visit will be shared at both DDCCG CQRG and DDCCG Quality and performance Committee.</p> <p>Duty of Candour : Duty of Candour compliance remains low 61% against a target of 100%. The Trust have an improvement plan in place, overview of progress against this plan will continue via the monthly DDCCG CQRGs.</p> <p>Maternity: As of 14 April 2022 the National submission for Ockenden showed full compliance with 5 out of 7 IEAs with remaining 2 >=90% compliant. Progress is monitored monthly by the LMNS Quality and Safety Forum. The Trust have commenced implementing the OASI Care Bundle which consists of 4 elements to improve perineal care. Progress against plan will continue to be monitored via the Maternity Quality and Safety Forum and Maternity& Perinatal Board</p>

QUALITY OVERVIEW M12 continued

Trust	Key Issues
Derbyshire Community Health Services FT	<p>Staffing Capacity: The CCG Quality team have noted that agency spend has increased, this is attributable to ability to supply staffing against demand. The CCG quality team are reassured that whilst fill rates have reduced safe staffing levels have remained. The market conditions for permanent, bank and agency workforce are understood, and mitigating activity is planned. Staffing for the Pathway 3 wards, Learning Disability Unit and OPMH ward continues to be a challenge. Thornbury Agency usage to address the gaps spiked during surge periods and forward bookings became necessary due to the pressure across the system, this has begun to reduce and is reflective in agency spend. Safer staffing will continue to be monitored through CQRG.</p> <p>Covid Absence: The CCG Quality team are assured that members of staff are being supported following COVID and staff with absence of over 3 months or due to COVID related ill are referred to Occupational Health. Staff also have access to the Long Covid pathway. The Trust monitors absence through the weekly absence report which shows staff absence due to Covid is currently stable, but it is being monitored carefully in case community cases rise.. Staff absence rates will continue to be monitored at CQRG.</p>
Derbyshire Healthcare Foundation Trust	<p>Staff absence: Sickness absence increased significantly in March with COVID-19 absence being the top reason for absence. Improvements have been made to staff support provided by external absence management provider GoodShape. This ensures the Trust is maximising opportunities to support managers and colleagues over a period of absence. In the latest benchmarking data, the absence rate was above average for the nursing and midwifery staff group but was low compared with the peer group for the medical and dental and allied health professionals staff groups. Of note is also the current absence rates for Corporate Services is 6.3%, and Operational Services is 9.4%. The absence task and finish group are initially focusing on the return-to-work process and is being reviewed to ensure it is health and wellbeing focused conversation, supportive and recorded as part of the employees return to work. Ensuring all the basics are right and connect the support available for managers and colleagues. CQRG will continue to monitor sickness absence rates and initiatives to reduce rates.</p> <p>Bank staff: In the past 11 months bank staff usage has returned to expected levels. The trend continues to improve where recruitment is now filling vacancies normally supported by bank staff. Agency usage and safer staffing are monitored at CQRG.</p>
East Midlands Ambulance Trust	<p>Staff absence: The Trust experienced an increase in staff absence due to COVID-19 which was their biggest pressure through this wave of the pandemic. As at 23 March 2022 there were over 200 staff members isolating because either they had COVID-19 symptoms or had been in close contact with someone who had tested positive. The Trust continue to return staff to work promptly where appropriate and in line with national guidance. This includes the completion of a risk assessment by the local management teams, conducted to protect patients and staff.</p> <p>IPC: The Trust use the (IPC) Rapid Improvement Tool across the Trust to audit compliance with IPC precautions. Compliance with hand hygiene and bare below the elbows policy has remained consistently above 90%. The risk of reduced compliance was anticipated by the Trust as a result of the relaxation of restrictions outside the healthcare environment. Compliance with PPE remains a standing agenda item at the Divisional Directors meeting, Incident Review Group, COVID-19 Planning Group. The CCG quality team are assured the Trust is meeting the new requirements.</p>

QUALITY OVERVIEW M11

Derbyshire Wide Integrated Report
Part B: Provider Local Quality Indicators

Dashboard Key:	CCG assured by the evidence	Performance Improved From Previous Period	↑
	CCG not assured by the evidence	Performance Maintained From Previous Period	↔
		Performance Deteriorated From Previous Period	↓

Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD
Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital FT				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
Ratings	CQC Ratings	Inspection Date	N/A	Aug-19				Mar-19				May-19				May-18			
		Outcome	N/A	Good				Good				Outstanding				Requires Improvement			
Adult	FFT	Staff 'Response' rates	15%	2019/20 Q2	↑	7.6%	8.6%	2019/20 Q2	↑	10.1%	10.1%	Feb-22	↑	91.8%	90.3%	2019/20 Q2	↑	3.2%	18.1%
		Staff results - % of staff who would recommend the organisation to friends and family as a place to work		2019/20 Q2	↑	56.0%	64.1%	2019/20 Q2	↑	70.2%	70.2%	Feb-22	↔	72.0%	72.0%	2019/20 Q2	↑	57.3%	66.7%
		Inpatient results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Jan-22	↑	95.7%	97.7%	Feb-22	↔	93.4%	96.4%	Jul-20	↔	100.0%	98.6%				
		A&E results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Jan-22	↑	85.3%	77.8%	Feb-22	↔	79.1%	80.3%	Jul-20	↓	N/A	99.3%				
	Complaints	Number of formal complaints received	N/A	Sep-21	↓	17	94	Feb-22	↓	43	573	Mar-22	↑	3	52	Mar-22	↓	25	216
		% of formal complaints responded to within agreed timescale	N/A	Feb-22	↓	31.0%		Feb-22	↑	70.4%	62.0%	Mar-22	↓	100.0%	74.8%	Mar-22	↓	93.8%	98.16%
		Number of complaints partially or fully upheld by ombudsman	N/A	Sep-21	↔	0	0	19-20 Q2	↔	1	2	Mar-22	↔	0	0	Mar-22	↔	0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↓	12	34	Mar-22	↓	57	594	Mar-22	↓	67	998	Mar-22	↔	0	3
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↑	0	11	Mar-22	↑	11	201	Mar-22	↑	18	329	Mar-22	↔	0	2
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↔	0	0	Oct-21	↔	0	0	Mar-22	↑	2	47	Mar-22	↔	0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Sep-21	↓	8	24	Sep-19	↑	16	94	Mar-22	↑	53	810	Mar-22	↔	0	0
		Medical Device pressure ulcers - numbers developed or deteriorated						Sep-19	↓	4	20	Mar-22	↔	8	138	Mar-22	↔	0	0
	Falls	Number of pressure ulcers which meet SI criteria	N/A	Sep-20	↑	0	3	Sep-19	↔	0	4	Mar-22	↔	0	6	Mar-22	↔	0	0
		Number of falls	N/A	Sep-21	↓	102	543	Data Not Provided in Required Format				Mar-22	↓	34	275	Mar-22	↓	54	384
	Medication	Number of falls resulting in SI criteria	N/A	Sep-20	↑	0	8	Sep-19	↑	0	19	Mar-22	↔	0	8	Mar-22	↔	0	0
Total number of medication incidents		?	Sep-21	↓	70	457	Data Not Provided in Required Format				Mar-22	↔	0	1	Mar-22	↓	116	1001	
Serious Incidents	Never Events	0	Feb-22	↔	0	0	Feb-22	↓	1	7	May-19	↔	0	0	Mar-22	↔	0	0	
	Number of SI's reported	0	Sep-20	↑	4	26	Sep-19	↑	7	115	Dec-20	↔	1	34	Mar-22	↓	7	15	
	Number of SI reports overdue	0	Apr-21	↔	0	0	May-19	↓	19	28	May-19	↔	0	0					
	Number of duty of candour breaches which meet threshold for regulation 20	0	Sep-20	↑	0	3	May-19	↔	0	0	Dec-20	↔	0	0					

QUALITY OVERVIEW M11

Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators cont.				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD
Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital NHS Foundation Trust				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
Adult	VTE	Number of avoidable cases of hospital acquired VTE		Mar-20	↓	0	15	Feb-21	↔	0	TBC					Mar-22	↔	0	0
		% Risk Assessments of all inpatients	90%	2019/20 Q3	↓	96.9%	97.4%	Feb-22	↓	92.6%	93.9%	2019/20 Q3	↓	99.5%	99.7%				
	Mortality	Hospital Standardised Mortality Ratio (HSMR)	Not Higher Than Expected	Feb-22	↓	106		Nov-20	↔	107.4									
Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected			Dec-21	↑	0.978		Dec-21	↓	0.943										
Crude Mortality			Feb-22	↑	1.46%		Feb-22	↑	1.60%	1.60%									
Maternity	FFT	Antenatal service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jul-21	↑	98.3%	98.5%	Jul-21	↔	N/A	95.1%								
		Labour ward/birthing unit/homebirth: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Dec-21	↓	N/A	98.9%	Jun-21	↓	100.0%	98.1%								
		Postnatal Ward: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-21	↔	100.0%	98.4%	Sep-21	↓	100.0%	98.0%								
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Sep-21	↔	N/A	98.8%	Jun-21	↔	N/A	97.8%								
Mental Health	Dementia	Dementia Care - % of patients ≥ 75 years old admitted where case finding is applied	90%	Feb-20	↑	100.0%	98.9%	Feb-20	↑	92.1%	90.9%								
		Dementia Care - % of patients identified who are appropriately assessed	90%	Feb-20	↔	100.0%	100.0%	Feb-20	↑	89.4%	85.4%								
		Dementia Care - Appropriate onward Referrals	95%	Feb-20	↔	100.0%	100.0%	Feb-20	↔	100.0%	99.3%								
Inpatient Admissions	Under 18 Admissions to Adult Inpatient Facilities	0													Mar-22	↔	0	0	
Workforce	Staff	Staff turnover (%)		Feb-22	↑	10.4%		Mar-22	↓	11.3%	10.0%	Mar-22	↓	9.7%	9.1%	Mar-22	↓	12.76%	11.42%
		Staff sickness - % WTE lost through staff sickness		Jan-22	↓	5.1%		Mar-22	↑	5.3%	5.3%	Mar-22	↓	7.0%	5.9%	Mar-22	↓	7.23%	7.00%
		Vacancy rate by Trust (%)		Feb-22	↓	7.4%		Mar-22	↓		6.4%	Mar-22	↑	4.4%	3.9%	Mar-22	↔	9.5%	12.0%
		Agency usage	Target Actual													Mar-22	↑	0.89%	1.93%
		Agency nursing spend vs plan (000's)		Feb-22	↓		£2,190	Oct-18	↑	£723	£4,355	Mar-22	↑	£141	£1,331				
		Agency spend locum medical vs plan (000's)		Feb-22	↓		£7,775												
Training	% of Completed Appraisals	90%	Sep-21	↑	91.8%		Mar-22	↓	77.9%	80.8%	Mar-22	↓	83.2%	85.8%	Mar-22	↑	78.3%	76.2%	
	Mandatory Training - % attendance at mandatory training	90%	Jan-22	↓	81.5%		Mar-22	↓	85.2%	86.6%	Mar-22	↑	95.8%	95.8%	Mar-22	↑	84.8%	84.5%	
Quality Schedule	Is the CCG assured by the evidence provided in the last quarter?		CCG assured by the evidence																
CQUIN	CCG assurance of overall organisational delivery of CQUIN		CCG not assured by the evidence																

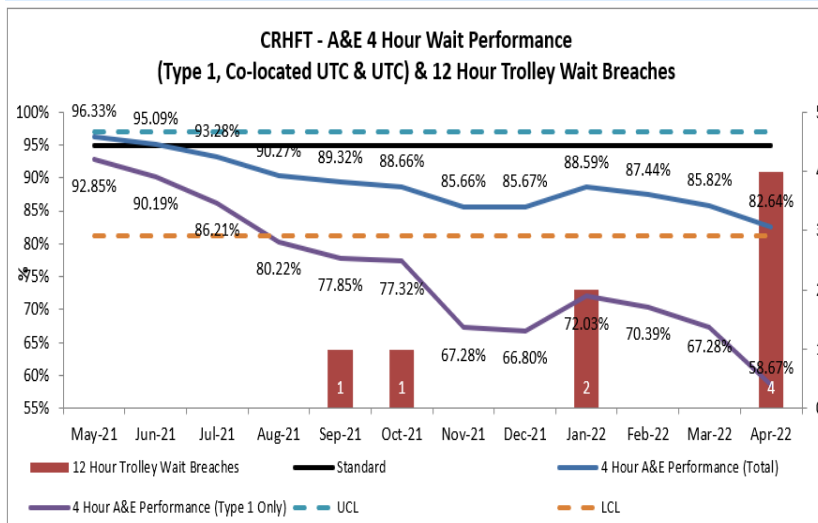
Urgent & Emergency Care

CRHFT A&E PERFORMANCE – PERCENTAGE OF PATIENTS SEEN WITHIN 4 HOURS (95%)

Performance Analysis

During April 2022 the trust did not meet the 95% standard, achieving 82.6% and the Type 1 element achieving 58.7%, a deterioration from the previous month.

There were 4x 12 hour trolley breaches during April.



What are the next steps?

- System-level planning for forthcoming bank holiday weekends in May & June, to ensure good service provision.
- Creating a discharge lounge to improve flow through acute and elective care beds and ED/assessment units
- Broadening the Same Day Emergency Care (SDEC) pathway offer following a Perfect Week exercise, especially for surgical and Gynaecological conditions.
- Implementing further actions recommended by the Missed Opportunities Audit, including other pathway alterations, increased access to diagnostics and alternative streaming options

What are the issues?

- There continued to be severely delayed discharges for patients requiring Packages Of Care, due to capacity for these in the county, with Derbyshire County Social Services declaring OPEL4 throughout the month. This has led to the medical bed base being full (at times there have been enough Medically Fit For Discharge patients to fill whole inpatient wards), therefore reducing the beds available for those in A&E who need them.
- The combined Type 1 & streamed attendances have exceeded pre-pandemic levels, with an average of 268 attendances per day and exceeding pre-pandemic levels (April 2022 volumes were 7.4% higher than April 2019).
- There were surges of Covid19 admissions & outbreaks throughout the month, with as many as 81 positive inpatients at one point and patients still in ICU. This added more pressure to a trust with an escalated critical care position.
- Staff sickness levels across the trust have had a major impact on the performance in A&E. Staff sickness levels peaked at 15.1% during the month, with over half of these due to Covid19 illness or isolation.

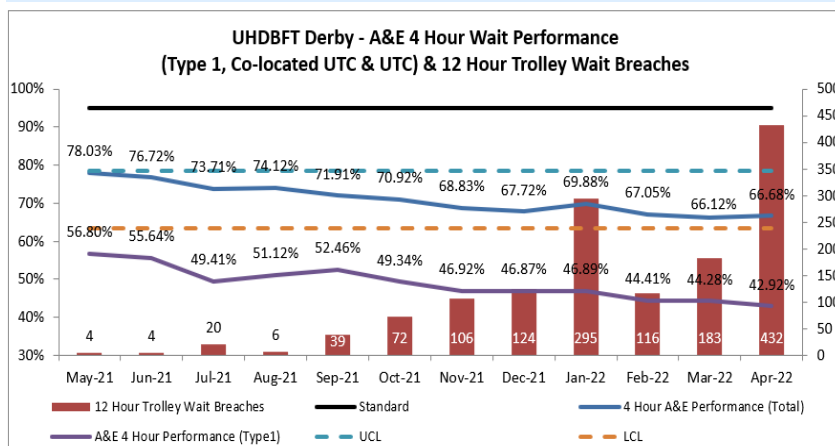
What actions have been taken?

- Multi-Agency Discharge Events (MADE) were held in the Community Trusts, to enable speedier discharges and create bed capacity.
- Interim surge beds were recommissioned in the community to create capacity.
- System-level planning for the Easter bank holiday weekend ensured that service provision was maintained to cater for the high patient volumes.
- The relaxation of Infection Control guidelines have enabled some social distancing measures to be dropped and reduced absence due to contact isolation.
- System level meetings continued to be held regularly, with the System Organisational Resilience Group (SORG) meeting twice a week and System Escalation Calls (SEC) being held at times of high pressure. The membership includes acute trusts, community trusts and councils, solving problems collaboratively in addition to focussed meetings & communications to secure more capacity.

UHDBFT – ROYAL DERBY HOSPITAL A&E - PERCENTAGE OF PATIENTS SEEN WITHIN 4 HOURS (95%)

Performance Analysis

During April 2022, performance overall did not meet the 95% standard, achieving 62.0% (Network figure) and 42.9% for Type 1 attendances. These continue the deterioration since March 2021. There were 432 x 12 hour breaches during April 2022 due to the availability of suitable Mental Health beds (5) and medical capacity issues (427).



The 12hour trolley breaches in the graph relate to the Derby ED only.

What are the next steps?

- System-level planning for forthcoming bank holiday weekends in May & June, to ensure good service provision.
- A further peer review by Chris Morrow-Frost to suggest operational changes.
- Longer-term commissioning of the UTC to enable consistency in opening times and staffing, expected by July 2022.
- A separated paediatric urgent care workstream has been established within the Non-Elective Improvement Group (NELIG) to enable improvements to children's patient flow.
- A clinical review of the Resuscitation Room to improve turnaround and patient flow.

What are the issues?

- The volume of attendances have exceeded pre-pandemic levels, with an average of 461 attendances per day at Derby. These comprise both Type 1 and co-located Urgent Treatment Centre (UTC) numbers, as the UTC sees patients who would otherwise have been classed as minors.
- The acuity of the attendances was high, seeing an average of 11 Resuscitation patients & 189 Major patients per day.
- Staff sickness levels across the site have had a major impact on the performance in A&E. Staff sickness levels peaked at 8.3% across the trust with over half of these due to Covid19 illness or isolation.
- Attendances at Children's ED continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 126 per day during April 2022.
- A Covid19 outbreak at Perth House temporarily closed it to new admissions and therefore to discharges from RDH.

What actions have been taken?

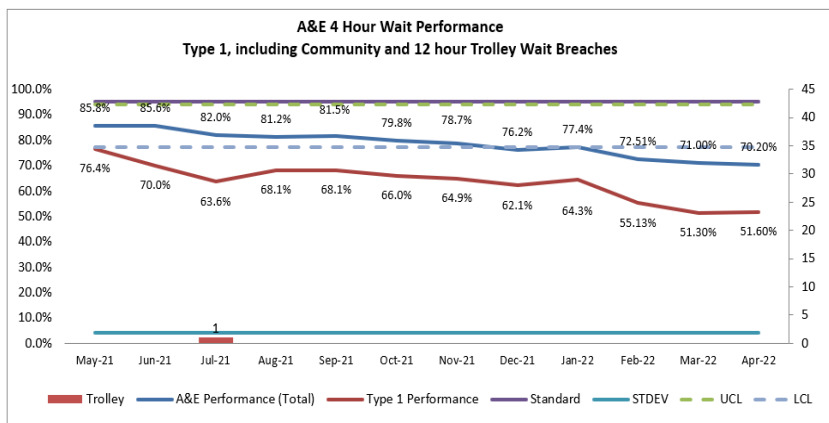
- The cancellation of non-urgent elective procedures on the most highly-pressured days, along with the cancellation of most meetings (including improvement groups).
- Multi-Agency Discharge Events (MADE) were held at Perth House (city care home) and in the Community Trusts, to enable speedier discharges and create bed capacity.
- Interim surge beds were recommissioned in the community to create capacity.
- System-level planning for the Easter bank holiday weekend ensured that service provision was maintained to cater for the high patient volumes.
- Additional capacity has been created at the Discharge Assessment Unit (DAU) to house medically fit patients and to improve flow.
- The relaxation of Infection Control guidelines have enabled some social distancing measures to be dropped and reduced absence due to contact isolation.
- The Empowering Voices Programme continues, ensuring that frontline staff have more input into operational issues and problem solving processes.
- The FEAT Team are now at full establishment, enabling speedier assessment of frail elderly patients.
- Community Rapid Intervention Services (CRIS) are being expanded to build capacity and capability to meet the national two hour crisis response standard.

UHDB – BURTON HOSPITAL A&E - PERCENTAGE OF PATIENTS SEEN WITHIN 4 HOURS (95%)

Performance Analysis

During April 2022, performance overall did not meet the 95% standard, achieving 51.6% for the Burton A&E and 70.2% including community hospitals. Performance has been deteriorating since Autumn.

There were no 12 hour breaches during April 2022.



What are the next steps?

- A separated paediatric urgent care workstream has been established within the Non-Elective Improvement Group (NELIG) to enable improvements to children's patient flow.
- Developing an action plan following external review from Ian Sturgess (ECIST) at QHB and SJCH to support with discharge flow.
- Extramed rollout to give consistent discharge data across the trust and to ease pre discharge work.
- Exploring alternative children's clinical evaluation model (MIAMI) to support increased throughput.
- Developing workforce plans to increase the numbers working 'on the floor' in the department, to include the utilisation of more Allied Healthcare Professionals (AHPs).

What were the issues?

- The department have experienced a high volume of activity with an average of 193 Type 1 attendances per day, exceeding pre-pandemic levels.
- A high wave of Covid patients attending, with the hospital peaking at 97 inpatients during the month.
- The acuity of the attendances is high, with an average of 103 Resuscitation/Major patients per day (53% of Type 1s).
- Staff sickness levels across the site have had a major impact on the performance in A&E. Staff sickness levels peaked at 8.3% across the trust with over half of these due to Covid19 illness or isolation.
- Continued pressures in the West Midlands and Staffordshire urgent care systems have led to increased numbers of ambulances diverted to Burton.

What actions have been taken?

- Additional capacity has been created at the Discharge Assessment Unit (DAU) to house medically fit patients and to improve flow.
- The relaxation of Infection Control guidelines have enabled some social distancing measures to be dropped and reduced absence due to contact isolation.
- Utilisation of spare capacity overnight to provide more physical space, especially for ambulance arrivals.
- The escalation process has been reclaimed to improve senior decision making processes at times of high pressure.
- The primary care redirection programme has started, with an aim to avoid unnecessary attendances.
- The Empowering Voices Programme continues, ensuring that frontline staff have more input into operational issues and problem solving processes.
- Community Rapid Intervention Services (CRIS) are being expanded to build capacity and capability to meet the national two hour crisis response standard.
- The Same Day Emergency Care SDEC capacity has been extended to 8am to 8.30pm 7 days a week, meaning that patients can avoid attending ED.
- The cancellation of some Priority 4 surgical procedures that needed inpatient beds on acute sites.

DHU111 Performance Month 12 (March 2022)

Performance Summary

- DHU111 achieved four of the five contractual Key Performance Indicators (KPIs) during March 2022. The following KPI was not achieved and a deterioration was seen when compared to the previous month:

- The Average speed of answer was 1 minute and 20 seconds above the contractual KPI, at 1 minute and 47 seconds.

Activity Summary

- During March, there has been an increase in calls offered, but this remains below the indicative activity plan (IAP) - 2.7%. Clinical calls remained above the IAP, at +17%. Please note that, as per the agreements made as part of the Year 6 contract, COVID activity is now included within the core activity lines.
- A total of 10,669 Category 3 validations were carried out during March 2022, this was an increase compared to the previous month where 10,172 validations took place.

Regional Performance Year Six - Key Performance Indicators (KPI's)							
		Quarter One (October – December)			Quarter Two (January – March 2022)		
Contractual KPI's	Standard	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Abandonment rate (%)	≤5%	7.00%	8.10%	16.00%	8.8%	1.8%	5.0%
Average speed of answer (seconds)	≤27s	00:02:23	00:03:13	00:05:06	00:02:59	00:00:42	00:01:47
Call Transfer to a Clinician	≥50%	69.20%	66.7%	66.60%	66.9%	63.8%	65.2%
Self Care	≥17%	19.00%	18.8%	19.20%	18.5%	18.5%	19.4%
Patient Experience	≥85%	This data is updated on a six monthly basis			This data is updated on a six monthly basis		
C3 Validation	≥50%	98.20%	97.9%	97.8%	98%	98.3%	98.4%

DHU111 Performance Month 12 (March 2022)

What are the issues?

- Whilst DHU111 saw a deterioration in abandonment rate and average speed of answer when compared to February 2022, DHU111 have seen improvement this month in the remaining KPI's and continue to perform well compared to other 111 providers across the country.
- Dental related activity continues to be a concern across the region on Monday and Tuesdays, in addition to this an increase in demand has been noted on Saturday mornings.

What actions have been taken?

- With regards to the increase in dental demand the Coordinating Commissioning Team Quality Lead is in contact with NHSE Dental Commissioning Team and has agreed to share the issues raised through CMB.
- To bring the current DHU111 contract in line with the NHSE 2022/2023 Contract guidance, a National Variation Agreement (NVA) was put together by the Coordinating Commissioning Team, this was agreed and signed off at the April 2022 Contract Management Board meeting.
- The Care Quality Commission (CQC) inspected DHU's 111 service on 31st March 2022 at the Derby Orbis Advice Centre and subsequently the DHU Urgent Care offering at Fosse House, Leicestershire as part of the Leicestershire System Review. Performance was compared to a number of other 111 providers and extremely positive feedback was received from the CQC.

		Year Six – Contract Year October 2021 – September 2022					
		Quarter One			Quarter Two		
Activity		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Calls Offered	Actual	184,574	188,284	214,607	182,585	155,719	165,563
	Plan	166,609	156,578	187,369	175,277	155,808	170,091
	Variance	8.8%	20.2%	14.5%	4.2%	-0.1%	-2.7%
Clinical Calls	Actual	30,000	24,775	27,933	27,116	38,883	43,585
	Plan	37,187	35,263	42,520	38,293	33,026	37,244
	Variance	19.30%	-29.7%	-34.3%	-29.2%	17.7%	17.0%

What are the next steps?

- The increase in dental demand will be reviewed at the July 2022 CMB meeting.
- Work continues to take place within the coordinating commissioning team to understand the discrepancy in the variance to plan levels between calls offered and clinical calls.

Please note that the contract year runs October – September for the DHU 111 contract as per contract award in September 2016. We are currently in year five of a six year contract.

AMBULANCE – EMAS PERFORMANCE M12 (March 2022)

What are the issues?

- A deterioration was seen in March 2022 on all standards when compared with February 2022.
- The contractual standard is for the Derbyshire division to achieve national performance on a quarterly basis. For Quarter four, Derbyshire did not achieve any of the six national standards. The variation to the national standard for the quarter four position was as follows:
 - C1 mean +1 minute and 54 seconds
 - C1 90th Centile +27 second
 - C2 mean +25 minutes and 3 seconds
 - C2 90th Centile +51 minutes and 52 seconds
 - C3 90th Centile +4 hours, and 18 minutes
 - C4 90th Centile +2 hours, 59 minutes and 35 seconds
- There is a regional level trajectory for performance which is linked to the receipt of additional national funding. During March, EMAS did not achieve any of the performance trajectories and a deterioration was seen against all trajectories when compared to February.
- Within Derbyshire demand from NHS111 remained high at 28%
- Call activity remained high and the number of duplicate calls being seen saw an increase across EMAS during March, 25.3% compared to 21.9% in February. For Derbyshire the percentage of calls being classed as a duplicate calls also saw an increase in the month of March 24.4% compared to 21.2% in February. This remains above the contractual threshold of 17.9%.
- Incident and on scene demand remained below plan across EMAS at -2.4% and -3.6% respectively. March incidents in Derbyshire saw an increase when compared to February (13,204 compared to 11,553).
- The disparity between high call volumes and low incident volumes compared to plan is due to the high levels of duplicate calls being seen (patients calling back to chase their ambulance) and high levels of non Ambulance Systems Indicator (ASI) Hear & Treat (H&T) activity. This activity is not counted within the incident count as it is not 'true' H&T according to the national ASI specification as the patient has not received clinical advice over the telephone, the majority of these calls are patients calling back to advise that they have recovered and/or made their own way and therefore the ambulance is no longer required.
- Average Pre hospital handover times during March continued to be above the 15 minute National Standard across Derbyshire at 25 minutes and 52 seconds, this is a deterioration when compared to February performance (23 minutes and 8 seconds).
- Average Post handover times during March remained above the 15 minute national standard across Derbyshire at 25 minutes and 52 seconds. Overall the post handover time in March was 20 minutes and 22 seconds which was comparable to February 20 minutes and 58 seconds.
- Five Serious incidents (SI's) were reported in March across EMAS, bringing the total number of Serious incidents for the financial year to 74 and 45 Delayed Response serious incidents.

Performance	Category 1		Category 2		Category 3	Category 4
	Average	90th centile	Average	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
EMAS Actual – March	00:09:41	00:17:39	01:04:23	02:24:02	09:21:24	08:15:20
Derbyshire Actual – March	00:09:22	00:16:32	00:52:47	01:52:34	08:02:38	06:07:09
Derbyshire Actual – Quarter Four	00:08:54	00:15:27	00:43:03	01:31:52	06:18:00	05:59:35

March 2022	Pre Handovers		Post Handovers		Total Turnaround	
	Average Pre Handover Time	Lost Hours	Average Post Handover Time	Lost hours	Average Total Turnaround	Lost hours
Burton Queens	00:39:25	159:51:30	00:17:01	33:11:20	00:56:26	176:18:28
Chesterfield Royal	00:19:46	232:34:33	00:22:46	371:18:02	00:42:32	527:32:37
Macclesfield District General Hospital	00:36:20	16:39:20	00:10:54	0:59:45	00:47:14	14:14:16
Royal Derby	00:27:51	911:14:23	00:20:02	505:45:41	00:47:53	1267:59:44
Sheffield Northern General Hospital	00:38:47	35:11:55	00:15:42	6:39:48	00:54:29	37:36:28
Stepping Hill	00:23:42	60:00:26	00:14:40	20:37:14	00:38:22	66:40:23
Derbyshire TOTAL	00:25:52	1415:32:07	00:20:22	938:31:50	00:46:14	2090:21:56

AMBULANCE – EMAS PERFORMANCE M12 (March 2022)

What actions have been taken?

- With regards to performance and handover delays, discussions continue to take place at the Strategic Delivery Board meetings, and it has been agreed that a whole system approach is required.
- NHSE/I requested a system response to ambulance handover delays, this formulated a workplan to support with reducing delays.
- Handover Escalation plans are in place alongside the internal trust full capacity plans. A 'Rapid Handover' area has been identified to release EMAS crews if/when they need to respond to an incident.
- Royal Derby Hospital have secured 6 months funding for a HALO/Clinical Navigator role within the ED department, this role will focus on reducing handover delays and supporting staff.
- All counties have continued to work on developing alternative pathways for ambulance services to access services and improve the flow within systems, such as same day emergency care, access to urgent treatment centres, and clinical assessment services which is enabling patients to avoid the Emergency Department when safe and appropriate.
- The Care Quality Commission (CQC) inspected the EMAS Emergency Operations Centre (EOC) and Head Quarters as part of the Leicestershire Urgent care system inspection. Whilst the CQC are still reviewing the data/evidence that has been provided, there have been no immediate concerns raised to EMAS following the inspection. However EMAS have been requested to formally review their action plan for delayed response to identify if there are any further actions required.

What are the next steps

- The Clinical Quality Review Group (CQRG) will continue to monitor the actions and serious incidents reported by EMAS.
- Following the release of the agreed NHSE 2022/2023 Standard Contract Guidance the Coordinating Commissioning Team along with associate commissioners are continuing to work with EMAS to develop and agree the 2022/2023 EMAS Contract.

EMAS Activity - 2021 to 2022					
Derbyshire	Quarter Three	January	February	March	Quarter Four
Calls (Total)	42,738	19,214	18,188	22,377	59,750
Total Incidents	26,686	12,989	11,553	13,204	37,746
Total Responses	24,214	11,819	10,491	11,999	34,309
Duplicate Calls	9,104	3,533	3,857	5,455	12,816
Hear & Treat (Total)	9,420	3,862	3,839	4,923	12,625
See & Treat	8,748	4,201	3,561	4,251	12,013
See & Convey	15,466	7,618	6,930	7,748	22,296
Duplicates as % Calls	21.3%	18.4%	21.2%	24.4%	21.4%
H&T ASI as % Incidents	9.3%	9.0%	9.2%	9.1%	9.1%
S&T as % Incidents	32.8%	32.3%	30.8%	32.2%	31.8%
S&C as % Incidents	58.0%	58.6%	59.9%	58.7%	59.1%
S&C to ED as % of incidents	53.7%	54.8%	55.5%	54.5%	54.9%

Planned Care

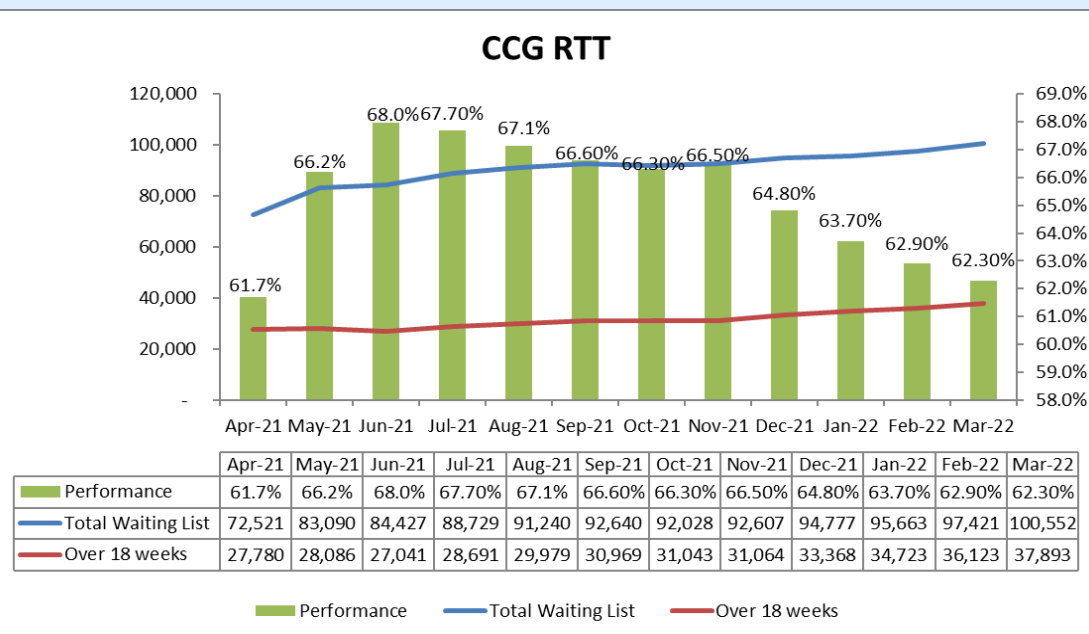
DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

Performance Analysis

Performance for March 2022 was 62.3%, a slight decrease on February figure of 62.9%.

The total incomplete waiting list for DDCCG was 100,552, an increase of 3,131 on the previous month.

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	5,095	2,516	49.4%	697
Urology Service	4,406	3,004	68.2%	209
Trauma and Orthopaedic Service	14,340	7,149	49.9%	1,461
Ear Nose and Throat Service	7,380	4,665	63.2%	306
Ophthalmology Service	12,921	7,098	54.9%	968
Oral Surgery Service	15	13	86.7%	0
Neurosurgical Service	688	426	61.9%	31
Plastic Surgery Service	570	355	62.3%	47
Cardiothoracic Surgery Service	179	118	65.9%	18
General Internal Medicine Service	289	228	78.9%	2
Gastroenterology Service	4,987	3,611	72.4%	83
Cardiology Service	3,434	2,591	75.5%	40
Dermatology Service	6,924	4,229	61.1%	126
Respiratory Medicine Service	1,832	1,435	78.3%	3
Neurology Service	2,737	2,021	73.8%	12
Rheumatology Service	1,993	1,402	70.3%	9
Elderly Medicine Service	274	236	86.1%	0
Gynaecology Service	7,316	4,667	63.8%	349
Other - Medical Services	7,156	5,398	75.4%	100
Other - Mental Health Services	225	206	91.6%	0
Other - Paediatric Services	7,775	4,860	62.5%	198
Other - Surgical Services	8,879	5,568	62.7%	579
Other - Other Services	1,137	863	75.9%	31
Total	100,552	62,659	62.3%	5,269

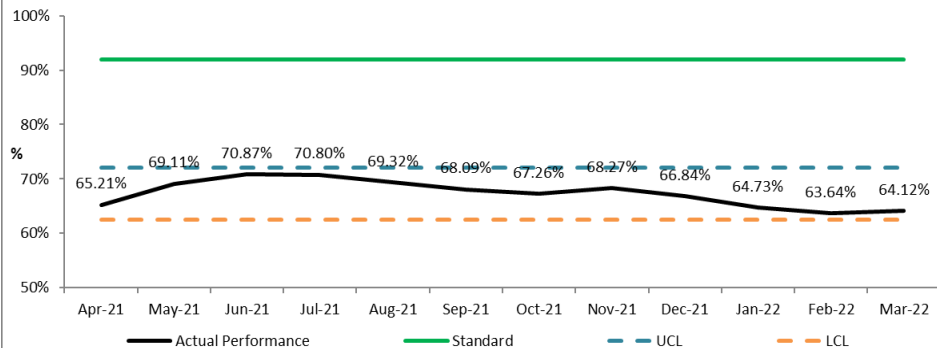


- The Derbyshire CCG position is representative of all of the patients registered within the CCG area attending any provider nationally.
- 70% of Derbyshire patients attend either CRHFT (25%) or UHDB (45%). The RTT position is measured at both CCG and provider level.
- The RTT standard of 92% was not achieved by any of our associate providers during April.

Referral to Treatment – Incomplete Pathways (92%).

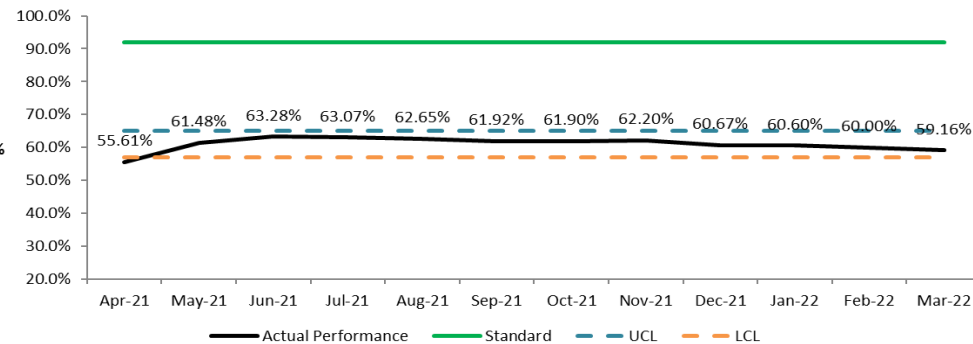
CRH – During March 2022 the trust achieved 64.1%, a slight increase on the February figure of 63.6%. The incomplete waiting list at the end of March was 21,842 (March was 20,713).

CRHFT - 18 Weeks Incomplete RTT Performance



UHDB – During March 2022 the trust achieved 59.2%, a slight decrease on the February figure of 60%. The incomplete waiting list at the end of February was 93,027 (February - 90,328).

UHDBFT - 18 Weeks Incomplete RTT Performance



Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	1,415	626	44.2%	230
Urology Service	1,208	880	72.8%	15
Trauma and Orthopaedic Service	2,355	1,133	48.1%	242
Ear Nose and Throat Service	2,092	1,390	66.4%	114
Ophthalmology Service	2,297	1,293	56.3%	117
Oral Surgery Service	1,461	813	55.6%	118
General Internal Medicine Service	254	200	78.7%	2
Gastroenterology Service	1,413	991	70.1%	14
Cardiology Service	682	498	73.0%	1
Dermatology Service	1,775	1,165	65.6%	3
Respiratory Medicine Service	604	384	63.6%	2
Rheumatology Service	414	373	90.1%	2
Gynaecology Service	1,507	1,032	68.5%	116
Other - Medical Services	996	790	79.3%	19
Other - Paediatric Services	1,339	946	70.6%	17
Other - Surgical Services	2,030	1,491	73.4%	77
Total	21,842	14,005	64.1%	1,089

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	5,085	2,868	56.4%	446
Urology Service	3,567	2,406	67.5%	126
Trauma and Orthopaedic Service	14,255	7,116	49.9%	1,424
Ear Nose and Throat Service	7,378	4,473	60.6%	112
Ophthalmology Service	12,823	5,816	45.4%	1,325
Oral Surgery Service	2,603	1,384	53.2%	172
Neurosurgical Service	119	80	67.2%	0
Plastic Surgery Service	267	190	71.2%	9
Cardiothoracic Surgery Service	3	2	66.7%	0
General Internal Medicine Service	37	33	89.2%	1
Gastroenterology Service	3,981	3,032	76.2%	17
Cardiology Service	2,826	2,119	75.0%	8
Dermatology Service	6,768	3,639	53.8%	242
Respiratory Medicine Service	1,044	943	90.3%	0
Neurology Service	2,360	1,696	71.9%	10
Rheumatology Service	1,943	1,279	65.8%	6
Elderly Medicine Service	303	239	78.9%	1
Gynaecology Service	7,317	4,463	61.0%	281
Other - Medical Services	6,748	5,082	75.3%	108
Other - Paediatric Services	4,678	2,739	58.6%	155
Other - Surgical Services	7,610	4,507	59.2%	599
Other - Other Services	1,311	926	70.6%	48
Total	93,027	55,032	59.2%	5,090

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITS

52 Week Waits

At the end of March there were 5,269 Derbyshire patients waiting over 52 weeks for treatment in Derbyshire, this is an increase of 17 on the previous month.

Of these, 4,014 were waiting for treatment at our two main providers UHDB and CRH, with the remaining 1,255 waiting at various trusts around the country as outlined in the table on the following slide.

CCG Patients – Trend – 52 weeks

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
DDCCG	7,490	6,859	6,199	5,897	5,627	5,781	5,705	5,399	5,432	5,488	5,252	5,269

Main Providers:

In terms of Derbyshire the two main acute providers the 52ww monthly position up until March at UHDB and CRH is as follows:

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
UHDB	8,605	7,573	6,806	6,206	5,755	5,692	5,659	5,469	5,417	5,281	4,981	5,090
CRH	1,278	1,179	1,095	1,098	1,118	1,129	1,133	1,084	1,120	1,154	1,060	1,089

NB: UHDB/CRH figures are all patients at that trust irrespective of Commissioner.

The Surgery Division are following national Royal College of Surgeon guidance on prioritisation of surgical patients which was issued in October 2020. This identifies patients who are clinically appropriate to delay for periods and those who will need to be prioritised. This will aid the teams to use the limited elective capacity on the patients who are most at risk of harm, allowing trusts to tackle the growing backlog of long waiters. The priority levels are 1-4, P5 (treatment deferred due to Covid concerns) and P6 (deferred for other reason).

Actions:

- System Planned Care Group are leading on the plans for restoration and recovery across the system.
- Patients are being treated in priority order and a number of patients currently waiting over 52 weeks are low priority.
- There is an increased focus by the National team at NHS England around the long waiters across Derbyshire. The CCG are working with the trusts reviewing those patients who have been waiting the longest time as there are a number over 104 weeks. Trusts will be expected to eliminate 104+ weeks patients by end of June 2022 (except for those identified as P5 or P6, which is due to patient choice).

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

Associate Providers – Derbyshire Patients waiting over 52 weeks in March 2022 at associate providers were 1,255.

Provider	Total	Provider	Total
ASPEN - CLAREMONT HOSPITAL	10	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	4
BARTS HEALTH NHS TRUST	2	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	5	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	3
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2	THE ROTHERHAM NHS FOUNDATION TRUST	4
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2	THE ROYAL WOLVERHAMPTON NHS TRUST	1
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	26
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	12	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	2
EAST CHESHIRE NHS TRUST	20	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	55
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	3
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1	WOODTHORPE HOSPITAL	62
LEEDS TEACHING HOSPITALS NHS TRUST	3	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	2
MANCHESTER SURGICAL SERVICES LTD	5	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	4	ROWLEY HALL HOSPITAL	8
NORTH BRISTOL NHS TRUST	1	SPAMEDICA DERBY	18
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	340	PRACTICE PLUS GROUP HOSPITAL - BARLBOROUGH	5
NUFFIELD HEALTH, DERBY HOSPITAL	17	SPAMEDICA MANCHESTER	1
OAKLANDS HOSPITAL	1	BEACON PARK HOSPITAL	2
ROYAL CORNWALL HOSPITALS NHS TRUST	1	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST	1
ROYAL FREE LONDON NHS FOUNDATION TRUST	3	CIRCLE READING HOSPITAL	1
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	31	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	35
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	130	ALEXANDRA HOSPITAL	3
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	82	PARK HOSPITAL	1
SPIRE REGENCY HOSPITAL	10	NEWMEDICA - BARLBOROUGH	2
STOCKPORT NHS FOUNDATION TRUST	324	Total	1255

Actions:

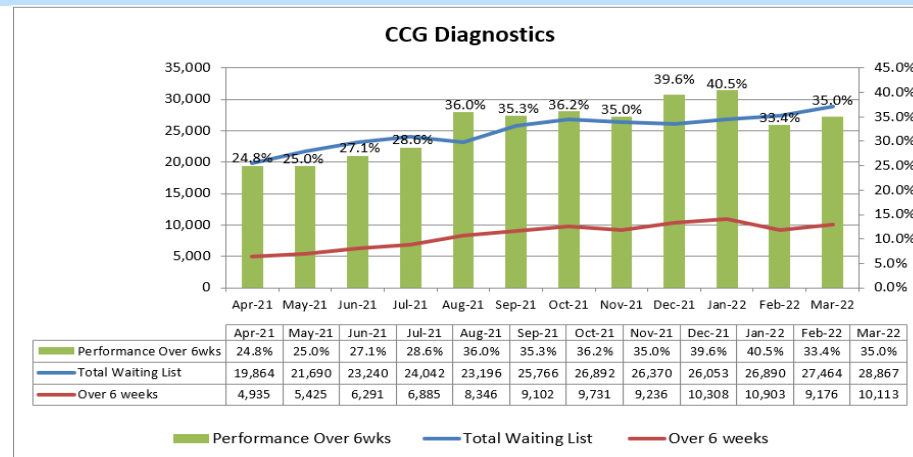
- The performance team make enquiries of the relevant CCGs and responses received back are that these patients are not clinically urgent but are being reviewed. We have not been informed of any TCI dates.

DERBYSHIRE COMMISSIONER – 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1%)

Performance Analysis

Derbyshire CCG Diagnostic performance at the end of March was 35.0% waiting over six weeks, a deterioration on the 33.4% position at the end of February.

The total number of Derbyshire patients waiting for diagnostic procedures increased during March. The number of patients waiting over 6 weeks and over 13 weeks have both increased. All of our associates are showing non compliance for the diagnostic standard.



Diagnostic Test Name	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport	Sheffield Teaching Hospitals	Sherwood Forest Hospitals	Nottingham University Hospitals	East Cheshire
Magnetic Resonance Imaging	46.8%	0.3%	16.3%	18.1%	5.5%	60.4%	25.6%
Computed Tomography	37.8%	0.2%	0.5%	15.8%	18.1%	17.0%	0.0%
Non-obstetric Ultrasound	39.6%	0.6%	3.4%	28.8%	33.4%	7.9%	0.0%
DEXA Scan	11.3%	1.4%	0.0%	8.8%	24.9%	55.3%	
Audiology Assessments	46.2%	44.7%	2.1%	6.9%	1.3%	57.9%	7.7%
Echocardiography	27.5%	70.9%	43.7%	4.9%	54.5%	50.0%	80.6%
Peripheral Neurophysiology	0.5%		0.0%	31.5%		0.9%	
Sleep Studies	34.3%		0.0%	21.4%	34.8%	50.2%	83.3%
Urodynamics - Pressures & Flows	58.5%	68.1%	12.9%	46.8%	28.4%	36.6%	
Colonoscopy	19.6%	13.4%	59.7%	36.4%	12.8%	55.7%	37.8%
Flexi Sigmoidoscopy	33.3%	12.7%	58.0%	58.9%	6.7%	57.1%	18.2%
Cystoscopy	16.2%	0.0%	0.0%	5.3%	38.8%	7.9%	14.3%
Gastroscopy	29.3%	14.9%	38.3%	41.0%	7.8%	54.4%	9.9%
Total	37.4%	23.7%	26.4%	24.1%	29.7%	44.7%	29.8%

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	6,413	2,508	1,107	39.1%
Computed Tomography	2,571	630	355	24.5%
Non-obstetric Ultrasound	9,412	2,853	841	30.3%
DEXA Scan	861	104	44	12.1%
Audiology Assessments	1,332	491	111	36.9%
Echocardiography	4,242	2,265	862	53.4%
Peripheral Neurophysiology	342	11	0	3.2%
Sleep Studies	284	105	37	37.0%
Urodynamics - Pressures & Flows	180	108	56	60.0%
Colonoscopy	1,115	338	159	30.3%
Flexi Sigmoidoscopy	500	209	82	41.8%
Cystoscopy	284	44	24	15.5%
Gastroscopy	1,330	447	147	33.6%
Total	28,867	10,113	3,825	35.0%

CRHFT DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis

Performance during March was 23.7%, an improvement on the February figure of 24.2%.

The numbers on the waiting list have continued to increase.

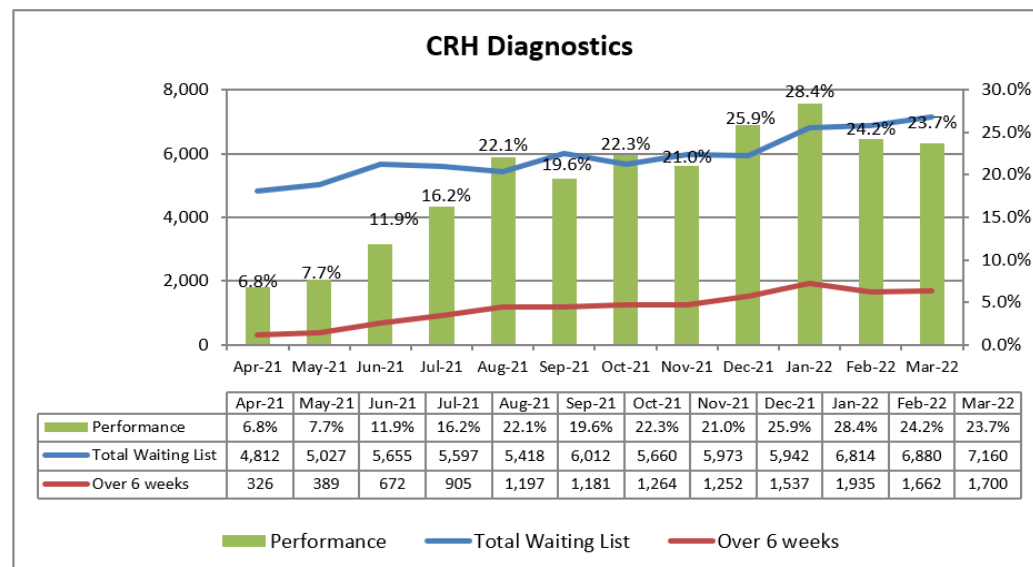
The number waiting over 6 weeks and the number waiting over 13 weeks have both increased.

Issues

- Staff sickness levels and isolation (due to Covid and other winter illnesses) across the trust have affected diagnostic capacity.
- The high demand due to higher outpatient referrals and increased non-elective activity continues.

Actions

- Increased imaging capacity through the use of Mobile CT and Mobile MRI scanners.
- Immediate booking of Endoscopy dates to enable forward planning.
- The prioritisation of Imaging and Endoscopy activity for those patients on a cancer pathway.
- Further development of the clinical triage set and CAB.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	930	3	0	0.3%
Computed Tomography	529	1	1	0.2%
Non-obstetric Ultrasound	2,467	15	5	0.6%
DEXA Scan	221	3	1	1.4%
Audiology Assessments	468	209	0	44.7%
Echocardiography	1,922	1,363	792	70.9%
Urodynamics - Pressures & Flows	47	32	12	68.1%
Colonoscopy	209	28	9	13.4%
Flexi Sigmoidoscopy	71	9	3	12.7%
Cystoscopy	47	0	0	0.0%
Gastroscopy	249	37	10	14.9%
Total	7,160	1,700	833	23.7%

UHDB DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis

Performance during March was 37.4%, a deterioration on the February position of 34.8%.

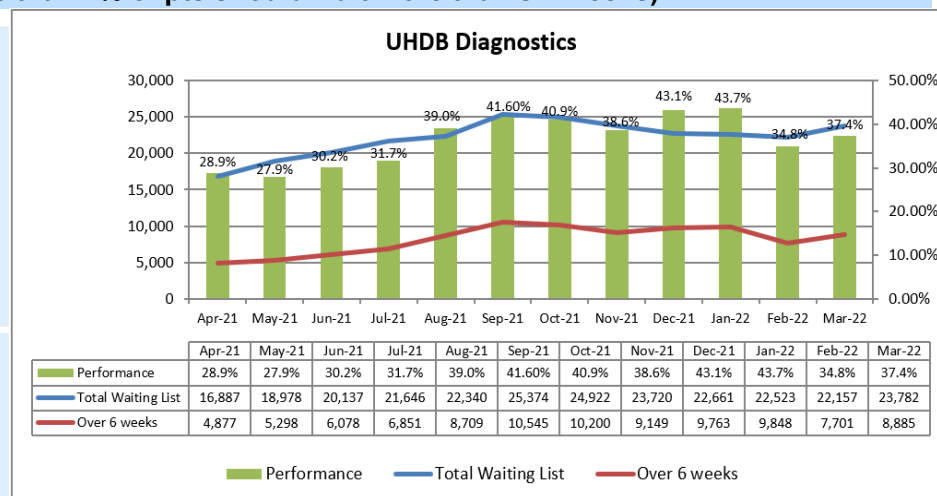
The overall numbers on the waiting list have increased during March, with the numbers waiting over 6 weeks and the numbers waiting over 13 weeks increasing.

Issues

- Nurse endoscopist shortages have reduced capacity in all gastro-intestinal endoscopy services.
- Increased referrals for Audiology tests from GPs and ENT.
- Capacity constraints for paediatric MRIs.
- Staff sickness levels and isolation (due to the Covid and other winter illnesses) across the trust have affected diagnostics, especially in Radiology.
- The high demand due to higher outpatient referrals and increased non-elective activity continues.

Actions

- Continued estates work to create the community diagnostics hub.
- Increased FiT Testing in East Staffordshire to filter Lower GI referrals.
- Endoscopy General Anaesthetic capacity has been increased, enabling more nurse endoscopist sessions and the utilisation of capacity at Sir Robert Peel Hospital.
- Establishing an Echocardiography Service at Florence Nightingale Community Hospital (from April 2022) to provide 50 extra slots per week.
- Imaging have recruited 12 additional CT & MRI Radiographers from abroad, therefore not drawing away from other local labour pools.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	5,468	2,561	1,119	46.8%
Computed Tomography	2,722	1,030	489	37.8%
Non-obstetric Ultrasound	7,763	3,076	975	39.6%
DEXA Scan	583	66	36	11.3%
Audiology Assessments	1,384	640	234	46.2%
Echocardiography	2,378	655	51	27.5%
Peripheral Neurophysiology	419	2	1	0.5%
Sleep Studies	341	117	43	34.3%
Urodynamics - Pressures & Flows	130	76	49	58.5%
Colonoscopy	883	173	31	19.6%
Flexi Sigmoidoscopy	423	141	21	33.3%
Cystoscopy	222	36	16	16.2%
Gastroscopy	1,066	312	58	29.3%
Total	23,782	8,885	3,123	37.4%

DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

During March 2022, Derbyshire was non compliant in all of the cancer standards except 31 day Subsequent Radiotherapy:

2 week Urgent GP Referral – 73.3% (93% standard) – Compliant at Stockport.

2 week Exhibited Breast Symptoms – 26.5% (93% standard) – Compliant at East Cheshire.

28 day Faster Diagnosis – 74.6% (75% standard) – Compliant at CRH, NUH and Sherwood.

31 day from Diagnosis – 91% (96% standard) – Compliant at Stockport.

31 day Subsequent Surgery – 71.8% (94% standard) – Compliant at CRH.

31 day Subsequent Drugs – 96.1% (98% standard) – Compliant at CRH, NUH and Stockport.

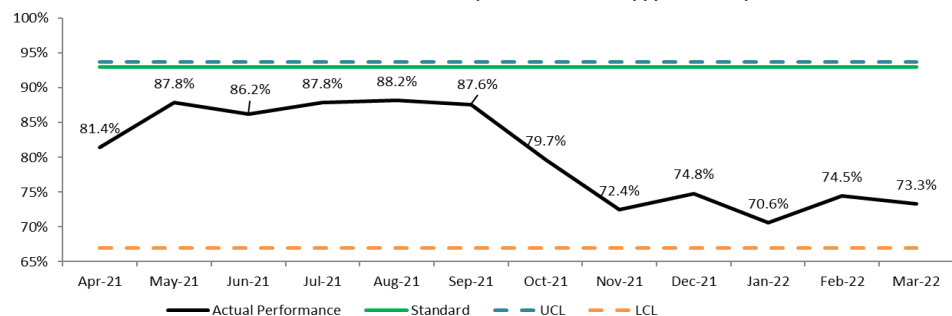
31 day Subsequent Radiotherapy – 95.5% (94% standard) – Compliant at UHDB, NUH and Sheffield.

62 day Urgent GP Referral – 59.5% (85% standard) – Non compliant for all trusts.

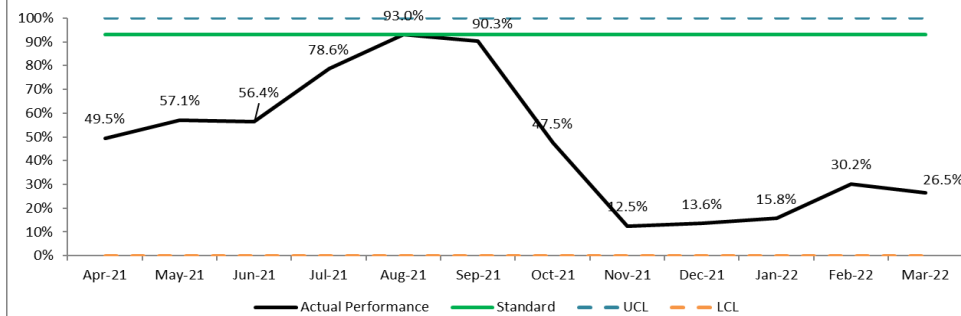
62 day Screening Referral – 54.7% (90% standard) – Compliant at Sherwood.

104 day wait – 44 patients treated after 104 days (CRH – 6 patients and UHDB – 38 patients).

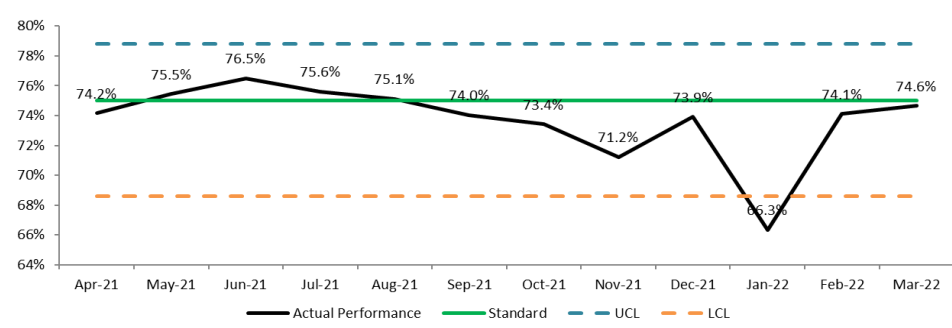
DDCCG - Cancer 2 Week Wait (Referral To First Appointment)



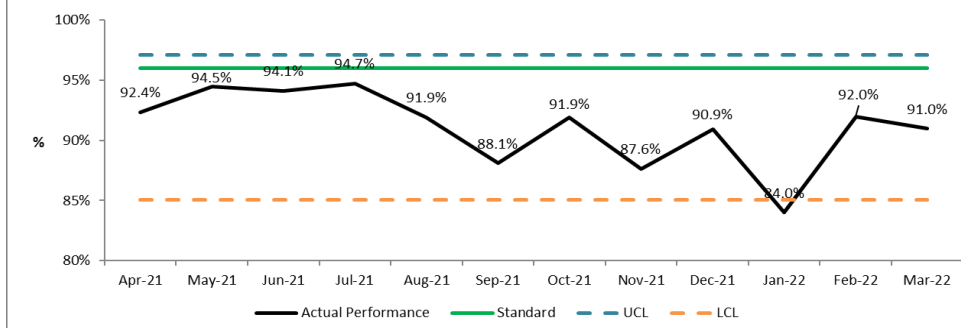
DDCCG - Cancer 2 Week Wait (Breast Symptoms)



D&DCCG - Cancer: 28 Day Faster Diagnosis Standard



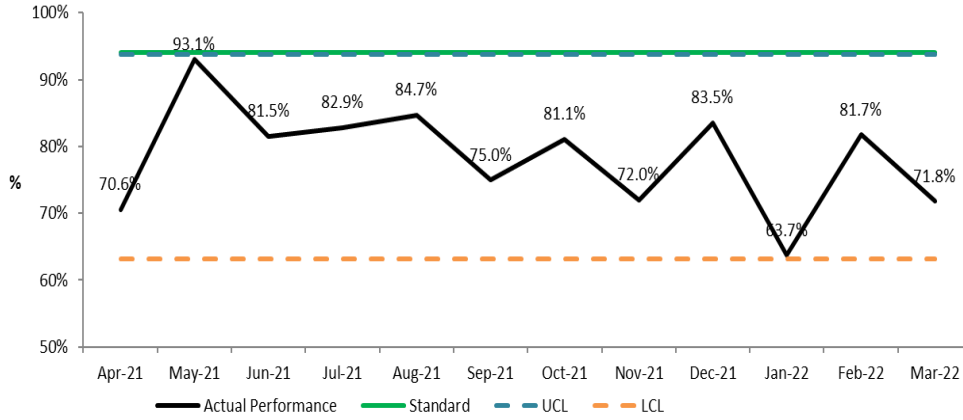
Cancer: 31 Day Wait (1st Treatment)



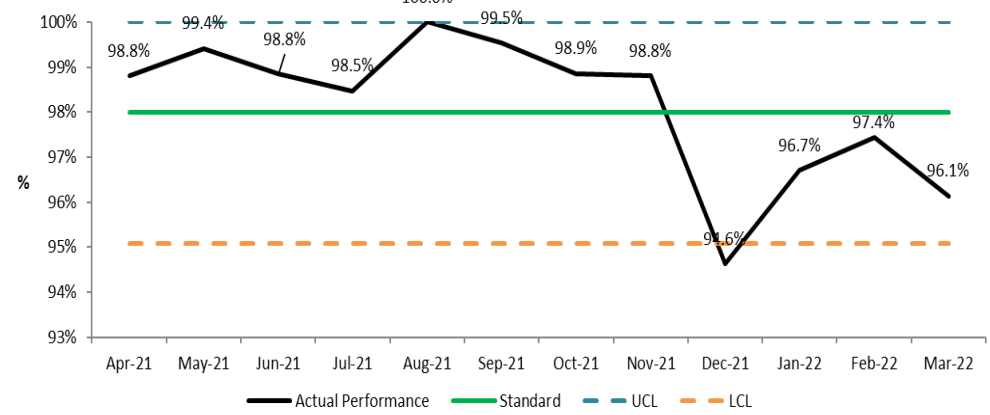
CCG performance data reflects the complete cancer pathway which for many Derbyshire patients will be completed in Sheffield and Nottingham.

DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

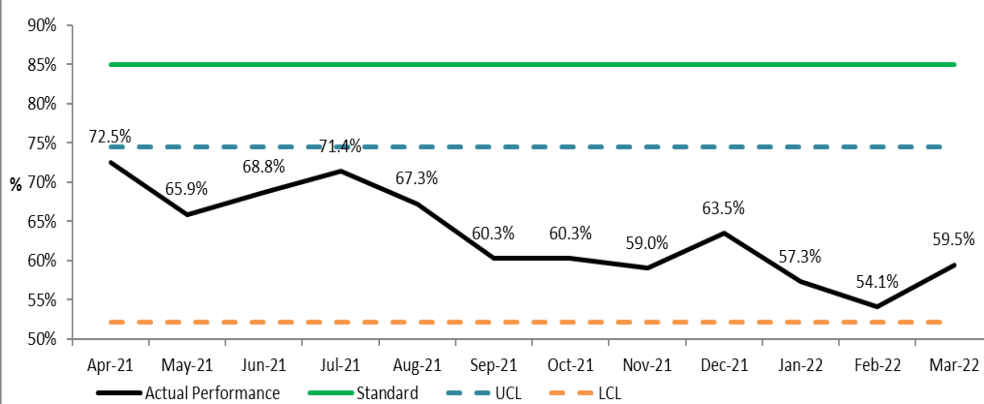
Cancer: 31 Day Wait (Subsequent Surgery)



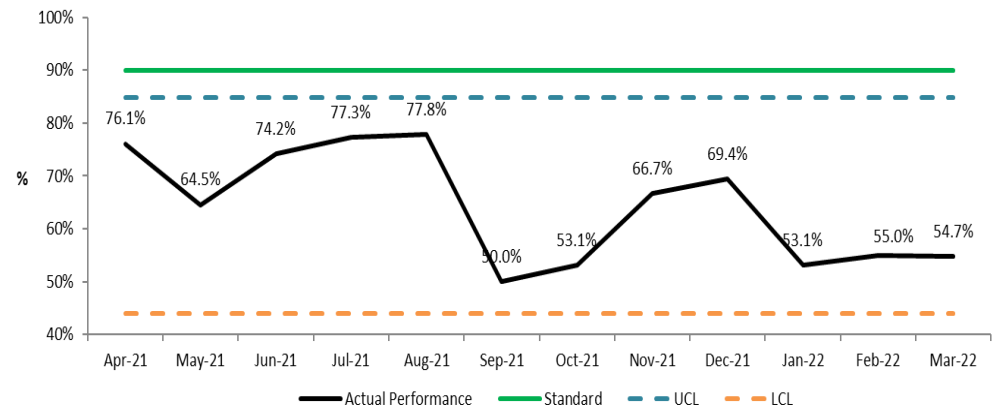
Cancer: 31 Day Wait (Subsequent Drug Treatments)



Cancer: 62 Day Wait (Urgent Referral)



Cancer: 62 Day Wait (Screening Referral)



CCG performance data reflects the complete cancer pathway which for many Derbyshire patients will be completed in Sheffield and Nottingham.

CRHFT - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

CRH performance during March for first treatment within 62 days of urgent referral was 72.09% against the standard of 85%.

There were 86 accountable treatments with 62 of these within 62 days, with 24 breaches of the standard.

Of the 24 breaches relating to 31 patients:

- 17 were treated between days 64 to 87
- 8 treated between days 91 to 103
- 6 patients treated after 106 days

The tumour sites reporting the breaches include Breast (5), Haematology (2), Lower GI (1.5), Lung (4), Other (0.5) and Urology (11).

Current Issues

- Issues currently going through tracking.
- Imaging reporting turnaround times.
- US reporting delays due to number of breast patients going through the pathway.
- Workforce issues – impacted upon by Covid and Isolation, particularly affecting Lower and Upper GI.
- PTL numbers over 62 day stabilising and are within H2 trajectory.

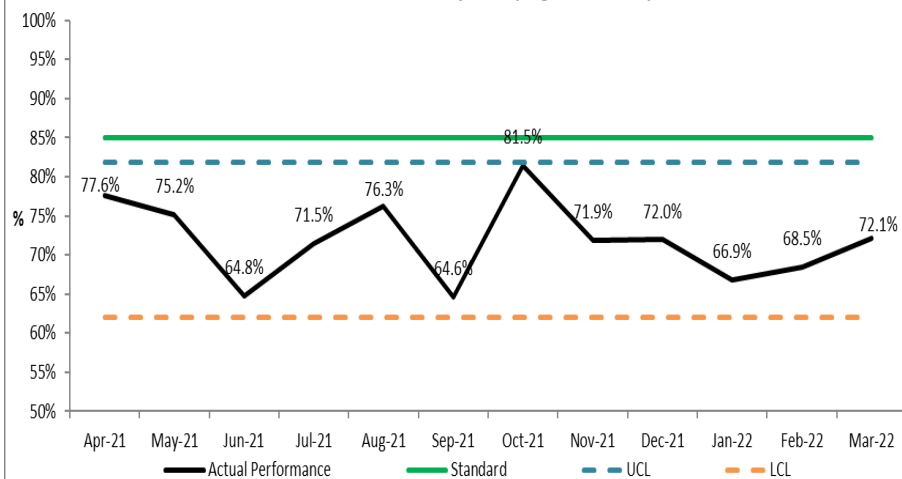
Actions Being Taken

- Additional Breast Clinics, creating extra capacity.
- Monthly Tumour site Improvement meetings.
- Focus on reducing longest waits.

What are the next steps

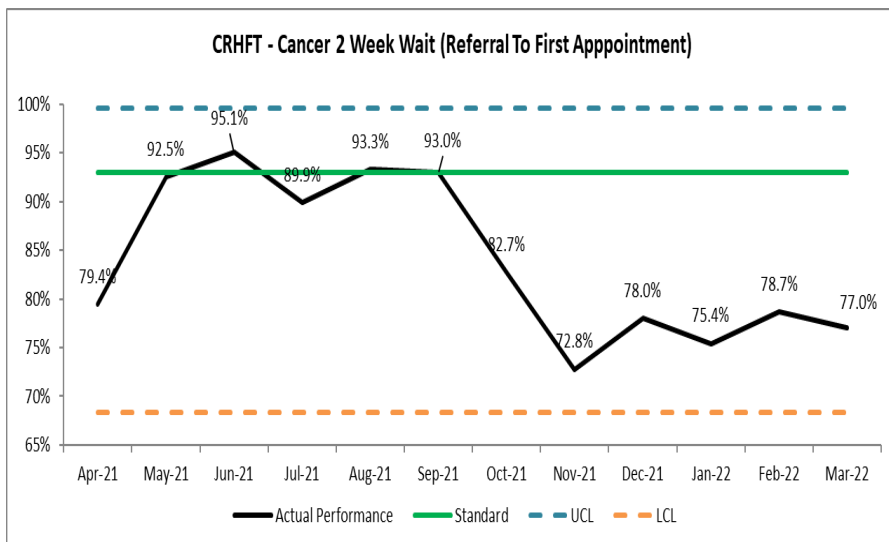
- Continued focus on those patients over 62 day and 104 day on the PTL.
- H2 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower as a system.

CRHFT - Cancer: 62 Day Wait (Urgent Referral)



Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	6.5	1.5	5	23.08%
Gynaecological	1	1	0	100.00%
Haematological (Exc. Acute Leukaemia)	7	5	2	71.43%
Head and Neck	3	3	0	100.00%
Lower Gastrointestinal	6.5	5	1.5	76.92%
Lung	10.5	6.5	4	61.90%
Other	0.5	0	0.5	0.00%
Sarcoma	1	1	0	100.00%
Skin	22	22	0	100.00%
Testicular	2	2	0	100.00%
Upper Gastrointestinal	4	4	0	100.00%
Urological (Exc. Testicular)	22	11	11	50.00%
Totals	86.0	62	24	72.09%

CRHFT - CANCER WAITING TIMES – 2 Week Wait - Urgent Referral to First Appointment



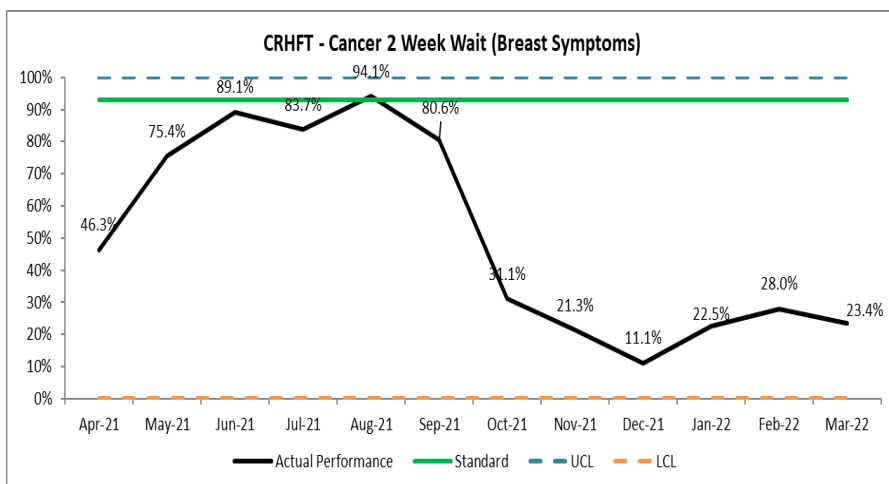
Performance Analysis

March performance at CRH has reduced slightly to 77%. The main challenges for 2ww performance this month continues to be associated with Breast, which has continued to receive a high number of referrals and first appointments have been taking place outside the 14 day target.

Other than Breast, all other tumour sites were compliant, with only Haematology and Urology being non-compliant, however both achieved performance in the 80% range.

There were a total of 1,188 patients seen this month, which is an increase of 176 compared to February, and is above the trajectory submitted to NHSE as part of the H2 recovery plan. Of the 1,188 patients seen, 915 were seen within the 14 days resulting in 273 breaches with the majority of these being Breast appointments.

CRHFT - CANCER WAITING TIMES – Breast Symptomatic



Performance Analysis

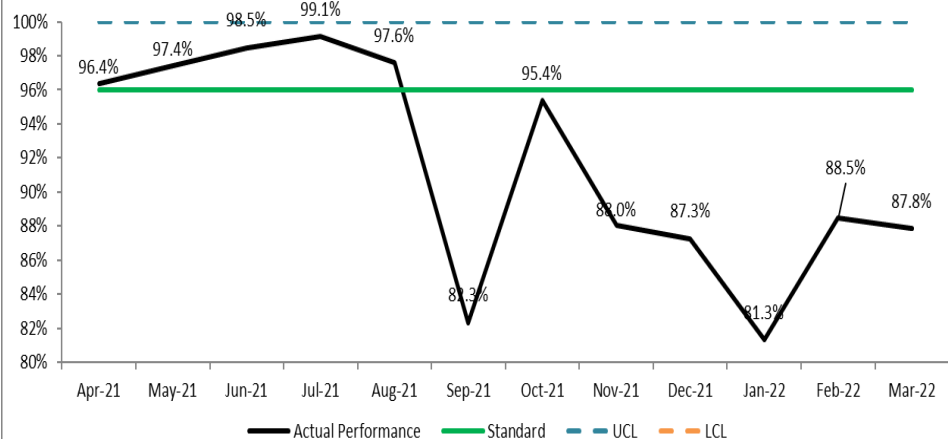
Performance in March at CRH for the Breast Symptomatic standard has reduced to 23.4%.

There were 47 patients seen, a small reduction compared to February, of which 36 were breaches. Of these breaches, 29 patients were seen between 16 and 21 days with 7 being seen between days 22 and 46, reflecting inadequate out-patient capacity.

It is to be noted that CRH are not required to report 2WW and Breast performance nationally as they are a pilot site for the new 28 day to diagnosis standard.

CRH - CANCER WAITING TIMES – First Treatment administered within 31 days of Diagnosis

CRHFT - Cancer: 31 Day Wait (1st Treatment)



Performance Analysis

Performance in March at CRH for 31 day from diagnosis to first treatment was a reduction of 87.8% against the standard of 96%.

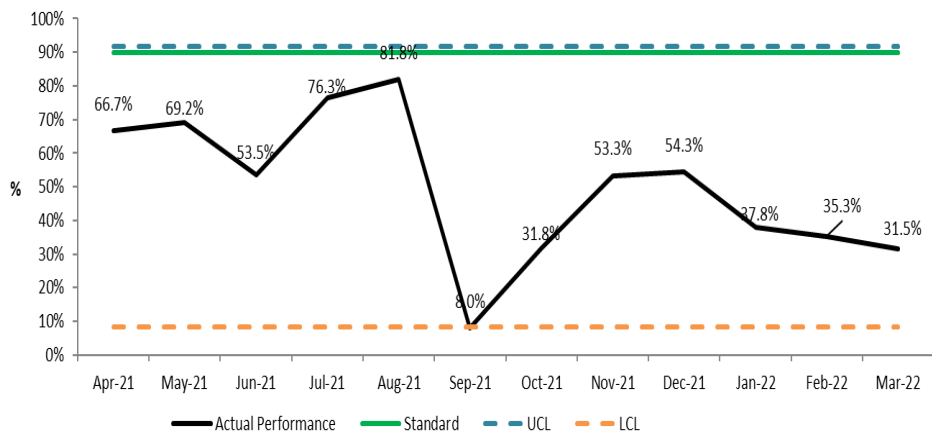
There were a total number of 148 patients through this part of the pathway, with 130 treated within 31 days resulting in 18 breaches. The tumour sites reporting the breaches are Breast (15), Lower GI (1) and Skin (2).

Out of the 15 breaches, 6 were treated between days 34 to 49, with 12 patients treated between days 50 to 80.

The trust have again met the target submitted through H2 recovery plan.

CRHFT - CANCER WAITING TIMES – 62 day Screening Referral

CRHFT - Cancer: 62 Day Wait (Screening Referral)



Performance Analysis

Performance in March for the 62 day screening standard was 31.5% against the standard of 90%.

The number of patients treated via screening referral was 27, with 8.5 of these within 62 days, resulting in 18.5 breaches relating to 19 patients.

Of the 19 breaches, 17 were referred through breast screening.

9 patients were treated between day 66 and 79, 6 between days 85 and 96, with the final 4 between day 106 to 127.

UHDB - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

UHDB performance during March improved to 55.4% against the standard of 85%.

There were a total of 244.5 patients treated along this pathway in February with 135.5 of those patients being treated within the 62 day standard resulting in 109 breaches.

Out of the 109 breaches relating to 111 patients, there were:

- 28 accountable treatments by day 76
- 45 between days 77 to 104
- 38 patients being treated after day 104, with 20 of these within Urology.

Current Issues

- Continued increase in referrals – Derbyshire currently receiving 118% more referrals than the same period in 2019 against a national average of 105-110%.
- Workforce issues – impacted upon by Covid and Isolation
- Limited workforce to schedule additional capacity.
- Capacity issues are particularly high in lower GI

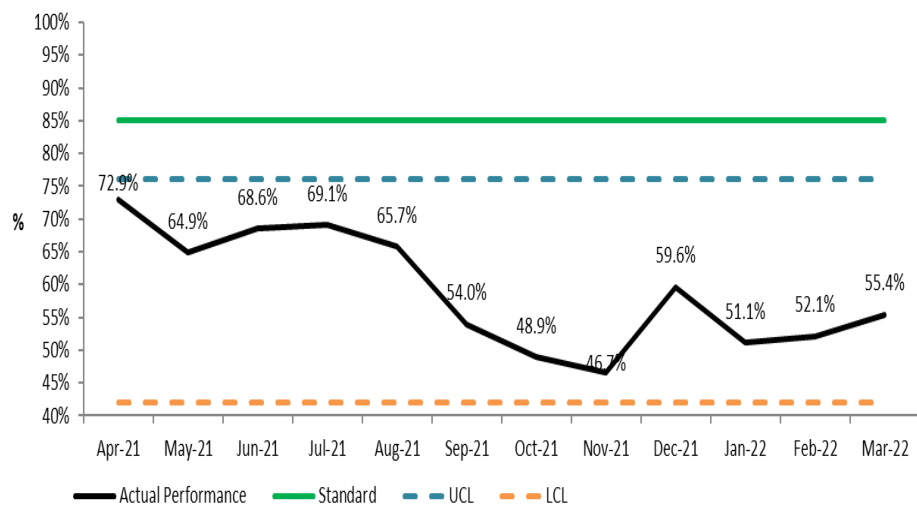
Actions Being Taken

- Additional clinics where possible in particular to support increase in Breast and gynae referrals.
- Work with specific tumour sites and CCG where inappropriate referrals are received, pressure points and what actions we can take.
- The Cardiology department are reviewing the pathway for patients requiring a Cardiology review before treatment, due to increases in patient numbers.

What are the next steps

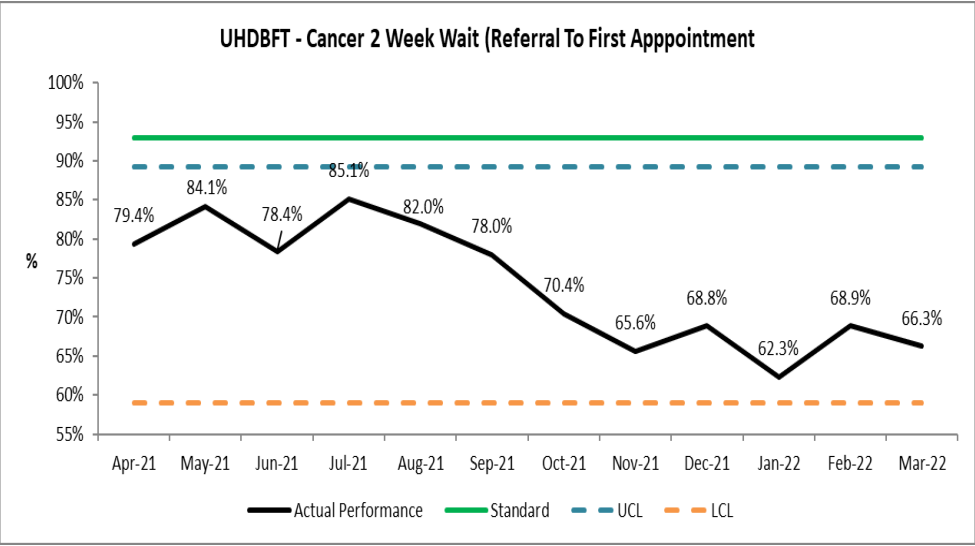
- Continued focus on those patients over 62 day and 104 day on the PTL.
- H2 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower.

UHDBFT - Cancer: 62 Day Wait (Urgent Referral)



Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Brain/Central Nervous System	0.5	0.5	0	100.00%
Breast	50	30	20	60.00%
Gynaecological	10	3	7	30.00%
Haematological (Exc. Acute Leukaemia)	16.5	8.5	8	51.52%
Head and Neck	11.5	8	3.5	69.57%
Lower Gastrointestinal	26	11	15	42.31%
Lung	17.5	13.5	4	77.14%
Sarcoma	3	0	3	0.00%
Skin	42.5	40	2.5	94.12%
Testicular	1	1	0	100.00%
Upper Gastrointestinal	12	8	4	66.67%
Urological (Exc. Testicular)	54	12	42	22.22%
Totals	244.5	135.5	109	55.42%

UHDB - CANCER WAITING TIMES – 2 Week Wait – Urgent Referral to First Appointment



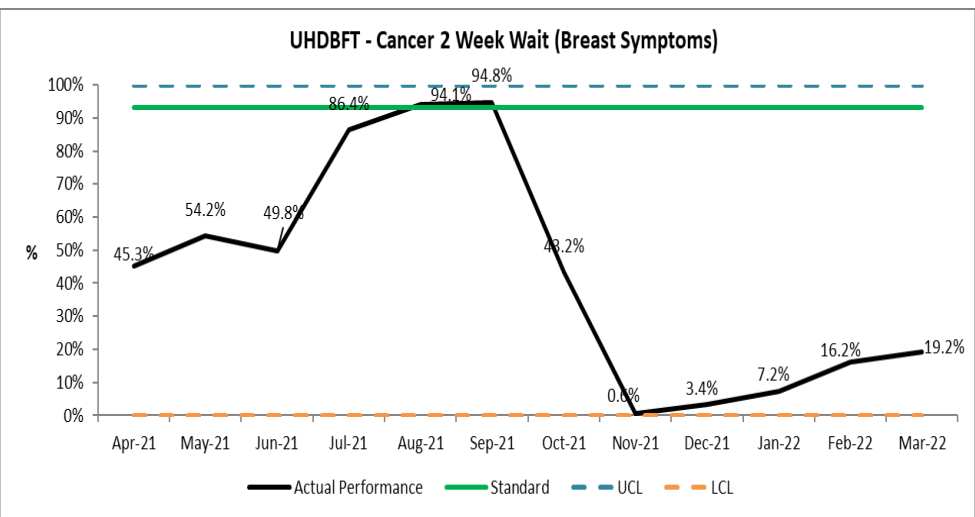
Performance Analysis

March performance at UHDB for 2 week wait reduced to 66.3% against the standard of 93%.

The main challenges for 2ww performance has been associated with Breast, followed by Gynaecology and Upper GI as a result of continued increase in 2WW referrals.

There were a total of 3,712 patients seen in March, an increase of 407 compared to February, which is above the number submitted as part of the H2 recovery trajectory.

UHDB - CANCER WAITING TIMES – Breast Symptomatic



Performance Analysis

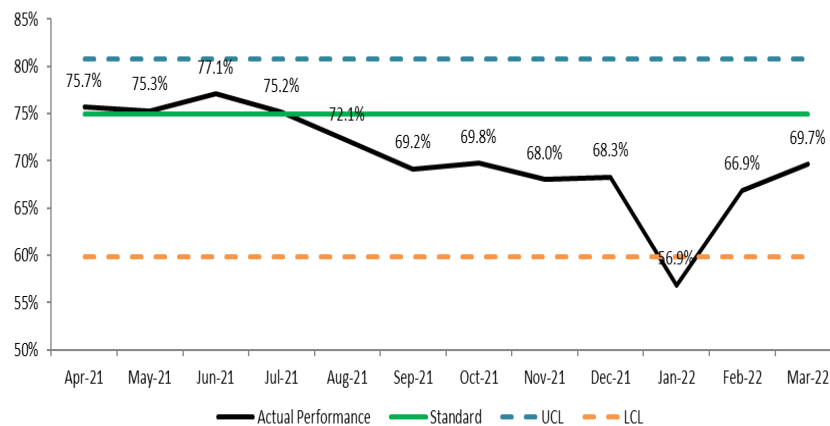
Although remaining below the 93% standard, performance in March at UHDB for the Breast Symptomatic standard has improved to 19.2% compared to the 16.2% reported in February.

There were 193 patients seen via the Breast Symptomatic pathway in March, a slight increase of 2 compared to February.

It is to be noted that the polling range for breast appointments has been increased to 35 days to enable all referrals to have an appointment booked.

UHDB - CANCER WAITING TIMES – 28 Day Wait Faster Diagnosis Standard

UHDBFT - Cancer: 28 Day Faster Diagnosis Standard



Performance Analysis

Performance in March at UHDB for the 28 day Faster Diagnostic Standard improved to 69.7% against the 75% standard.

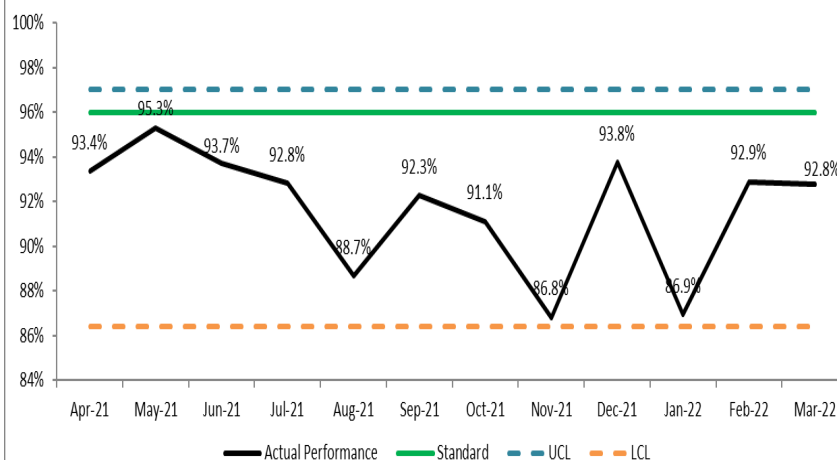
There were a total of 3,608 patients through this part of the pathway in February, an increase on the 3,288 patients during February.

Of these, 2,513 patients were informed of a cancer diagnosis or told that they didn't have cancer during March, resulting in 1,095 breaches.

As there continues to be a high level of 2WW referrals, a number of patient are being seen after 2 weeks which then affects the ability of the teams to be able to diagnose or rule out a diagnosis of cancer within 28 days.

UHDB - CANCER WAITING TIMES – First Treatment administered within 31 days of Diagnosis

UHDBFT - Cancer: 31 Day Wait (1st Treatment)



Performance Analysis

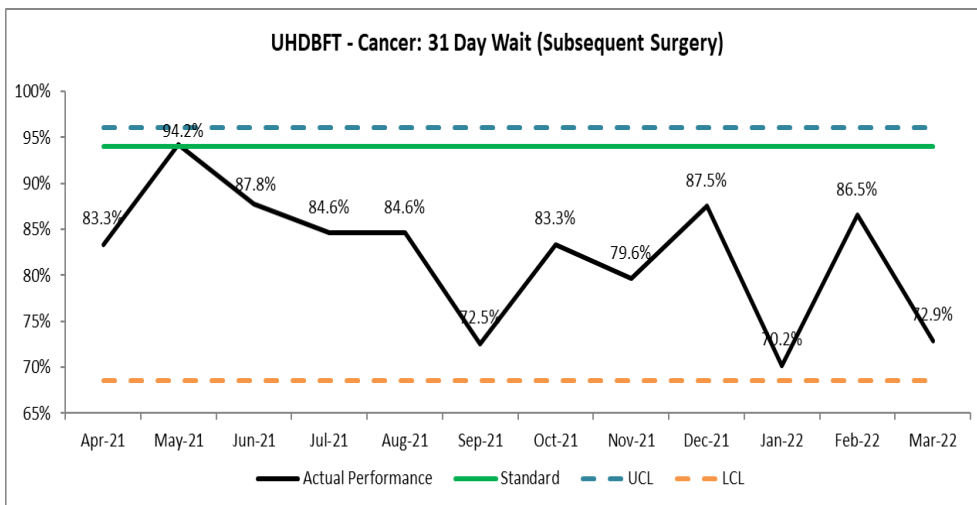
Performance in March at UHDB for 31 day from diagnosis to first treatment has remained consistent at 92.8% against the standard of 96%.

There were a total number of 430 patients treated in March along this pathway, an increase against the 393 patients seen during February, with 399 patients seen within the 31 day standard.

The tumour sites reporting the breaches include Breast (3), Gynaecology (1), Lower GI (6), Lung (1), Skin (7) and Urology (12).

The numbers seen during the month exceeds the trajectory submitted to NHSE as part of the H2 recovery plan.

UHDB - CANCER WAITING TIMES – 31day to Subsequent Surgery



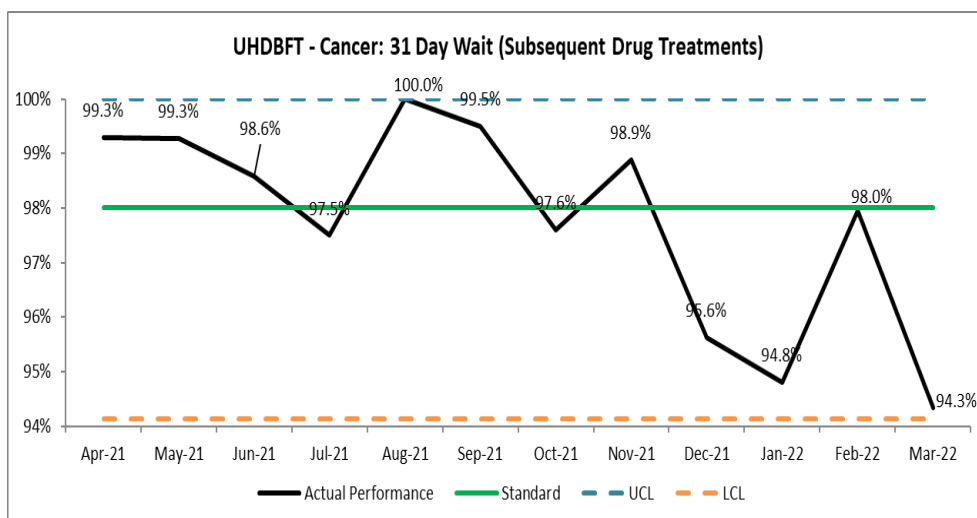
Performance Analysis

March performance for 31 day to subsequent surgery reduced to 72.9% against the standard of 94%.

There were a total number of 48 patients treated along the subsequent surgery pathway in February with 35 of those patients being treated within the 31 day standard, resulting in 13 breaches.

Of the 13 breaches, 7 patients were treated between days 34 to 47, 4 patients between days 52 to 68 and the remaining 2 between days 89 to 107.

UHDB - CANCER WAITING TIMES – 31 Day Subsequent Drugs treatment



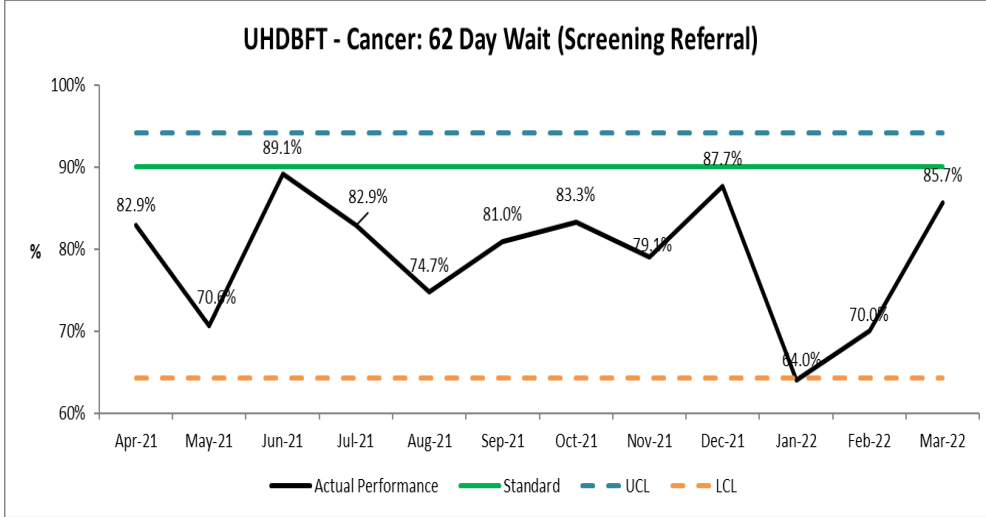
Performance Analysis

March performance for subsequent drugs treatment reduced to 94.3%, against the standard of 98%.

There were a total of 194 patients treated during March (an increase from the 147 seen in February), with 183 of these receiving treatment before day 31.

Of the 11 breaches, 7 patients received their treatment between days 32 to 39, with the remaining 4 patients on days 49 to 51.

UHDB - CANCER WAITING TIMES – 62 Day Wait – Screening Referral



Performance Analysis

Performance in March for those patients treated from a screening referral improved to 85.7% against the 90% standard.

There were a total of 35 patients treated in March who were referred through via a screening referrals, with 30 being treated within 62 days resulting in 5 breaches (3 for Breast, 2 for Lower GI).

Appendix

PERFORMANCE OVERVIEW M12 – ASSOCIATE PROVIDER CONTRACTS

Provider Dashboard for NHS Constitution Indicators					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance					
Urgent Care	Area	Indicator Name	Standard	Latest Period	East Cheshire Hospitals				Nottingham University Hospitals				Sheffield Teaching Hospitals FT				Sherwood Forest Hospitals FT				Stockport FT				
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Apr-22	↓	54.8%	54.8%	46	A&E pilot site - not currently reporting 4 hour breaches				↓	74.0%	74.0%	72	↓	80.8%	80.8%	18	↑	59.5%	59.5%	23	
		A&E 12 Hour Trolley Waits	0	Apr-22	↓	277	277	13	↑	578	578	10	↓	31	31	14	↓	108	108	9	↓	68	68	9	
Planned Care	Referral to Treatment for non urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Mar-22	↑	64.2%	56.4%	55	↑	64.0%	66.2%	30	↓	72.9%	77.5%	26	↑	72.0%	70.3%	55	↑	53.0%	55.1%	50	
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Mar-22	↓	373	3770	27	↓	3595	42156	24	↑	1584	12385	24	↓	613	11547	24	↓	3421	45633	47	
	Diagnosics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Mar-22	↑	29.76%	53.82%	25	↑	44.67%	43.84%	25	↑	24.11%	18.96%	25	↑	29.72%	24.48%	27	↑	26.37%	38.84%	33	
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Mar-22	↑	90.5%	90.1%	7	↓	74.3%	82.5%	12	↓	91.5%	84.3%	1	↓	88.0%	90.3%	10	↑	98.2%	97.8%	0	
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Mar-22	↑	95.7%	76.4%	0	↑	4.8%	66.5%	5	↓	1.5%	20.8%	12	↓	92.1%	93.2%	4	↔	N/A	N/A	0	
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Mar-22	↓	58.4%	63.5%	12	↓	77.5%	79.5%	0	↓	66.4%	67.2%	12	↑	81.9%	77.4%	0	↑	69.9%	61.2%	12	
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Mar-22	↑	77.2%	92.1%	5	↓	85.4%	88.2%	36	↓	91.1%	91.1%	12	↑	89.4%	91.7%	10	↑	97.6%	97.7%	0	
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Mar-22	↓	71.4%	92.3%	4	↓	68.1%	68.4%	47	↑	64.9%	72.4%	16	↓	66.7%	85.5%	1	↑	91.7%	94.0%	2	
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Mar-22	↔	N/A	100.0%	0	↓	99.0%	98.7%	0	↓	97.1%	98.8%	1	↓	88.9%	91.8%	1	↔	100.0%	100.0%	0	
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Mar-22					↑	96.3%	94.0%	0	↑	95.1%	93.5%	0									
62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Mar-22	↑	53.8%	63.0%	30	↑	61.1%	65.2%	24	↑	61.0%	60.8%	79	↑	67.6%	65.1%	27	↑	79.3%	74.6%	35		
	First Treatment Administered - 104+ Day Waits	0	Mar-22	↓	3.0	32.0	19	↑	34.5	286.0	72	↓	16.5	224.5	72	↑	15.5	97.5	47	↓	1.5	30.0	35		
	First Treatment Administered Within 62 Days Of Screening Referral	90%	Mar-22	↓	41.4%	75.8%	16	↓	75.4%	74.1%	16	↑	65.4%	65.0%	16	↑	100.0%	75.7%	0	↔	N/A	35.3%	0		
	First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Mar-22	↓	82.6%	86.9%		↓	70.6%	74.6%		↓	62.9%	72.5%		↓	70.7%	76.7%		↓	75.8%	81.3%			
Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2021/22 Q4	↓	46.7%	20.6%		↓	13.3%	12.4%		↑	8.9%	13.5%		↓	22.4%	15.6%		↑	16.7%	29.7%			
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Mar-22	↓	93	425	6	↑	9	27	3	↔	0	3	0	↔	0	0	0	↔	0	0	0	
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Mar-22	↔	0	2	0	↓	1	2	1	↔	0	0	0	↑	0	2	0	↑	0	2	0	
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan		Mar-22	↔		27		↑		120		↑		166		↑		79		↑		51	
			Actual		Mar-22	↔		6	0	↑		87	0	↑		119	0	↑		44	0	↑		63	2
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Mar-22	↓	12	129		↔	50	675		↓	49	520		↓	23	319		↓	17	219		
Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Mar-22	↓	3	45		↓	20	252		↑	17	189		↑	2	85		↑	4	51				

Governing Body Meeting in Public

16th June 2022

Item No: 059

Report Title	CCG Risk Register Report at 31 st May 2022
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair				N/A			
Which committee has the subject matter been through?				Governance Committee (<i>virtual approval</i>) – 06.06.222 Engagement Committee – 17.05.22 Primary Care Commissioning Committee – 25.05.22 Quality and Performance Committee – 26.05.22 Finance Committee – 26.05.22			
Recommendations							
<p>The Governing Body is requested to RECEIVE and NOTE:</p> <ul style="list-style-type: none"> • The Risk Register Report; • Appendix 1 as a reflection of the risks facing the organisation as at 31st May 2022; • Appendix 2 which summarises the movement of all risks in May 2022; • The amalgamation of risks 04A and 04B into single risk 04 with a very high risk score of 16 (probability 4 x impact 4), owned by Primary Care Commissioning Committee (PCCC); • NEW risk 48 relating to NHS Mail; • The DECREASE in score for risk 03 relating to Transforming Care Partnerships (TCP); and <p>APPROVE:</p> <ul style="list-style-type: none"> • the CLOSURE of risk 16 relating to the lack of standardised process in CCG commissioning arrangements. 							

Report Summary
<p>This report presented to the Governing Body is to highlight the areas of organisational risk that are recorded in the Derby and Derbyshire CCG Corporate Risk Register (RR) as at 31st May 2022.</p> <p>The RR is a live management document which enables the organisation to understand its comprehensive risk profile, and brings an awareness of the wider risk environment. All risks in the Risk Register are allocated to a Committee who review new and existing risks each month and agree removal of fully mitigated risks.</p>
Are there any Resource Implications (including Financial, Staffing etc.)?
<p>The Derby and Derbyshire CCG attaches great importance to the effective management of risks that may be faced by patients, members of the public, member practices and their partners and staff, CCG managers and staff, partners and other stakeholders, and by the CCG itself.</p> <p>All members of staff are accountable for their own working practice and have a responsibility to co-operate with managers in order to achieve the objectives of the CCG.</p>
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not applicable to this update.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not applicable to this update.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Not applicable to this update; however, addressing risks will impact positively across the organisation as a whole.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable to this update.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update.
Have any Conflicts of Interest been identified/ actions taken?
Not applicable to this update.
Governing Body Assurance Framework
The risks highlighted in this report are linked to the Derby and Derbyshire CCG Board Assurance Framework.
Identification of Key Risks
The paper provides a summary of the very high scoring risks as at 31 st May 2022 detailed in Appendix 1.

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEETING

RISK REPORT AS AT 31ST MAY 2022

1. INTRODUCTION

This report describes all the risks that are facing the organisation.

In order to prepare the monthly reports for the various committees who own the risks, updates are requested from the Senior Responsible Officers (SRO) for that period, who will confirm whether the risk:

- remains relevant, and if not may be closed;
- has had its mitigating controls that are in place reviewed and updated;
- has been reviewed in terms of risk score.

All updates received during this period are highlighted in purple within the Risk Register in Appendix 1.

2. RISK PROFILE – MAY 2022

The table below provides a summary of the current risk profile.

Risk Register as at 31st May 2022

Risk Profile	Very High (15-25)	High (8-12)	Moderate (4-6)	Low (1-3)	Total
Total number on Risk Register reported to GB for May 2022	6	10	3	0	19
New Risks	1	0	0	0	1
Increased Risks	0	0	0	0	0
Decreased Risks	1	0	0	0	1
Closed Risks	0	0	1	0	1

Appendix 1 to the report details the full risk register for the CCG. Appendix 2 to the report details all the risks for the CCG, any movement in score and the rationale for the movement.

3. COMMITTEES – MAY VERY HIGH RISKS OVERVIEW

3.1 Quality & Performance Committee

Three Quality & Performance risks are rated as very high (15 to 25).

1. Risk 01: *The Acute providers may breach thresholds in respect of the A&E operational standards.*

The current risk score is 20.

April 2022 performance:

- CRH reported 82.6% (2021/22 full year was 90.3%) and UHDB reported 62.0% (2021/22 full year was 68.3%).
 - CRH: The combined Type 1 and streamed attendances were high, with an average of 268 Type 1 or streamed attendances per day.
 - Covid19 admissions and outbreaks remained high throughout the month, peaking at 81 positive inpatients. This added more pressure to a trust with an escalated critical care position.
 - UHDB: The volume of attendances was high, with an average of 461 attendances per day at Derby (Type 1 and co-located UTC) and 193 at Burton (Type 1 and Primary Care Streaming).
 - The acuity of the attendances was high, with Derby seeing an average of 11 Resuscitation patients and 189 Major patients per day and Burton seeing 103 Major/Resus patients per day.
 - Attendances at the Children's Emergency Department continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 126 per day during April 2022.
2. Risk 03: *TCP Unable to maintain and sustain performance, pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated Green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.*

The current risk score is 20. This risk is proposed to be decreased in score to a very high 16 (probability 4 x impact 4). This decrease is detailed further in the report.

Current bed position:

- CCG beds = 33 (Q1 2022/23 target 24).
- Adult Specialised Commissioning = 15 (Q1 2022/23 target 15).

- Children and Young People (CYP) specialised commissioning = 4 (Q1 2022/23 target 3).
3. Risk 33: *There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.*

The current risk score is 16.

May update:

- The required reporting is now incorporated into the Quality Schedule so will be a quarterly formal report presented to the Provider Clinical Quality Review Groups (CQRGs).

3.2 Primary Care Commissioning Committee – Very High Risks

The two risks 04A and 04B have been merged into one single risk as the risk description for both risks is almost identical, with risk 04A relating to the contracting element risk 04B relating to the quality element. The merged single risk 04 incorporates commissioning, contracting and quality as one element. This was approved by Primary Care Commissioning Committee at the meeting held on 25th May 2022.

In preparation for transfer to the ICB, the risk description has been thoroughly reviewed and the mitigations updated.

Original risks:

1. Risk 04A: Contracting: *Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.*

Nationally General Practice is experiencing increased pressures which are multi- faceted and include the following areas:

- *Workforce - recruitment and retention of all staff groups*
- *COVID-19 potential practice closure due to outbreaks*
- *Recruitment of GP Partners*

**Capacity and Demand *Access*

**Premises *New contractual arrangements*

**New Models of Care *Delivery of COVID vaccination programme*

The risk score is 16 (probability 4 x impact 4).

2. Risk 04B: Quality: *Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.*

Nationally General Practice is experiencing increased pressures which are multi-faceted and include the following areas:

**Workforce - recruitment and retention of all staff groups*

**COVID-19 potential practice closure due to outbreaks*

**Recruitment of GP Partners*

**Capacity and Demand *Access*

**Premises *New contractual arrangements*

**New Models of Care *Delivery of COVID vaccination programme*

**Restoration and Recovery *2021/22 FLU Programme*

**Becton Dickinson Blood Tube shortage*

The risk score is 20 (probability 4 x impact 5).

New Merged Risk:

3. Risk 04: *There is a risk to the sustainability of the individual GP Practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.*

The risk score for the merged risk 04 is a very high 16 (probability 4 x impact 4).

May update:

- General Practice continues to deliver the three priorities:
 - Delivery of General Practice;
 - Recovery and Restoration including reduction in backlogs and improving access;
 - Delivery of the COVID-19 vaccination programme and managing long COVID.
- General Practice continues to experience high levels of absence due to COVID-19 and increasing patient demand.

3.3 Finance Committee – Very High Risks

One Finance Committee risk is rated as very high.

1. Risk 11: *Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.*

The current risk score is a very high 16 (probability 4 x impact 4).

May update

April position:

- The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource.
- The CCG is working with system partners to establish a sustainable a long term financial position and deliver a balanced in-year position.
- The system goes into 2022/23 with an in-year planned deficit of £196.8m. Efficiency opportunities have been identified but there remains £65.9m forecast deficit plan to be agreed with NHSEI. This in year position is supported by a considerable amount of non-recurrent benefit.
- There will be a review of the current risk rating on the basis that the CCG/ICB and the wider system will not achieve an in year breakeven position and the Medium Term Financial plan will identify the size of the recurrent deficit.

3.4 **Governance Committee – Very High Risks**

One Governance Committee risk is rated as very high. This is a new risk.

1. *Risk 48: There is a risk that the DDCCG NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the CCG, but by other clinical services. Employees external to the CCG are potentially accessing NHS Mail services (including MS Teams and One Drive) to which they may not be entitled. This generates a cost to the CCG for each additional user.*

This new risk is scored at a very high 16 (probability 4 x impact 4).

This risk was previously incorporated into the ICB Transition – CCG Risk Register. The risk was approved for closure at the Transition Project Group (TPG) meeting which was held on 26th May 2022. The reason for the closure of this risk at the TPG was that the risk will be managed organisationally and will not affect the closedown of the CCG and transfer to ICB. Therefore, the risk was proposed and approved to be added to the CCG's Corporate Risk Register.

4. **DECREASED RISKS**

One risk is recommended to be decreased in score.

1. *Risk 03: TCP Unable to maintain and sustain performance, Pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated Green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.*

This risk has been decreased in score from a very high 20 to a very high 16 (probability 4 x impact 4).

This was approved at Quality & Performance Committee held on 26th May 2022.

The reason for the decrease is:

- Focussed multi-agency work is now in place to manage pre-admissions and discharges.
- Additional staffing has been recruited to administer a dynamic risk register and support the Care Treatment Review (CTR) process.
- A review of the whole pathway is underway to co-produce future requirements.

5. **CLOSED RISKS**

One risk is recommended to be closed. This risk is owned by the Engagement Committee and was approved for closure at the meeting held on 17th May 2022:

1. **Risk 16:** *Lack of standardised process in CCG commissioning arrangements.
CCG and system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development, including restoration and recovery work arising from the COVID-19 pandemic.*

The risk score is a moderate 6 (probability 2 x impact 3).

- Significant progress has been made with the engagement infrastructure and governance in recent months, ensuring that the legal duties and processes are embedded into CCG and system assurance processes. This includes the inclusion of the public involvement assessment form being a routine component part of the Quality and Equality Impact Assessment (QEIA) process.
- The Engagement Committee receives a log of all assessments made under this process at its monthly meetings and is able to challenge the decisions made regarding necessary engagement and consultation.
- The most recent development has been the development of the public involvement governance guide, which sets out the current engagement model for the CCG and system and aims to coach project managers and others through the process to securing morally and legally appropriate and proportionate engagement in service developments and planning. The guide has now been approved by the Engagement Committee and will be rolled out across the CCG and system through a bespoke training programme.
- A final step will be to embed the engagement model approach into the system PMO developments to ensure that all projects and programmes are considering the involvement of local people from the outset of planning. These developments, among others, will ensure that processes to ensure legal duties of engagement are being met are embedded sufficiently in the work of partners.

6. **NEW RISK**

One new risk has been identified. This is owned by the Governance Committee and was approved virtually on 6th June 2022.

1. **Risk 48:** *There is a risk that the DDCCG NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the CCG, but by other clinical services. Employees external to the CCG are potentially accessing NHS Mail services (including MS Teams and One*

Drive) to which they may not be entitled. This generates a cost to the CCG for each additional user.

This new risk is scored at a very high 16 (probability 4 x impact 4).

7. **RECOMMENDATION**

The Governing Body is requested to **RECEIVE** and **NOTE**:

- The Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 31st May 2022;
- Appendix 2 which summarises the movement of all risks in May 2022;
- The amalgamation of risks 04A and 04B into single risk 04 with a very high risk score of 16 (probability 4 x impact 4), owned by Primary Care Commissioning Committee (PCCC);
- **NEW** risk 48 relating to NHS Mail;
- The **DECREASE** in score for risk 03 relating to Transforming Care Partnerships (TCP); and

APPROVE:

- the **CLOSURE** of risk 16 relating to the lack of standardised process in CCG commissioning arrangements.

Appendix 1 - Derby and Derbyshire CCG Risk Register - as at May 2022

Table with 12 columns: Risk Reference, Year, Risk Description, Mitigations, Actions required to treat risk, Progress Update, Previous Rating, Residual/Current Risk, Target Rating, Date Reviewed, Review Due Date, Executive Lead, Action Owner. Contains 11 risk entries.

Risk Reference	Year	Risk Description	Type of Governance	Initial Risk Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Current Rating			Target Rating			Task to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner				
								Probability	Impact	Timing	Probability	Impact	Timing	Probability	Impact	Timing									
								4	3	2	4	3	2	4	3	2									
40	2023	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	Governance	4	All healthcare contract extensions or renewals are reviewed via SLT, Exco, CLCC and then Governing Body for larger contracts. Any procurement issues and risks are highlighted as part of that process and the risk is accepted when agreement is given to proceed with the extension. Risks of challenge are small in most markets and the size of the risk will have been factored in to decision-making. Healthcare contracts expiring within 12 months are reviewed at Commissioning Ops Directorate SMT to ensure that timely action is taken before expiry. Where any challenge occurred from a provider, if the challenge were valid the risk could usually be mitigated by including the provider in future stages of procurement. Legislation is currently going through parliament to remove the requirement for NHS bodies to comply with the Public Sector Procurement Regulations for the procurement of healthcare services. This requirement will be replaced with a Provider Selection Regime which requires adherence to a decision-making framework but removes the right of legal challenge from providers except by judicial review.	A monthly meeting has been established between AGEM and the contracting team to review the procurement report and ensure that any issues around risk, progress or lack of engagement are escalated appropriately. The redesign of the procurement report has reduced the number of contracts of concern. December: The CCG contracting team continues to monitor and manage all contracts due for expiry including plans to extend or reprocure. The risk score cannot be decreased until the Provider Selection Regime comes into force. January: The new provider selection regime has not yet come into force. February: Risk remains the same because the new procurement regulations are not yet in force and the mitigations are the same - contract expiries regularly discussed through SLT. March/April/May: No change to this for March/April/May update.	2	3	2	3	2	3	2	3	2	3	4	3	2	May-22	Jun-22	Heien Dillstone - Executive Director of Corporate Strategy and Delivery	Christy Tucker - Director of Corporate Delivery		
42	2023	If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS Net Carbon Zero targets and improve health and patient care and reduce health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	Governance	4	Heien Dillstone, Net Zero Executive Lead for Derbyshire ICS NHS Memorandum of Understanding in place NHS Midlands Greener Board established and meets monthly Derbyshire ICS Greener Delivery Group established and meets bi monthly NHS Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHS Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022.	Derbyshire Provider Trust Green plans ICS and NHS England February 2022 Derbyshire ICS Green plan in development and will be approved April 2022. NHS Midlands Greener Delivery Board Terms of Reference NHS Midlands Greener Delivery Board Agenda and Minutes Derbyshire ICS Greener Delivery Board Terms of Reference Derbyshire ICS Greener Delivery Board Agenda and Minutes Communications and Staff Engagement toolkit published by NHSE NHSX One20 Medicine Toolkit published by NHSE Net Zero - One year on Start Communication from Heien Dillstone, Net Zero Lead CCG Team Talk staff engagement session on the Greener NHS and Derbyshire arrangements in place - November 2021 Derbyshire ICS Green Plan workshop 16th December 2021 and Derbyshire ICS Green Plan and action plan in development and will be approved by the CCG Governing Body on the 7th April and ICB Board July 2022 Midwives Executive Lead is a member of the Derbyshire ICS Delivery Group Midwives Management Lead is a member of the Derbyshire ICS Delivery Group Climate Change National Audit Office best practice risk assessment presented to Audit Committee November 2021 Risk score aimed to be reduced in April when the Green Plan is approved and in place. Risk score reduced to a 3 x 3-19 high risk following approval of the ICS the Green Plan ICS Green Plan Action Plan priorities for delivery in 2023 identified through the Derbyshire ICS Green Delivery Group. May - No change.	3	3	3	3	3	3	3	2	3	2	3	4	3	2	May-22	Jun-22	Heien Dillstone - Executive Director of Corporate Strategy and Delivery	Suzanne Pickering - Head of Governance	
46	2023	Risk of population continuing to wait in excess of NHS constitutional standards for Mental Health services - in particular waiting times for: - CAMHS services - average of 17 weeks against 8 weeks standard - Adult community mental health services - average 21 weeks wait - Autism Assessment services - average 59 weeks wait for adult assessment	Quality and Performance	4	A program of transformation work is in place across Derbyshire in line with the requirements of the NHS Long Term Plan and associated additional funding. This includes the following: - Additional investment into CAMHS teams which will support achievement of 8 week standard in 2023/24 - Co-production and redesign of the community mental health offer to include greater capacity in low level prevention support offers through VCSE alongside MDT approach to case management and care provision. New model rolled out across High Peak and Derby City. Plans to roll out south east of county in 2023 and 2024. - Co-design of neurodevelopmental pathway starting with CYP services but progressing to ensure all age provision considered.	- Assurance and performance monitoring is undertaken at provider level, and JUCD system delivery board and workstreams - Workforce plan required to ensure recruitment and retention of key skills. Dedicated workforce planning group in place and plans in development May: - System wide workforce plan drafted and submitted to HES for review. Workstream established to deliver requirements and align with JUCD workforce planning and delivery workstreams - 2023 financial plan for program agreed by system partners and shared to enable recruitment to be related.	3	3	3	3	3	3	2	3	2	3	4	3	2	May-22	Jun-22	Zara Jones, Executive Director of Commissioning Operations	Jennifer Sheehan, Assistant Director of Adult Mental Health, Learning Disabilities and Autism Commissioning		
NEW RISK 48	2023	There is a risk that the CCG's NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the CCG, but by other critical services. Employees external to the CCG are potentially accessing NHS Mail services (including MS Teams and One Drive) to which they may not be entitled. This generates a cost to the CCG for each additional user.	Governance	4	Previous work has been undertaken in this area and some NHS Mail accounts have been tagged as being CCG employees, PCN, etc. The mitigation is to revisit this work and ensure that all NHS Mail accounts within the ISM container have been tagged. Those scheduled for removal will be reviewed and contacted to ascertain the ongoing business requirement. Those that do not respond will be put through the standard NHS Mail leavers process to allow them to be picked up by another organisation or deleted as appropriate. Where there may be issues with moving the account or the creation of another appropriate NHS Mail container for that organisation, the CCG may opt to allow those accounts to remain within the CCG's container, but with no Office 365 licenses or access.	As part of the migration of the CCG to the ICB, we will be cleansing the CCG's NHS Mail container to remove non employees and re-patriate accounts back to their rightful organisations. Given the way in which NHS Mail accounts were allocated in the past, a number of organisations and individuals may have NHS Mail accounts under the CCG container which will be removed as part of the cleanse. Some of these organisations and individuals may no longer be entitled to NHS Mail accounts under NHS Digital's revised acceptance criteria. A work programme is underway to contact these account holders and to move their NHS Mail access into the correct NHS Mail container. Closure of inactive accounts is discussed with NHS Digital. *Revisit CCG's NHS Mail container and tag accounts as appropriate. *Create communications plan. *Migrate accounts to GP Practice and other organisational containers. *Make a decision of the risk of removal of NHS Mail access rights. *Work with NHS Digital to revise their policies around NHS Mail access.	4	4	4	4	4	4	1	1	1	1	1	1	4	3	2	May-22	Jun-22	Heien Dillstone - Executive Director of Corporate Strategy and Delivery	Geed Connolly - Head of Digital Development

Appendix 2 - Movement during May 2022

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
01	22/23	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the Derby and Derbyshire CCGs constitutional standards and quality statutory duties.	5	4	20	5	4	20	↔	The volume of attendances is high.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carille Catherine Bainbridge, Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager
02	22/23	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the CCG	3	4	12	3	4	12	↔	The implementation date for LPS to replace DoL has been deferred by government, date for implementation not yet confirmed.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
03	22/23	TCP unable to maintain and sustain performance, Pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.	5	4	20	4	4	16	↓	Focussed multi-agency work in place to manage pre-admissions and discharges. Additional staffing recruited to administer dynamic risk register and support CTR process.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04	22/23	There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.	4	4	16	4	4	16	↔	General Practice continues to experience high levels of absence due to COVID 19 and increasing patient demand.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
09	22/23	Sustainable digital performance for CCG and General Practice due to threat of cyber attack and network outages. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	2	4	8	2	4	8	↔	Given the continued period of political unrest, the score remains at this level to ensure an executive 'watching brief' on this issue.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	22/23	If the CCG does not review and update existing business continuity contingency plans and processes, strengthen its emergency preparedness and engage with the wider health economy and other key stakeholders then this will impact on the known and unknown risks to the Derby and Derbyshire CCG, which may lead to an ineffective response to local and national pressures.	2	4	8	2	4	8	↔	IRP to be tested via an exercise internal and externally with health partners.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager
11	22/23	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	4	4	16	4	4	16	↔	The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource.	Richard Chapman, Chief Finance Officer	Finance	Darran Green- Assistant Chief Finance Officer

12	22/23	Inability to deliver current service provision due to impact of service review. The CCG has initiated a review of NHS provided Short Breaks respite service for people with learning disabilities in the north of the county without recourse to eligibility criteria laid down in the Care Act. Depending on the subsequent actions taken by the CCG fewer people may have access to the same hours of respite, delivered in the same way as previously. There is a risk of significant distress that may be caused to individuals including carers, both during the process of engagement and afterwards depending on the subsequent commissioning decisions made in relation to this issue. There is a risk of organisational reputation damage and the process needs to be as thorough as possible. There is a risk of reduced service provision due to provider inability to retain and recruit staff. There is a an associated but yet unquantified risk of increased admissions – this picture will be informed by the review.	3	3	9	3	3	9	↔	Master tracker being developed which captures information about patients and families as well as outcome of reviews.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Young People Commissioning, Helen Hipkiss, Deputy Director of Quality /Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
16	22/23	Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development, including restoration and recovery work arising from the COVID-19 pandemic.	2	3	6	2	3	6		RISK RECOMMENDED FOR CLOSURE. Significant progress has been made with the engagement infrastructure and governance in recent months.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement
17	22/23	S117 package costs continue to be a source of high expenditure which could be positively influenced with resourced oversight, this growth across the system, if unchecked, will continue to outstrip available budget	2	3	6	2	3	6	↔	Oversight, assurance and monitoring processes included within MH LD&A Delivery program remit of system partners.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance
20	22/23	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	3	3	9	3	3	9	↔	The Covid restrictions and resource availability continue to impact on the review of the HR files.	Beverley Smith, Director of Corporate Strategy & Development	Governance	James Lunn, Head of People and Organisational Development
22	22/23	The mental health of CCG staff and delivery of CCG priorities could be affected by remote working and physical staff isolation from colleagues.	2	3	6	2	3	6	↔	Sickness absence levels has increased slightly over the last 12 months to 2.69%. Sickness absence remains below pre-pandemic levels, including for mental health related reasons.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	22/23	CCG Staff capacity compromised due to illness or other reasons. Increased numbers of CCG staff potentially unable to work due to COVID 19 symptoms / Self isolation.	3	4	12	3	4	12	↔	Permanent recruitment to the core VOC team has been supported and will commence shortly.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
25	22/23	Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.	3	3	9	3	3	9	↔	Post COVID Syndrome Assessment and Rehabilitation services implemented at Florence Nightingale Hospital (Derby) and Chesterfield Royal Hospital.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
33	22/23	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	4	4	16	4	4	16	↔	The required reporting is now incorporated in the Quality Schedule so will be a quarterly formal report presented to the Provider Clinical Quality Review Groups (CQRGs).	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Alison Cargill, Assistant Director of Quality

37	22/23	The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHFT and therefore to service provision for the population of North Derbyshire.	3	4	12	3	4	12	↔	Potential to develop consultant rota and develop joint posts.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
40	22/23	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	2	3	6	2	3	6	↔	Risk remains the same because the new procurement regulations are not yet in force. The contract expires regularly discussed through SLT.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery
42	22/23	If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.	3	3	9	3	3	9	↔	ICS the Green Plan approved. Risk score decreased in April.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Suzanne Pickering - Head of Governance
46	22/23	Risk of population continuing to wait in excess of NHS constitutional standards for Mental Health services - in particular waiting times for:- > CAMHS services - average of 17 weeks against 4weeks standard > Adult community mental health services - average 21 weeks wait > Autism Assessment services - average 59 weeks wait for adult assessment	3	3	9	3	3	9	↔	22/23 financial plan for program agreed by system partners and shared to enable recruitments to be initiated.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Jennifer Stothard, Assistant Director of Adult Mental Health, Learning Disabilities and Autism Commissioning
NEW RISK 48	22/23	There is a risk that the DDCCG NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the CCG, but by other clinical services. Employees external to the CCG are potentially accessing NHS Mail services (including MS Teams and One Drive) to which they may not be entitled. This generates a cost to the CCG for each additional user.	4	4	16	4	4	16	NEW RISK	NEW RISK	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development

Governing Body Meeting in Public

16th June 2022

Item No: 060

Report Title	Closing Governing Body Assurance Framework 2022/23 Quarter 1
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	Decision	x	Assurance	x	Discussion		Information
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Recommendations

The Governing Body are requested to **AGREE**:

- the **CLOSURE** of GBAF Strategic Risks 7 and 8, owned by Governance Committee
- The 2022/23 Quarter 1 (April to June 2022) closing CCG Governing Body Assurance Framework

Report Summary

The Governing Body Assurance Framework (GBAF) provides a structure and process that enables the organisation to focus on the strategic and principal risks that might compromise the CCG in achieving its corporate objectives. It also maps out both the key controls that should be in place to manage those objectives and associated strategic risks and confirms that the Governing Body has sufficient assurance about the effectiveness of the controls.

Governing Body Assurance Framework Quarter 1 2022/23

The corporate committees proactively take the responsibility and ownership of their GBAF risks to scrutinise and develop them further. The Quality and Performance Committee GBAF Task and Finish Group meets monthly to review their GBAF risks thoroughly and is a dynamic group. The other committees are following a similar approach which is most appropriate for the Committee. The strategic risks have been reviewed and specific timescales allocated for relevant actions.

The corporate committees responsible for their assigned strategic risks have scrutinised and approved their GBAF Strategic Risks at their committee meetings held during April to June 2022.

The closing GBAF Quarter 1 can be found at appendix one to this report and updates to the strategic risk extract documents are detailed in red text.

The confirmation of ICB Executive Director roles and ICB Non-Executive Members has provided some stability and insight for continuity of Committees and their strategic risks.

These positions are recommended as the final quarter 1 GBAF for 2022-2023 and close of the CCG.

Two GBAF strategic risks are recommended to be closed. These were both approved virtually by the Governance Committee on 6th June 2022:

Strategic Risk 7 - CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise.

This strategic risk is now recommended to be closed.

- The CCG has not experienced any significant staff turnover, and the staff survey is evidence that morale has not been adversely impacted as a result of the transition.

Strategic Risk 8 - If the CCG is not ready to transfer its functions or has failed to comprehensively and legally close down the organisation, or if the system is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established.

This strategic risk is now recommended to be closed.

- The CCG's Due Diligence Checklist and supporting documents were reviewed by the Extraordinary Audit Committee on 18th May 2022, together with the Due Diligence materials for the Glossop transfer and assurance was taken from the reports and evidence. These were subsequently submitted to NHSEI on 20th May 2022 along with documents to support our Readiness to Operate as an ICB including the Constitution.
- A letter of assurance from the CCG Accountable Officer to the ICB Chair and NHSEI Midlands Regional Director has been issued on 1st June 2022 confirming the safe and legal closure of the CCG.
- A checkpoint meeting is scheduled for 7th June 2022 with NHSEI but no concerns have been raised.

Are there any Resource Implications (including Financial, Staffing etc)?

The Derby and Derbyshire CCG attaches great importance to the effective management of risks that may be faced by patients, members of the public, member practices and their partners and staff, CCG managers and staff, partners and other stakeholders, and by the CCG itself.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not required for this paper. Notwithstanding this, where any issues/risks that have been identified from Data Protection Impact Assessment (DPIA) appropriate actions will be taken to manage the associated risks.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not required for this paper. Notwithstanding this, where any issues/risks that have been identified from a Quality Impact Assessment) appropriate actions will be taken to manage the associated risks.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
An EIA is not found applicable to this update on the basis that the GBAF is not a decision making tool; however, addressing risks will impact positively across the organisation as a whole.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Due Regard is not found applicable to this update on the basis that the GBAF is not a decision making tool; however, addressing risks will impact positively across the organisation as a whole.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update.
Have any Conflicts of Interest been identified/ actions taken?
Not applicable to this update.
Governing Body Assurance Framework
As detailed in appendix one, this paper provides Governing Body with the closing positions of the 2022/23 Quarter 1 GBAF for agreement.
Identification of Key Risks
The GBAF identifies the strategic/ principal risks which are linked to the corporate/ operational risks identified in the Corporate Risk Register.

The Governing Body Assurance Framework (GBAF) aims to identify the strategic/principal risks to the delivery of the Derby and Derbyshire CCGs strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and hence the key mitigating actions required to reduce the risks towards the target or appetite risk score. It also identifies any gaps in assurance and what actions can be taken to increase assurance to the Derby and Derbyshire CCG. The table below sets out the Derby and Derbyshire CCG strategic objectives; lists the strategic/principal risks that relate to them. Further details can be found on the extract pages for each of the strategic/principal Risks.

The 2021/22 Strategic Objectives of Derby and Derbyshire CCG are reflective of our final year of operation as a CCG and recognises the transition into the ICS:

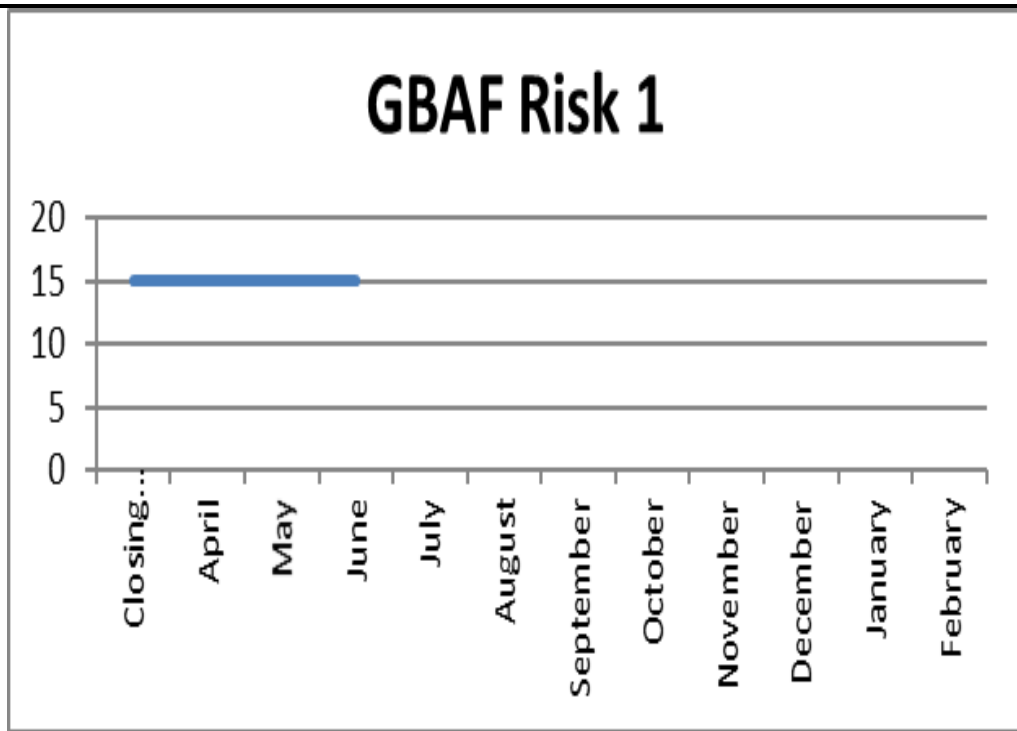
1. Safely and legally transition the statutory functions of the CCG into the ICS, and safely deliver the disestablishment of the CCG.
2. Deliver the commitments made in response to the Operating Plan, with a focus on reducing health inequalities and improving outcomes for the people of Derbyshire and continuing to support the system during transition to maintain a strategic focus on overall health outcomes / health inequalities.
3. Continue with the roll out of the Covid-19 vaccination programme and ensure a sustainable planning and operational model is in place.
4. Support the development of a recovering and sustainable health and care economy that operates within available resources, achieves statutory financial duties, and meets NHS Constitutional standards.
5. Support our staff in the delivery of the above and transition into an ICS, through continued health and wellbeing programmes and effective communication and engagement.
6. Continue to further develop and implement new and transformational ways of working that have been developed in response to Covid.
7. Work in partnership with stakeholders and engage with our population to achieve the above objectives where appropriate.

	Strategic Risk(s)	Current Rating	Executive Lead
1	Lack of timely data, insufficient system ownership and ineffective commissioning may prevent the ability of the CCG to improve health and reduce health inequalities. This is of particular concern during the COVID pandemic where some people may not be able to access usual services or alternatives.	15	Steve Lloyd
2	The CCG is unable to identify priorities for variation reduction and reduce or eliminate them.	20	Steve Lloyd
3	Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.	12	Zara Jones
4A	The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	16	Richard Chapman
4B	The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the system to move to a sustainable financial position.	16	Richard Chapman
5	The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.	9	Helen Dillistone

6	The CCG does not achieve the national requirements for the Covid-19 Vaccination Programme and have robust operational models in place for the continuous sustainable delivery of the Vaccination Programme	20	Steve Lloyd
7	CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise.	Risk recommended for closure	Helen Dillistone
8	If the CCG is not ready to transfer its functions or has failed to comprehensively and legally close down the organisation, or if the system is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established.	Risk recommended for closure	Helen Dillistone

<p align="center">Strategic Objective: 2</p> <p>Deliver the commitments made in response to the Operating Plan, with a focus on reducing health inequalities and improving outcomes for the people of Derbyshire and continuing to support the system during transition to maintain a strategic focus on overall health outcomes / health inequalities.</p>	<p align="center">GBAF RISK 1</p>	<p align="center">Executive Lead: Steve Lloyd Assigned to Committee: Quality and Performance</p>
<p align="center">What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> • Agreement and commitment to agenda at JUCD Board with inequalities in the Terms of Reference. • New ICS governance structure to include addressing inequalities. • Strategic Long Term Conditions Programme Board to be established with a clear remit to reduce unwarranted variation in services. • Commissioning to focus on particular patient cohorts, with measures around services to be put in place to support reduction of inequalities. • Covid risk stratification work should cover health and social care inequality, as well as mental health not just physical health. • System Q&P dashboard to include inequality measures • Patient experience and engagement feedback will be gathered at an early stage to inform all service change / development projects. This will be evidenced in business cases and project initiation documents. • Feedback about the experience of Derby and Derbyshire end of life care will be gathered and analysed to provide intelligence to support the development of services that are driven by those who use services. • A Quality and Equality Impact Assessment (QEIA) will be part of all service change / development projects and programmes. This will be a document that changes as benefits and risks along with mitigating actions are realised. • The QEIA will also include evidence to demonstrate compliance with legislative requirements in respect of public engagement. • Increase Patient Experience feedback and engagement. 		<p align="center">Risk Description</p> <p>Lack of timely data, insufficient system ownership and ineffective commissioning and the impact of COVID-19 may prevent the ability of the CCG to improve health and reduce health inequalities. This is of particular concern during the COVID pandemic where some people may not be able to access usual services or alternatives.</p>

Risk rating	Likelihood	Consequence	Total	Date reviewed	
Initial	3	3	9	June 2022	
Current	5	3	15	Rationale for risk rating (and any change in score): <ul style="list-style-type: none"> The Derby and Derbyshire population are unable to access their usual service or an alternative due to the impact of the Covid pandemic, The CCG is unable to meet its strategic aim as above due to the impact of the Covid pandemic. Capacity in commissioning has improved. PLACE areas are now supported by a CCG Functional Director. QIA/EIA process in place. Recovery and Restoration plan and process in place. 	
Risk Appetite	Level	Category	Target Score	Link to Derby and Derbyshire Risk Register 1,2,3,4,5,6,7,9,12,14,17,19,21,22,24,25,26,27,28	
	Moderate	Commissioning and Contracting	8		
	2	4			



KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE	
<p>Internal</p> <ul style="list-style-type: none"> QIPP and Service Benefit Reviews challenge process. Prioritisation tool. Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. Robust QIA process for commissioning/ decommissioning schemes and System QEIA now in place Clinical Quality Review Group (CQRG) measures built into all contracts Recovery and Restoration (R&R) Action Plan R&R progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report 2020/2021 Commissioning Intentions published and on website 2020/2021 Contracting approach and objectives developed Chief Nurse of DDCCG is the Chair of the System Quality and Performance Group Quality and Performance Committee meetings reinstated from June 20. As a result of the COVID 19 pandemic. CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. Corporate Committees and Governing Body Meetings have not been stood down and continue to meet monthly. 	<p>External</p> <ul style="list-style-type: none"> NHSE and NHSI assurance arrangements CQC inspections and associated commissioner and provider action plans Programme Boards STP Oversight Meetings with Local Authority to identify joint funding opportunities. System wide efficiency planning has commenced for 2020/2021 showing commitment to joint system working System Quality and Performance Group has been established and monthly meetings in place. System ownership of the health inequalities agenda. Daily System Escalation Cell (SEC) meetings established to support the management of COVID 19 across the Derbyshire System. Winter Planning Cell established. STP/ ICS Interim Accountable Officer appointed. Strategic Long Term Conditions Programme Board to be established or system to collate and triangulate data and agree actions. ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. ICS White Paper was published in February 2021. JUCD system moved from Gold Command to Silver Command. SEC meetings were stood down in February 2021. 	<p>Internal</p> <ul style="list-style-type: none"> Quality & Performance Committee Risk management controls and exception reports on clinical risks to Quality & Performance Committee Performance reporting framework in place Lay representation within Governing Bodies and committee in common structures. System NHSE assurance meetings to provide assurance. Recovery and Restoration (R&R) Action Plan and Highlight Report owned by Quality & Performance Committee Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24 STP Refresh Summary R&R progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report Measurement of performance targets System Quality and Performance Group minutes System Phase 3 Plan approved by Governing Body and Submitted to NHSE. Monthly Winter Plan Report provided to JUCD Board. SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to SORG. 	<p>External</p> <ul style="list-style-type: none"> Quality Surveillance Group Recovery Action Plans Commissioning Boards Health and Well-being Boards Legal advice where appropriate NHSE System Assurance Letters System Quality and Performance Group minutes. Agreement and commitment to the Health Inequalities agenda at JUCD Board. SEC/SORG Agendas and Papers. SEC/SORG Action Logs. System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan. 2021/22 JUCD Operational Plan ICS Transition Plan Transition Assurance Committee (TAC), agenda, papers, and minutes NHSEI Net Zero Carbon Strategy NHS Midlands Greener NHS Board agenda and minutes Derbyshire ICS NHS Greener Delivery Group agenda and minutes Health & Social Care Integration White Paper published on 9th February 2022. Health Inequalities Plan on a Page developed by the Anchor Institution.

<ul style="list-style-type: none"> • Functions continue to operate at BC level 3 and are reviewed regularly. • Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19. • System Operational Centre established and include the System Vaccination Operational Centre (SVOC) • JUCD system moved from Gold Command to Silver Command February 2021. • Covid-19 Vaccination Inequalities Group established and in place to support tackling vaccine hesitancy in high risk and transient communities. The first meeting was held in February 2021. • JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. • Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. • CCG GB Chair is the Transition Assurance Committee (TAC) Chair and ICS CCG Transition Working Group Chair. • CCG ICS Transition Working Group established and meets monthly. First meeting took place 6th May. • Dr Robyn Dewis, Director of Public Health Derby City is Chair of Health Inequalities Group across the System. • Helen Dillistone is SRO lead for NHS Greener/ Sustainability Programme for the Derbyshire ICS. • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. • Draft 2022/23 Operational Plan presented to Governing Body on 7th April 2022 and submitted to NHS England. • Derbyshire ICS NHS Greener Plan approved by Governing Body on 7th April 2022. 	<p>and operational issues being fully managed by the System Operational Resilience Group (SORG)</p> <ul style="list-style-type: none"> • Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. • Health Inequalities is priority focus of JUCD Board and Strategic Intent. • Health inequalities programme of work will be supported by the strategic intent function of the ICS, the anchor institution and the future plans for data and digital management. • ICS Design Framework published 16th June 2021 • Health and Care Bill ordered by The House of Commons 6th July 2021. • Further ICS/ ICB Guidance published August 2021 • John MacDonald appointed as ICB Designate Chair. • Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB • Greener NHS National Programme published Net Zero Carbon Strategy, cites multiple links between climate change, sustainable development, and health inequalities. • Improving health and patient care and reducing health inequalities is one of the top three priorities of the Greener NHS National Programme. • NHS Midlands Greener NHS Board • Derbyshire ICS NHS Greener Delivery Group • Joined Up Improvement Derbyshire Efficiency and Productivity PMO in place. • Craig Cook appointed as interim Chief Digital and Intelligence Officer. • ICB transition deferred from 1st April 2022 to 1st July 2022. • Confirmation of some Executive Officer positions have removed uncertainty of continuity and provides stability for the transition to ICB Committees. 	<ul style="list-style-type: none"> • Vaccine hesitancy updates reported to weekly Gold Call meetings • Plan on a page for each cohort. • Vaccination Inequalities Group Terms of Reference and Action Plan. • 2021/22 JUCD Operational Plan • ICS Transition Plan • Transition Assurance Committee (TAC), agenda, papers, and minutes • CCG ICS Transition Working Group agenda, papers, and minutes • JUCD QEIA Panel reports to DDCCG Quality and Performance Committee and risks escalated from Q&P to System Quality Group. • Draft 2022/23 Operational Plan. 	
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GAPS IN CONTROL		GAPS IN ASSURANCE	
<p>Internal</p> <ul style="list-style-type: none"> Commissioning the specific needs to meet the demands of the Covid Pandemic DDCCG patient experience function remains stood down with staff deployed to support pandemic response. 	<p>External</p> <ul style="list-style-type: none"> CCG does not currently have an evidence-based strategy to address inequalities. Programme of work for appropriate interventions, informed by public health data and incorporating the wider determinants of health. 	<p>Internal</p> <ul style="list-style-type: none"> DDCCG patient experience function remains stood down with staff deployed to support pandemic response. 	<p>External</p> <ul style="list-style-type: none"> Understanding health data and implications of Covid including disparities of outcomes. Understanding direct impacts and long-term implications of Covid. Triangulating through system. Development of Derbyshire ICS NHS Greener Plan Development of ICS Health Inequalities Plan
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p>Internal</p> <ul style="list-style-type: none"> Post COVID Syndrome Pathway meeting established in November and has been meeting fortnightly until w/c 15.03.21. Now meeting on a monthly basis, due to the launch of a monthly clinical forum. Addressing health inequalities is a key priority in the ICS System Development Plan currently being drafted for submission to NHSEI JUCD quality group is undertaking a review of the system quality strategies and a joint strategy will be developed in the next six months. Health inequalities will form part of that strategy. 	<p>Timeframe</p> <ul style="list-style-type: none"> Monthly Monthly July 2022 	<p>External</p> <ul style="list-style-type: none"> Long Term Conditions Strategy. Long Term Conditions Board to identify groups for focus (prioritisation work started) Derbyshire ICS NHS Greener Plan to be approved by ICB Board ICS Health Inequalities Plan to be approved by ICP Board 	<p>Timeframe</p> <ul style="list-style-type: none"> June 2022 June 2022 July 2022 July 2022

<p align="center">Strategic Objective: 2</p> <p>Deliver the commitments made in response to the Operating Plan, with a focus on reducing health inequalities and improving outcomes for the people of Derbyshire and continuing to support the system during transition to maintain a strategic focus on overall health outcomes / health inequalities.</p>	<p align="center">GBAF RISK 2</p>	<p align="center">Executive Lead: Steve Lloyd</p> <p align="center">Assigned to Committee: Quality and Performance</p>
<p align="center">What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> • Agreement and commitment to agenda at JUCD Board with unwarranted variation in quality in the Terms of Reference. • JUCD to take a disease management approach to variation, rather than individual services. • New ICS governance structure to include addressing unwarranted variation in quality. • CCG to understand the variations in services across JUCD and if these are unwarranted. • Quality to work with commissioning teams to ensure contracts address the inequalities. • System Q&P dashboard to used to identify the variations at system level. • System Q&P to address the unwarranted variation identified from the dashboard, through the JUCD Programme Boards. • Improve Patient experience and engagement feedback and how it will be gathered to understand how varying of services is impacting on the people of Derbyshire. 	<p align="center">Risk Description</p> <p align="center">The CCG is unable to identify priorities for variation reduction and reduce or eliminate them.</p>	

Risk rating	Likelihood	Consequence	Total	GBAF Risk 2												Date reviewed	June 2022
Initial	3	4	12													Rationale for risk rating (and any change in score): <ul style="list-style-type: none"> CCG unable to identify priorities for variation reduction due to the impact of the Covid pandemic. Increase in risk score as a result in losing Clinical and Medical Staff to prioritise Covid patients. The STP Clinical leadership group is becoming established. The Systems saving group is bringing key partners together to deliver the financial priorities and has increased joint ownership of priorities. PLACE commissioning is developing. 	
Current	5	4	20													Link to Derby and Derbyshire Risk Register 1,2,3,4,5,6,7,9,12,14,17,21,22,23,24,25,26,27,28,29	
Risk Appetite	Level	Category	Target Score														
	Moderate	National Quality and Direction	8														
	2	4															
KEY CONTROLS TO MITIGATE RISK				SOURCES OF ASSURANCE													
<u>Internal</u> <ul style="list-style-type: none"> Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions Robust QIA process for commissioning/ decommissioning schemes and new System QIA panel in place Clinical Quality Review Group (CQRG) measures built into all contracts Executive Team and Finance Committee oversight. Contract Management Board (CMB) oversight Quality & Performance Committee Recovery and Recovery (R&R) Plan R&R progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group Internal resource planning work led by HR Quality and Performance Committee meetings reinstated from June 20 as a result of the COVID 19 pandemic. Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19 CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. 		<u>External</u> <ul style="list-style-type: none"> NHSE System assurance arrangements Provider Governance arrangements are clear and include any subcontracting responsibilities. CQC inspections and associated commissioner and provider action plans STP Oversight System Quality & Performance Group established and meets on a monthly basis Winter Planning Cell established STP/ ICS Interim Accountable Officer appointed System Quality and Performance Group meetings stood down from March 2020 to July 2020 due to COVID 19 pandemic. ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. System Quality and Performance Group meetings continue to meet and are not stood down at level 4 ICS White Paper was published in February 2021. JUCD system moved from Gold Command to Silver Command. SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG). 		<u>Internal</u> <ul style="list-style-type: none"> Quality & Performance Committee Risk management controls and exception reports on clinical risk to Quality & Performance Performance reporting framework Lay and Council representation within Governing Bodies and committees' structure. Clinical Committee established at Place, Quality assurance visits NHSE system assurance meetings to provide assurance. R&R Plan and Highlight Report owned by Quality & Performance Committee Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24 STP Refresh Summary R&R progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System. System Phase 3 Plan approved by Governing Body and Submitted to NHSE. Monthly Winter Plan Report provided to 						<u>External</u> <ul style="list-style-type: none"> Collaboration with Healthwatch Health and Well-being Boards NHSE/I assurance meetings CQC Inspections and action plans Quality Surveillance Group Minutes of System Quality & Performance Group System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan 2021/22 JUCD Operational Plan ICS Transition Plan Transition Assurance Committee (TAC), agenda, papers, and minutes System Outcomes Based Accountability Steering Group has commenced work looking at health outcomes. NHSEI Net Zero Carbon Strategy NHS Midlands Greener NHS Board agenda and minutes Derbyshire ICS NHS Greener Delivery Group agenda and minutes Health & Social Care Integration White Paper published on 9th February 2022. Health Inequalities Plan on a Page developed by the Anchor Institution. 							

<ul style="list-style-type: none"> • Corporate Committees and Governing Body Meetings have not been stood down and continue to meet monthly. • Functions continue to operate at BC level 3 and are reviewed regularly. • JUCD system moved from Gold Command to Silver Command February 2021. • Covid-19 Vaccination Inequalities Group established and in place to support tackling vaccine hesitancy in high risk and transient communities. • JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. • Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. • CCG GB Chair is the Transition Assurance Committee (TAC) Chair and CCG ICS Transition Working Group Chair. • CCG ICS Transition Working Group established and meets monthly. First meeting took place 6th May. • Dr Robyn Dewis, Director of Public Health Derby City is Chair of Health Inequalities Group across the System. • Helen Dillistone is SRO lead for NHS Greener/ Sustainability Programme for the Derbyshire ICS • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. • Draft 2022/23 Operational Plan presented to Governing Body on 7th April 2022 and submitted to NHS England. • Derbyshire ICS NHS Greener Plan approved by Governing Body on 7th April 2022. 	<ul style="list-style-type: none"> • Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. • Health Inequalities is priority focus of JUCD Board and Strategic Intent. • Health inequalities programme of work will be supported by the strategic intent function of the ICS, the anchor institution and the future plans for data and digital management. • ICS Design Framework published 16th June 2021 • Health and Care Bill ordered by The House of Commons 6th July 2021. • Health and Care Bill ordered by The House of Commons 6th July 2021. • Further ICS/ ICB Guidance published August 2021 • John MacDonald appointed as ICB Designate Chair. • Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB • Greener NHS National Programme published Net Zero Carbon Strategy, cites multiple links between climate change, sustainable development, and health inequalities. • Improving health and patient care and reducing health inequalities is one of the top three priorities of the Greener NHS National Programme. • NHS Midlands Greener NHS Board • Derbyshire ICS NHS Greener Delivery Group • Joined Up Improvement Derbyshire Efficiency and Productivity PMO in place. • Craig Cook appointed as interim Chief Digital and Intelligence Officer • ICB transition deferred from 1st April 2022 to 1st July 2022. • Confirmation of some Executive Officer positions have removed uncertainty of continuity and provides stability for the transition to ICB Committees. 	<p>JUCD Board.</p> <ul style="list-style-type: none"> • Vaccine hesitancy updates reported to weekly Gold Call meetings • Plan on a page for each cohort. • Vaccination Inequalities Group Terms of Reference and Action Plan. • Decision making principles to be applied to each cohort to ensure consistent approach. • 2021/22 JUCD Operational Plan • ICS Transition Plan • Transition Assurance Committee (TAC), agenda, papers, and minutes • CCG ICS Transition Working Group agenda, papers, and minutes • Draft 2022/23 Operational Plan. 	
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GAPS IN CONTROL		GAPS IN ASSURANCE	
<p><u>Internal</u></p> <ul style="list-style-type: none"> CCG unable to identify priorities for variation reduction due to the impact of the Covid pandemic. CCG patient experience function stood down in response to COVID. 	<p><u>External</u></p> <ul style="list-style-type: none"> Identify variation caused through system processes and work with system partners to eliminate or reduce. Priorities which carry the most significant at-scale benefits for early action. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Development of STP planning and refresh. CCG patient experience function stood down in response to COVID. 	<p><u>External</u></p> <ul style="list-style-type: none"> Differentiate which variation is appropriate for elimination and which is not; develop a prioritised plan for the former. Agree dataset to measure improvement in outcomes and patient experience. Development of Derbyshire ICS NHS Greener Plan Development of ICS Health Inequalities Plan
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p><u>Internal</u></p> <ul style="list-style-type: none"> Establishment of Quality & Performance Committee Task & Finish Group to provide scrutiny and challenge. Addressing health inequalities is a key priority in the ICS System Development Plan currently being drafted for submission to NHSEI JUCD quality group is undertaking a review of the system quality strategies and a joint strategy will be developed in the next six months. Health inequalities will form part of that strategy. 	<p><u>Timeframe</u></p> <ul style="list-style-type: none"> Monthly Monthly July 2022 	<p><u>External</u></p> <ul style="list-style-type: none"> Increased system working with system partners to deliver transformation change. Refer issues to System Quality and Performance Group. Strategic Long Term Conditions Programme Board to address variation. (Working on risk stratification with BI / Board are reviewing priorities) Right Care Evidence and Data (awaiting updated data packs) Working with the LTC Board to agree Priorities. Working with the LTC Board to agree Strategic Long Term Conditions Programme Board to agree dataset measurement. Derbyshire ICS NHS Greener Plan to be approved by CCG Governing Body and ICB Board ICS Health Inequalities Plan to be approved by ICP Board 	<p><u>Timeframe</u></p> <ul style="list-style-type: none"> Ongoing and Monthly Monthly System Quality & Performance Group Monthly Monthly June 2022 June 2022 July 2022 July 2022

<p>Strategic Objective: 6 Continue to further develop and implement new and transformational ways of working that have been developed in response to Covid.</p>				<p>GBAF RISK 3</p>				<p>Executive Lead: Zara Jones Assigned to Committee: Clinical & Lay Commissioning</p>							
<p>What would success look like and how would we measure it? Safe delivery of our Phase 3 and winter plan through effective system oversight of delivery and escalation and resolution of issues. Retaining the benefits of learning and transformation through wave 1 COVID-19. Improved / sustained relationships with system partners – increased collaboration and strengthened planning and delivery, less duplication and more shared accountability for delivery.</p>				<p>Risk Description Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.</p>											
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>	<p>GBAF Risk 3</p> <p>The chart shows a score of 12 for the months of April, May, and June. The y-axis ranges from 0 to 15, and the x-axis lists months from April to March.</p>				<p>Date reviewed</p>		<p>June 2022</p>				
<p>Initial</p>		<p>3</p>	<p>4</p>	<p>12</p>					<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> • System working through the last few months remains at the same level in terms of collaboration and mutual support. • Measures are not easily measurable making the score more subjective. 						
<p>Current</p>		<p>3</p>	<p>4</p>	<p>12</p>											
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</p>	<p>Link to Derby and Derbyshire Risk Register 1,2,3,4,5,6,9,10,12,14,17,19,22,23,24,25,26,27,28,29</p>										
		<p>Moderate</p>	<p>Collaborative working</p>	<p>8</p>											
<p>KEY CONTROLS TO MITIGATE RISK</p>				<p>SOURCES OF ASSURANCE</p>											
<p>Internal</p> <ul style="list-style-type: none"> • Senior members of staff are fully involved in STP/ ICS workstreams • Link with STP • Strong CEO lead and influence on STP • Good clinical engagement i.e. Medical Director a key player in CPRG • CPAG and new Clinical Pathways Forum • Commissioning Intentions 20/21 finalised and agreed with Providers and published on website • Clinical Leadership Framework in place • Deep Dives on areas of poor performance involving provider partners e.g. Q&P deep dives • Lessons learned application to 20/21 planning and delivery through Finance Committee and shared with GB and system • Clinical and Lay Commissioning Committee meetings reinstated June 2020 a result of the COVID 19 pandemic. • Clinical Cell established to manage COVID 19 issues, Steve Lloyd Medical Director is the lead 				<p>External</p> <ul style="list-style-type: none"> • Governance structure embedded • Good CEO/DoF system engagement • JUCD Board now fully functioning as a group of system leaders and meeting in public since January 2021. • Systems Savings Group • Future in Mind Plan agreed by the CCG, Derby City Council and Derbyshire County Council • System Quality and Performance Group established to support in-year delivery strategically, linked to the transformation agenda • System Planning leads oversight of contracting and planning for 20/21, linked to DoFs group to ensure we set the right framework for delivery of our transformation as a system. • System Clinical and Professional Reference Group established and meets monthly. • System intelligence – one version of the truth • Winter Planning Cell established • STP/ ICS Executive Lead appointed • ICS guidance published November 2020. • Derby and Derbyshire formally approved as an ICS. 				<p>Internal</p> <ul style="list-style-type: none"> • Clinical & Lay Commissioning Committee meetings • Governing Body • Executive Team • Recovery and Restoration Action Plan • Recovery and Restoration Plan Highlight Report owned by Clinical & Lay Commissioning Committee • Clinical & Lay Commissioning Assurance Report provided to Governing Body. • STP System Refresh • Draft Joined Up Care 5 Year Delivery Plan 19/20 – 23/24 • Commissioning Intentions 20/21 published and available on the CCGs website. • System Phase 3 Plan approved by Governing Body and Submitted to NHSE. • Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19. 				<p>External</p> <ul style="list-style-type: none"> • JUCD Board • System Forums including delivery boards, planning leads • CEO/DoF meetings • CPRG meetings • NHSE/I reviews • Derby City Council • Derbyshire County Council • Future in Mind Plan published on Derby City Council website • Future in Mind Plan published on Derbyshire County Council website • STP refresh • System Clinical and Professional Reference Group Minutes • System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan. 			

<p>for the cell.</p> <ul style="list-style-type: none"> • Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. • Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System (currently stood down) • System Planning and Operations Cell established to manage and determine recovery plans and future planning. • Established intelligence and baseline data on finance, activity, and workforce to enable scenario modelling to inform decision making. • CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. • Corporate Committees and Governing Body Meetings have not been stood down and continue to meet monthly. • Functions continue to operate at BC level 3 and are reviewed regularly. • JUCD system moved from Gold Command to Silver Command February 2021 • JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. • System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. • CCG GB Chair is the System Transition Assurance Committee Chair. • CCG Governing Body received Derbyshire ICS Boundary Update at their meeting in public 2nd September 2021. • Joint Derby Derbyshire CCG and Tameside and Glossop CCG Transition Steering Group established to lead four main workstreams. • Four workstreams comprising of specialist leads across both systems for Communications and Engagement, Finance IT and Contracting, Neighbourhood Development and Statutory Duties, Risks and People Impact Assessment. • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. • Draft 2022/23 Operational Plan presented to Governing Body on 7th April 2022 and submitted to NHS England. 	<ul style="list-style-type: none"> • ICS White Paper was published in February 2021. • JUCD system moved from Gold Command to Silver Command. • SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG) • System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. • Secretary of State for Health and Social Care decision taken in August 2021 to amend the ICS boundary so that Glossop will move from the Greater Manchester ICS into the Derbyshire ICS • Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB • John MacDonald appointed as ICB Designate Chair. • Joined Up Improvement Derbyshire Efficiency and Productivity PMO in place. • ICB transition deferred from 1st April 2022 to 1st July 2022. • Glossop boundary change confirmed effective from 1st July 2022. • Confirmation of some Executive Officer positions have removed uncertainty of continuity and provides stability for the transition to ICB Committees. 	<ul style="list-style-type: none"> • SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to SORG. • 2021/22 JUCD Operational Plan • System Transition Assurance Committee, agenda, papers, and minutes • CCG submitted its Engagement Report to NHSEI in June 2021. • Joint Transition Steering Group minutes and action log. • Derbyshire ICS Transition Plan • Draft 2022/23 Operational Plan 	<ul style="list-style-type: none"> • SEC/SORG Agendas and Papers. • SEC/SORG Action Logs • 2021/22 JUCD Operational Plan • System Transition Assurance Committee, agenda, papers, and minutes • Joint Transition Steering Group minutes and action log.
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GAPS IN CONTROL		GAPS IN ASSURANCE	
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • Not able to influence decisions • Limited CCG capacity to contribute to all meetings Clinical and Lay Commissioning Committee meetings stood down from March 2020 to June 2020 due to CCG operating at level 4 Business Continuity Escalation as a result of the COVID 19 pandemic. • Withdrawal of Turnaround approach • Development of communications and engagement plan with stakeholders, patients and public. • Contracting and Commissioning implications on broader geography and population • Place/ PCN planning and Primary Care development to include Glossop 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • National directives • 'Club v's country' i.e. organisational sovereignty over system • System Clinical and Professional Reference Group meetings stood down due to COVID 19 pandemic. • Workforce plans to be established across the system to provide the necessary competency and capacity to deliver healthcare, including contingency plans for staff reductions due to Covid-19. • Suspension of operational planning • Suspension of Systems Savings Group and PMO • Necessary delays in some transformation work 	<p style="text-align: center;"><u>Internal</u></p>	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • System Clinical and Professional Reference Group Minutes not available due to current Position. • Quantify residual health need resulting from Covid infection and factor into capacity and demand planning.
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • System savings work in place and ongoing • Joined Up Care Derbyshire Workstream Delivery Boards / Assurance • Strategic commissioner and ICS / ICP development • Virtual urgent decisions can be made by CLCC as per the Terms of Reference as required. • Weekly 30-minute Confidential GB Virtual Meetings established, with focused agenda have been established for urgent decision making and any urgent committee business. • Clinical Cell established to manage COVID 19 issues, Steve Lloyd Medical Director is the lead for the cell. • Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. • Glossop transition Communications and Engagement Plan with stakeholders, patients and public. • Contracting and Commissioning Plan to include broader geography and population • Place/ Primary Care Network (PCN) Plan and Primary Care Plan to include Glossop 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Monthly review • Monthly • Ongoing • As and when required • Weekly • Monthly • Since March 2020 • December 2021 to June 2022 • March to June 2022 • March to June 2022 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • Continued work with system partners to develop and deliver transformation plans • Development of Direct Enhanced Services during 2021/22 through PCCC. • System Escalation Cell/ SORG meetings established to support the management of COVID 19 across the Derbyshire System. • System Planning and Operations Cell established to manage and determine recovery plans and future planning. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Monthly review • April to June 2022 • Monthly • Monthly

<p>Strategic Aim: 4 Support the development of a recovering and sustainable health and care economy that operates within available resources, achieves statutory financial duties, and meets NHS Constitutional standards.</p>				<p>GBAF RISK 4A</p>				<p>Executive Lead: Richard Chapman Assigned to Committee: Finance Committee</p>			
<p>What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> Delivery of agreed 2021/22 financial position. 				<p>Risk Description</p> <p>The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the <u>CCG</u> to move to a sustainable financial position.</p>							
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>					<p>Date reviewed</p> <p>June 2022</p>		
<p>Initial</p>		<p>5</p>	<p>5</p>	<p>25</p>					<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> Identify underlying system position, current and forward-looking The risk score for GBAF risk 4A has been increased to a very high score of 16. Work remains ongoing to monitor and manage the 2020/21 position, but also to understand the recurrent expenditure position as the CCG and system partners begin planning for 2021/22. The CCG is working with system partners to understand the recurrent underlying position and early work suggests there is a considerable system financial challenge moving into 2021/22. The Derbyshire NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners to agree how these resources are used and what remaining financial risk there is, where this risk will be held and how it can be mitigated. 		
<p>Current</p>		<p>4</p>	<p>4</p>	<p>16</p>							
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</p>	<p>Link to Derby and Derbyshire Risk Register 11,30</p>						
		<p>Low</p>	<p>Financial Statutory Duties</p>	<p>10</p>							
		<p>2</p>	<p>5</p>								
<p>KEY CONTROLS TO MITIGATE RISK</p>					<p>SOURCES OF ASSURANCE</p>						
<p>Internal</p> <ul style="list-style-type: none"> Contract management incl. validation of contract information, coding and counting challenges etc. Internal management processes – monthly confirm and challenge by Executive Team & Finance Committee. Recovery and Restoration (R&R) Plan. R&R progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report. Finance Committee meetings reinstated from June 2020 Temporary financial regime in place within the CCG for the 6-month period 1st April to 30th September 2020 as a result of COVID-19. NHSEI have provided guidance of a new financial for the period to March 2021. The allocations 			<p>External</p> <ul style="list-style-type: none"> Standardised contract governance in line with national best practice. System Finance Oversight Group (SFOG) established. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System System Savings Group established and in place System Finance Oversight Group in place and reinstated and continuing to meet at BC level 4. The Derbyshire NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners to agree how these resources are used and what remaining financial risk there is, where 		<p>Internal</p> <ul style="list-style-type: none"> Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee. Internal Audit 20/21 Integrity of the general ledger, financial reporting and budgetary control Audit giving significant assurance. Recovery and Restoration Action Plan. R&R progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report Finance Committee Minutes Service Development Funding received end September 20. SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to 			<p>External</p> <ul style="list-style-type: none"> Regulator review and oversight of monthly financial submissions System Finance Oversight Group Minutes 2021/22 JUCD Operational Plan ICS Transition Plan System Transition Assurance Committee, agenda, papers, and minutes Draft 2022/23 Operational Plan 			

<p>have been based on the first 6 months of the financial year and includes additional system allocations for COVID-19, Top-up, and Growth.</p> <ul style="list-style-type: none"> • CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. • Corporate Committees and Governing Body Meetings have not been stood down and continue to meet monthly. • Functions continue to operate at BC level 3 and are reviewed regularly. • JUUCD system moved from Gold Command to Silver Command February 2021. • JUUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. • System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. • CCG GB Chair is the System Transition Assurance Committee Chair and ICS CCG Transition Working Group Chair. • CCG ICS Transition Working Group established and meets monthly. First meeting took place 6th May. • CCG Finance Committee integrated with System and Finance Estates Committee from January 2022. • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. 	<p>this risk will be held and how it can be mitigated.</p> <ul style="list-style-type: none"> • ICS guidance published November 2020. • Derby and Derbyshire formally approved as an ICS. • ICS White Paper was published in February 2021. • JUUCD system moved from Gold Command to Silver Command. • SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG) • System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. • Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB • John MacDonald appointed as ICB Designate Chair. • Joined Up Improvement Derbyshire Efficiency and Productivity PMO in place • Draft 2022/2023 System Financial Plan 	<p>SORG.</p> <ul style="list-style-type: none"> • 2021/22 JUUCD Operational Plan • ICS Transition Plan • System Transition Assurance Committee, agenda, papers, and minutes • CCG ICS Transition Working Group agenda, papers, and minutes • Draft 2022/23 Operational Plan 	
GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> • Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	<ul style="list-style-type: none"> • Absence of integrated system reporting of the health financial position. • System Finance Oversight Group meetings to be reinstated September 2020. • Establish common system objective to deliver financial sustainability on a system-wide basis. • Identify underlying system position, current and forward-looking. • Establish system-wide monitoring, efficiency, and transformational delivery process. 	<ul style="list-style-type: none"> • Regularisation of integrated activity, finance and savings reporting incorporating activity trajectory matched to provider capacity to deliver and associated commissioner financial impact 	<ul style="list-style-type: none"> • Absence of commitment to open-book reporting with clear risk identification. • System Finance Oversight Group Minutes
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<u>Internal</u>	<u>Timeframe</u>	<u>External</u>	<u>Timeframe</u>
<ul style="list-style-type: none"> • Strengthening of activity data reporting to ensure improved business intelligence to support decision making. • Integrated Activity Finance & Savings report in place 	<ul style="list-style-type: none"> • Monthly • Monthly 	<ul style="list-style-type: none"> • Transparency of open book reporting through System Finance & Estates Committee 	<ul style="list-style-type: none"> • Monthly

<p>Strategic Aim: 4 Support the development of a recovering and sustainable health and care economy that operates within available resources, achieves statutory financial duties, and meets NHS Constitutional standards.</p>				<p>GBAF RISK 4B</p>				<p>Executive Lead: Richard Chapman Assigned to Committee: Finance Committee</p>																												
<p>What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> Delivery of agreed 2021/22 financial position on a system basis. 				<p>Risk Description</p> <p>The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the <u>system</u> to move to a sustainable financial position.</p>																																
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>	<p>GBAF Risk 4B</p> <table border="1"> <caption>GBAF Risk 4B Score History</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Closing...</td> <td>16</td> </tr> <tr> <td>April</td> <td>10</td> </tr> <tr> <td>May</td> <td>10</td> </tr> <tr> <td>June</td> <td>10</td> </tr> <tr> <td>July</td> <td>10</td> </tr> <tr> <td>August</td> <td>10</td> </tr> <tr> <td>Septem...</td> <td>10</td> </tr> <tr> <td>October</td> <td>10</td> </tr> <tr> <td>Novemb...</td> <td>10</td> </tr> <tr> <td>Decemb...</td> <td>10</td> </tr> <tr> <td>January</td> <td>10</td> </tr> <tr> <td>February</td> <td>10</td> </tr> </tbody> </table>				Month	Score	Closing...	16	April	10	May	10	June	10	July	10	August	10	Septem...	10	October	10	Novemb...	10	Decemb...	10	January	10	February	10	<p>Date reviewed</p> <p>June 2022</p>	
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		<p>Low</p>	<p>Financial Statutory Duties</p>	<p>10</p>																																
		<p>2</p>	<p>5</p>	<p>10</p>																																
<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> Identify underlying system position, current and forward-looking. The system does not currently have a functional efficiency programme or agreed structures to implement such a programme. The risk score for GBAF risk 4B has been increased to a very high score of 16. Work remains ongoing to monitor and manage the 2020/21 position, but also to understand the recurrent expenditure position as the CCG and system partners begin planning for 2021/22. The CCG is working with system partners to understand the recurrent underlying position and early work suggests there is a considerable system financial challenge moving into 2021/22. The likelihood was increased based on initial assessment that the NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. Since this initial risk the CCG is working with system partners and we have, as a result of a much-improved CCG position, been able to report that the system are forecasting a break-even position, with the providers reporting a combined £5.0m surplus against the CCGs £5.0m deficit. Work remains ongoing to monitor and manage this position, particularly in relation to where the risks are and how these can be mitigated. 																																				
<p>Link to Derby and Derbyshire Risk Register 11,30</p>																																				

KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE	
Internal	External	Internal	External
<ul style="list-style-type: none"> Internal management processes – monthly confirm and challenge by Executive Team and Finance Committee Integrated financial reporting incorporating I&E and savings positions and risk Recovery and Restoration (R&R) Plan. Clinical Leadership Framework in place across the system to support governance and clinical workstreams. R&R Plan progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report Finance Committee meetings reinstated from June 2020 NHSEI have provided guidance of a new financial for the period to March 2021. The allocations have been based on the first 6 months of the financial year and includes additional system allocations for COVID-19, Top-up, and Growth. CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. Corporate Committees and Governing Body Meetings have not been stood down as continue to meet monthly. Functions continue to operate at BC level 3 and are reviewed regularly. JUCD system moved from Gold Command to Silver Command February 2021. JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. CCG GB Chair is the System Transition Assurance Committee Chair and ICS CCG Transition Working Group Chair. CCG ICS Transition Working Group established and meets monthly. First meeting took place 6th May. CCG Finance Committee integrated with System and Finance Estates Committee from January 2022. CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. 	<ul style="list-style-type: none"> Standardised contract governance in line with national best practice. System Finance Oversight Group (SFOG) established Requirement to agree a multi-year system recovery plan with regulator in order to mitigate impact score The Derbyshire NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners to agree how these resources are used and what remaining financial risk there is, where this risk will be held and how it can be mitigated. ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. SFOG continue to meet at BC Level 4, December ICS White Paper was published in February 2021. JUCD system moved from Gold Command to Silver Command. SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG) 2020 onwards. System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB John MacDonald appointed as ICB Designate Chair. Joined Up Improvement Derbyshire Efficiency and Productivity PMO in place Draft 2022/2023 System Financial Plan 	<ul style="list-style-type: none"> Monthly reporting to NHSE/NHSI, Executive Team and Finance Committee. Recovery and Restoration Plan. Clinical Leadership Framework in place across the system to support governance and clinical workstreams. Recovery and Restoration Programme progress and assurance reported monthly to Governing Body through the Finance Committee Assurance Report Finance Committee Minutes SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to SORG. 2021/22 JUCD Operational Plan. ICS Transition Plan. System Transition Assurance Committee, agenda, papers, and minutes. CCG ICS Transition Working Group agenda, papers, and minutes. Draft 2022/23 Operational Plan 	<ul style="list-style-type: none"> Regulator review and oversight of monthly financial submissions System Finance Oversight Group Minutes 2021/22 JUCD Operational Plan ICS Transition Plan System Transition Assurance Committee, agenda, papers, and minutes Draft 2022/23 Operational Plan

GAPS IN CONTROL		GAPS IN ASSURANCE	
<p>Internal</p> <ul style="list-style-type: none"> Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	<p>External</p> <ul style="list-style-type: none"> Absence of a single system view of activity data which is timely, accurate and complete. Absence of a system planning function on which partners place reliance. Absence of integrated system reporting of the health financial position. Regulatory and statutory financial duties mitigate against system collaboration and cooperation to reduce health cost. System Activity Finance & Savings report System Savings Group established and in place System Finance Oversight Group in place System Finance Oversight Group reinstated September 20 and continues to meet at BC Level 4 from December 20, Establish common system objective to deliver financial sustainability on a system-wide basis. Identify underlying system position, current and forward-looking. Establish system-wide monitoring, efficiency, and transformational delivery process. 	<p>Internal</p> <ul style="list-style-type: none"> Regularisation of integrated activity, finance and savings reporting incorporating activity trajectory matched to provider capacity to deliver and associated commissioner financial impact 	<p>External</p> <ul style="list-style-type: none"> Absence of commitment to open-book reporting with clear risk identification. Provider rules only allow reforecasting on a quarterly basis, unable to influence this Provider Sustainability Fund rules incentivise delay in risk recognition meaning forecasting may not be fully objective, unable to influence this System Finance Oversight Group minutes not available due to current position
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p>Internal</p> <ul style="list-style-type: none"> System Activity Finance report 	<p>Timeframe</p> <ul style="list-style-type: none"> Monthly 	<p>External</p> <ul style="list-style-type: none"> Establish greater system working across finance teams Transparency of open book reporting through System Finance & Estates Committee System Escalation Cell/ SORG meetings established to support the management of COVID 19 across the Derbyshire System 	<p>Timeframe</p> <ul style="list-style-type: none"> Monthly Monthly Weekly

<p>Strategic Aim: 7 Work in partnership with stakeholders and engage with our population to achieve the above objectives where appropriate.</p>				<p>GBAF RISK 5</p>				<p>Executive Lead: Helen Dillistone Assigned to Committee: Engagement Committee</p>			
<p>What would success look like and how would we measure it? Output and delivery of comprehensive engagement programme, with % increase to Citizen's Panel membership and agreed % population engaged in planning in Yr1. Fully populated and network engagement structure, with permanent membership of Engagement Committee confirmed.</p>				<p>Risk Description The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.</p>							
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>					<p>Date reviewed</p> <p style="color: red;">June 2022</p>		
<p>Initial</p>		<p>4</p>	<p>3</p>	<p style="background-color: orange;">12</p>					<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> The CCG recognises the risk of operating in a complex and financially challenged environment and the need to balance decision making with appropriate engagement and involvement. The risk likelihood was reduced from 4 to 3 in October to reflect the appetite and development to implement the Derbyshire Dialogue programme. 		
<p>Current</p>		<p>3</p>	<p>3</p>	<p style="background-color: orange;">9</p>							
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</p>	<p>Link to Derby and Derbyshire Risk Register 4,5,6,7,9,12,14,16,24,25,26,27,28</p>						
		<p>Low</p>	<p>Commissioning</p>	<p style="background-color: yellow;">6</p>							
<p>KEY CONTROLS TO MITIGATE RISK</p>					<p>SOURCES OF ASSURANCE</p>						
<p>Internal</p> <ul style="list-style-type: none"> Clearly defined system strategy which identifies key health priorities and forward planning to ensure public engagement can be embedded. Engagement function with clearly defined roles and agreed priorities. Engagement Committee to provide challenge and internal scrutiny; the Committee has broad representation from provider Governors, members of the public, Local Government, Healthwatch and the Voluntary Sector. Alignment of CCG and JUCD communications and engagement agendas where necessary to provide streamlined and coherent approach. Identified involvement of communications and engagement lead involvement in all projects. 			<p>External</p> <ul style="list-style-type: none"> Engagement Committee has dual responsibility for the alignment of JUCD and CCG communications and engagement agendas where necessary to provide streamlined and coherent approach. Relationship development with local parliamentary and council politicians. Structured approach to broader stakeholder engagement. Proactive formal and informal Engagement with Overview & Scrutiny Committees, with clear business plan. Co-production approach to planning utilising existing local experts by experience (Lay Reference Groups) Joined Up Care Derbyshire Comms and Engagement collaboration and planning. Legal/Consultation Institute advice on challenging issues. 		<p>Internal</p> <ul style="list-style-type: none"> Confirm and challenge and outputs for Engagement Committee providing assurance to GBs. Governing Body assurance of Engagement Committee evidence from training and development. Commissioning cycle to involve patient engagement. EIA and QIA process. QIA/EIA panel. Communications & Engagement Team aligned to programme boards to maintain understanding of emerging work and implications Systematic completion of S14Z2 forms will provide standardised assurance against compliant decision making and recording of decisions at project level. 		<p>External</p> <ul style="list-style-type: none"> Membership (and other stakeholder) feedback via annual 360 survey. Approval of commissioning strategy and associated decisions by the Clinical Lay Commissioning Committee. Approval of engagement and consultation processes from Overview and Scrutiny Committees. NHS England CCG Assurance Rating. INHS England Assurance on winter communications and engagement plan NHS England assurance on NHS 111 First communications and engagement plan 2021/22 JUCD Operational Plan ICS Transition Plan System Transition Assurance Committee, agenda, papers, and minutes <li style="color: red;">Draft 022/23 Operational Plan 				

<ul style="list-style-type: none"> Clearly defined offer and ownership of communications channels to support consistency of approach and clarity of message. QEIA panel now includes review of S14Z2 (engagement review) forms to provide early sighting on engagement requirements Simple engagement model now approved to support project flow through consistent process. Strengthening of CCG committee cover sheets to ensure committees making implementation decisions have full assurance that duties have been met. 2020/21 Commissioning Intentions finalised and agreed with Providers. Population Health Management in development Recovery and Restoration Plan Governing Body Commissioning Intentions 2020/21 published and on website. Engagement Committee meetings reinstated from June 2020. Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System System Planning and Operations Cell established to manage and determine recovery plans and future planning Communications and Engagement Strategy-outline proposal of the strategy ready for January 2021 and final version in March 2021 asserting ambition for measuring success. CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. Corporate Committees and Governing Body Meetings have not been stood down and Engagement Committee meets bi-monthly. Functions continue to operate at BC level 3 and are reviewed regularly. JUCD system moved from Gold Command to Silver Command February 2021 JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. CCG GB Chair is the System Transition Assurance Committee Chair and ICS CCG 	<ul style="list-style-type: none"> Derbyshire Dialogue launched in September 2020 to begin process of continuous engagement with local people. Subjects covered to date include the pandemic response, primary care, and mental health, with future sessions planned on UEC and cancer. Derby and Derbyshire formally approved as an ICS. ICS White Paper was published in February 2021. JUCD system moved from Gold Command to Silver Command. System Transition Assurance Committee established, and inaugural meeting took place end April and meeting monthly. Health Inequalities is priority focus of JUCD Board during May and June 2021. Joined up Care Derbyshire Communications and Engagement Strategy approved at JUCD Board 15th July 2021. Further ICB guidance published in August 2021. Awaiting Health & Social Care Bill to be passed in parliament. Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB John MacDonald appointed as ICB Designate Chair. 	<ul style="list-style-type: none"> Training for Engagement Committee membership to ensure robust understanding and application of guidance and statutory responsibility. 2020/21 Commissioning Intentions finalised and agreed with Providers. Population Health Management supported by Public Health Directors and Governing Body. Establishment of Strategic Advisory Group. Governing Body developing CCG Strategy. Commissioning Intentions published and on website Significant community engagement programme in progress to support vaccine inequalities agenda. 2021/22 JUCD Operational Plan ICS Transition Plan System Transition Assurance Committee, agenda, papers, and minutes CCG ICS Transition Working Group agenda, papers, and minutes Draft 2022/23 Operational Plan 	
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<p>Transition Working Group Chair.</p> <ul style="list-style-type: none"> • CCG ICS Transition Working Group established and meets monthly. First meeting took place 6th May. • Dr Robyn Dewis, Director of Public Health Derby City is Chair of Health Inequalities Group across the System. • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. 			
GAPS IN CONTROL		GAPS IN ASSURANCE	
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • A robust engagement programme that supports the health inequalities and commissioning agendas at the planning stage, with full population analysis to support reaching seldom heard groups. • Finalise construct of engagement mechanisms from PPG level, through PCN, Place, ICP to Engagement Committee level, subject to system structure agreement. • Embed clear and robust statements and processes relating to the desire to engage in CCG strategic policies. • Communication and Engagement not appropriately funded to ensure effectiveness in crowded public sector messaging space. 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • Multiple public sector messages resulting in CCG cut through being a challenge 	<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • Embed insight gathering processes into BAU for health service commissioning, with programme support identification of behaviours and issues that affect service commissioning and health inequalities • CCG Communications and Engagement Strategy requires refresh, including alignment with JUCD approach 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • CCG Communications and Engagement Strategy requires refresh, including alignment with JUCD approach
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • Training support for project managers in development on commissioning cycle to standardise processes, building on recent project management training. • Fully populated and network engagement structure, with permanent membership of Engagement Committee confirmed. • Funding proposal developed to support implementation and ambition of Communications and Engagement Strategy 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Q2 2022/23 (paused during Level 4 Business Continuity arrangements) • Monthly • Q2 2022/23 (in line with national and system financial planning processes for 22/23) 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • Engagement Committee re-established bi-monthly. • Insight programme in progress but requires longer-term funding model • Funding proposal developed to support implementation and ambition of Communications and Engagement Strategy 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Bi-monthly • Q2 2022/23 • Q2 2022/23 (in line with national and system financial planning processes for 22/23)

<p>Strategic Objective: 3</p> <p>Continue with the roll out of the Covid-19 vaccination programme and ensure a sustainable planning and operational model is in place.</p>				<p>GBAF RISK 6</p>				<p>Executive Lead: Steve Lloyd</p> <p>Assigned to Committee: Quality and Performance Committee</p>				
<p>What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> 95% of the Derby and Derbyshire CCG population receive 1st and 2nd doses of a Covid-19 vaccination Phase 3 of Vaccination Programme is implemented from September 2021 				<p>Risk Description</p> <p>The CCG does not achieve the national requirements for the Covid-19 Vaccination Programme and have robust operational models in place for the continuous sustainable delivery of the Vaccination Programme.</p>								
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>	<p>GBAF Risk 6</p>				<p>Date reviewed</p> <p>June 2022</p>			
<p>Initial</p>		<p>4</p>	<p>5</p>	<p>20</p>					<p>Rationale for risk rating (and any change in score):</p> <p>Risk score remains at 20, new planning guidance issued for Spring/Summer/Autumn 2022 and work on-going to ensure coverage in JUCD Derbyshire. Requires Community Pharmacy, PCN and Vaccination Centre opt-in to ensure programmes continues.</p>			
<p>Current</p>		<p>4</p>	<p>5</p>	<p>20</p>								
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</p>					<p>Link to System Wide Risk Register</p> <p>Risk 10</p>			
<p>5</p>		<p>Clinical Quality & Patient Safety</p>		<p>5</p>								
<p>KEY CONTROLS TO MITIGATE RISK</p>					<p>SOURCES OF ASSURANCE</p>							
<p>Internal</p> <ul style="list-style-type: none"> Vaccination Operations Cell (VOC) established and in place to coordinate and oversee the JUCD Covid-19 vaccination programme Permanent VOC structure agreed and recruitment underway. Fully established VOC rota to manage and deliver the vaccination programme. Dr Steve Lloyd, Medical Director is the SRO for the Vaccination Programme. Senior Leadership, Lead Provider and Workstream leads managing the VOC and vaccination programme. Silver and Gold Command Operation Group JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. Plan for Spring/Summer and Autumn 2022 in development. 			<p>External</p> <ul style="list-style-type: none"> System Escalation Cell System Operational Resilience Group System Demand and Capacity Group SRO Strategic Planning meeting to look at the Autumn 2022 programme with NHSEI to be held on 20th May 2022. 		<p>Internal</p> <ul style="list-style-type: none"> VOC email inbox and dedicated phone line Standing Operating Procedure (SOP) for the VOC VOC draft structure developed Fully established Governance cycle of vaccination meeting to support delivery of the programme 2021/22 JUCD Operational Plan 2022/23 JUCD Operational Plan VOC Risk register. Gold report being revised to include all elements of Phase 3 performance reporting to enable targeted uptake where necessary Integrated Performance Report in place covers Covid, Flu, Anti-virals and allergy. Overseas vaccination validation to be added. Full review of Integrated Performance Report 			<p>External</p> <ul style="list-style-type: none"> 2021/22 JUCD Operational Plan 2022/23 JUCD Operational Plan Weekly demand and capacity briefing NHSE regular returns for Health and Social Care Worker uptake across health and social care systems Weekly plan submitted to NHSE Weekly stocktakes submitted to NHSE Phase 3 planning return submitted monthly with revisions JUCD representation across all NHSEI Phase 3 planning meetings and next phase. JUCD representation at national level on children's programme National Maternity Board representation by Dr Steve Lloyd JUCD SAIS representation at C & YP NHSEI 				

<ul style="list-style-type: none"> • Task & Finish Group established to look at site usage and categorise as active, hibernate or close. Working with Public Health colleagues to ensure equity of access and inequalities addressed. • Public Health Inequalities Group across the System which also reviews hesitancy within groups of patients. • Vaccination sites across Derby and Derbyshire to deliver vaccination programme • Health Protection Board actions for early warning of delta variants and other VOC's. • Modelling of further cohorts in Phase 3 for booster being undertaken, including vaccinating of 5–11-year-olds to understand the impact on workforce and vaccine requirements. • Vaccinating 5–11-year-old at risk underway. Currently planning for 5-11 not at risk. • Planning for phase 4 commenced to assess estate and workforce requirements. • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. 		<p>in progress.</p> <ul style="list-style-type: none"> • Health Protection Board • Development of the vaccine programme as a strategic delivery board within the ICS structure, signed off by JUCD leadership. • Weekly Phase 3 planning meeting now stood down as implemented. Fortnightly Flu cell remains for operational issues, reporting into Silver Operational Group. • Anti-viral meeting moved to fortnightly from weekly. • Planning meetings now stood up for next phase in 2022 to support planning return by 14th March 2022. • QEIA developed for Phase 3 • QEIA in development for next phase in 2022. • DPH and LA engagement in schools programme, working closely with SAIS team. • Ongoing meeting in place with Tameside & Glossop with regards to Glossop Vaccination Programme transition for 2022. 	<p>meetings</p> <ul style="list-style-type: none"> • Weekly separate Planning meetings also in place with NHSEI. • Monthly NHSEI Anti-viral Focus meetings in place looking at inequalities, future expansion of programme and funding stream.
GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> • Influence and impact on system planning regarding restoration and recovery and co-delivery of the vaccination programme. • Infrastructure to support new model to deliver suggested Phase 3 including Flu and sustainable delivery as a programme of work including operational delivery i.e. site leads. • Any changes made in relation to phase 3 guidance giving very short notice affecting decisions/priorities and impact of opt-in/out of vaccine delivery. • VOC Team diminishing as CCG staff return to their substantive roles. Key pieces of work subsequently paused. 	<ul style="list-style-type: none"> • Community Pharmacy contracting. • National guidance including JCVI and Green Book publications. • NHSEI financial model for vaccinations does not cover the costs incurred against low vaccine uptake, as an example SAIS. • Capped vaccine supply still in operation with risk to clinics being cancelled. 	<ul style="list-style-type: none"> • Do not have access to booking information for local booking services. 	<ul style="list-style-type: none"> • Awaiting further guidance on 2022 approach i.e. Lead employer contracting, finance, enhanced services etc. • Awaiting guidance on Autumn 2022 programme. It is anticipated expressions of interest process likely for the programme.
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<u>Internal</u>	<u>Timeframe</u>	<u>External</u>	<u>Timeframe</u>
<ul style="list-style-type: none"> • Enhanced communications approach looking at new and innovative ways to reduce hesitancy within cohorts of patients not receiving first or second vaccinations. 	<ul style="list-style-type: none"> • Daily/weekly push of communications using a variety of platforms e.g. social media, postcards etc. 	<ul style="list-style-type: none"> • Escalating to NHSEI regional team regarding vaccine supply and surge planning issues with supply • Escalation to NHSEI regional team regarding financial modelling for vaccinations against low vaccine uptake • NHSEI commissioned project to look at vaccine ordering process. 	<ul style="list-style-type: none"> • Weekly and daily as required • Weekly and daily as required • July 2022

<ul style="list-style-type: none"> • Surge planning being undertaken in areas with variants of concern (VOC) delta variant, in partnership with PH. • Permanent VOC structure out for recruitment. • Call to arms for staffing shortages. • Reviewing allocation at site level to make best use of Pfizer allocations to under achieving areas. • Phase 3 planning guidance published. Expressions of interest continue for Community Pharmacies to address any gaps in delivery. • Reviewing published PCN Enhanced Service guidance for Phase 3, providing JUCD system support to PCNs where required to support continuation of opt-in. • Gap analysis undertaken to ensure geographical coverage of vaccination sites. • Process established to understand system stock and forward bookings of patients. System email to all sites circulated to increase uptake of Moderna assured sites to cover off Pfizer supply issues. 	<ul style="list-style-type: none"> • Completed – New plan to be submitted by end Mar 22 as per recent guidance. • June 2022 • Completed – December 21 • Completed – Weekly stocktake and delivery caps in place • Completed – December 21 • Completed – December 21 • Further review underway as per guidance published 23rd Feb 22 'Next Steps for the Vaccination Programme Planning and Delivery' • Completed – December 21. 		
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<p>Strategic Objective: 5 Support our staff in the delivery of the above and transition into an ICS, through continued health and wellbeing programmes and effective communication and engagement</p>				<p>GBAF RISK 7</p>				<p>Executive Lead: Helen Dillistone Assigned to Committee: Governance Committee</p>																														
<p>What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> The CCG workforce will transition over to the Integrated Care System (ICS). All employees to have effective communication on developments and structures within the ICS. Having robust health and well-being programmes in place to support staff. 				<p>Risk Description</p> <p>CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise.</p>																																		
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>	<p style="text-align: center;">GBAF Risk 7</p> <table border="1"> <caption>GBAF Risk 7 Score History</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Closing...</td><td>12</td></tr> <tr><td>April</td><td>12</td></tr> <tr><td>May</td><td>12</td></tr> <tr><td>June</td><td>12</td></tr> <tr><td>July</td><td>8</td></tr> <tr><td>August</td><td>8</td></tr> <tr><td>September</td><td>8</td></tr> <tr><td>October</td><td>8</td></tr> <tr><td>November</td><td>8</td></tr> <tr><td>December</td><td>8</td></tr> <tr><td>January</td><td>8</td></tr> <tr><td>February</td><td>8</td></tr> <tr><td>March</td><td>8</td></tr> </tbody> </table>				Month	Score	Closing...	12	April	12	May	12	June	12	July	8	August	8	September	8	October	8	November	8	December	8	January	8	February	8	March	8	<p>Date reviewed</p> <p style="text-align: right;">June 2022</p>	
Month	Score																																					
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January	8																																					
February	8																																					
March	8																																					
<p>Initial</p>		<p>2</p>	<p>4</p>	<p>8</p>	<p>Rationale for risk rating (and any change in score): The CCG has not experienced any significant staff turnover, and the staff survey is evidence that morale has not been adversely impacted as a result of the transition.</p> <p>The risk is recommended to be closed.</p>																																	
<p>Current</p>		<p>3</p>	<p>4</p>	<p>12</p>																																		
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</p>	<p>Link to Derby and Derbyshire Risk Register The ICS Transition Programme has a Risk Register managed at CCG and system level. Risk is a standing agenda item for the Transition Working Group who report up to the Governing Body each month</p>																																	
		<p>Low</p>	<p>Statutory and mandatory compliance and governance</p>	<p>5</p>																																		
<p>KEY CONTROLS TO MITIGATE RISK</p>					<p>SOURCES OF ASSURANCE</p>																																	
<p>Internal</p> <ul style="list-style-type: none"> JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. CCG GB Chair is the Transition Assurance Committee (TAC) Chair and ICS CCG Transition Working Group Chair. CCG ICS Transition Working Group established and meets monthly. First meeting took place 6th May. Governance Committee has oversight of the NHS People Plan and ICS transition. Comprehensive communications and engagement plan which places staff knowledge, information, and ability to be involved at the heart of the transition. 			<p>External</p> <ul style="list-style-type: none"> Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly ICS Design Framework published 16th June 2021 Health and Care Bill ordered by The House of Commons 6th July 2021. Final HR Framework published August including commitment of employment guarantee. Further ICS/ ICB Guidance published August 2021 John MacDonald appointed as ICB Designate Chair. Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB. ICB transition deferred from 1st April 2022 to 1st July 2022. Non-Executive member roles appointed to from 1st March 2022. 			<p>Internal</p> <ul style="list-style-type: none"> 'People Matter' HR newsletter emailed to all CCG staff. 2021/22 JUCD Operational Plan Draft 2022/23 Operational Plan ICS/CCG Transition Plan CCG ICS Transition Working Group agenda, papers, and minutes CCG Team Talks CCG Staff Bulletins Bespoke communications activity in relation to the transition CCG Turnover and sickness absence statistics Health and Wellbeing information available the CCG Intranet for all CCG Staff. Letter emailed to all CCG staff from Head of Human Resources and Organisational 			<p>External</p> <ul style="list-style-type: none"> 2021/22 JUCD Operational Plan Draft 2022/23 Operational Plan ICS Transition Plan Transition Assurance Committee (TAC), agenda, papers, and minutes 																													

<ul style="list-style-type: none"> • THRIVE Mental Health Provider providing briefing sessions to support CCG staff through the transition to ICB. • ICB Draft Constitution submitted to NHS England December 2021 and February 2022. Positive feedback received. • Quarter 4 Readiness to Operate statement evidence submitted to NHS England 31.03.22. • Attendance at all national ICS communications briefings to keep track of timescales and emerging guidance. • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. • ICB staff consultation and engagement 	<ul style="list-style-type: none"> • Confirmation of some Executive Officer positions have removed uncertainty of continuity and provides stability for the transition to ICB Committees. • Glossop boundary change confirmed effective from 1st July 2022. 	<p>Development detailing TUPE transfer arrangements.</p>	
GAPS IN CONTROL		GAPS IN ASSURANCE	
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • None 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • None 	<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • None 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • None
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • None 	<p style="text-align: center;"><u>Timeframe</u></p>	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • None 	<p style="text-align: center;"><u>Timeframe</u></p>

<p align="center">Strategic Objective: 1</p> <p>Safely and legally transition the statutory functions of the CCG into the ICS, and safely deliver the disestablishment of the CCG</p>				<p>GBAF RISK 8</p>				<p>Executive Lead: Helen Dillistone</p> <p>Assigned to Committee: Governance Committee</p>			
<p>What would success look like and how would we measure it?</p> <p>The CCG would meet all critical timescales as described in the programme plan in readiness for the ICS to launch as a statutory organisation in April 2022 and would receive the appropriate confirmation of a safe and legal transfer of duties and closure of the CCG from NHSEI.</p>				<p align="center">Risk Description</p> <p align="center">If the CCG is not ready to transfer its functions or has failed to comprehensively and legally close down the organisation, or if the system is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established.</p>							
Risk rating	Likelihood	Consequence	Total	<p align="center">GBAF Risk 8</p>				Date reviewed	June 22		
Initial	4	5	20					Rationale for risk rating (and any change in score):			
Current	2	5	10					<ul style="list-style-type: none"> The CCG's Due Diligence Checklist and supporting documents were reviewed by the Extraordinary Audit Committee on 18th May, together with the Due Diligence materials for the Glossop transfer and assurance was taken from the reports and evidence. These were subsequently submitted to NHSEI on 20th May along with documents to support our Readiness to Operate as an ICB including the Constitution. A letter of assurance from the CCG Accountable Officer to the ICB Chair and NHSEI Midlands Regional Director has been issued on 1st June confirming the safe and legal closure of the CCG. A checkpoint meeting is scheduled for 7th June with NHSEI, but no concerns have been raised. The risk is recommended to be closed. 			
Risk Appetite	Level	Category	Target Score					<p>Link to Derby and Derbyshire Risk Register</p> <p>The ICS Transition Programme has a Risk Register managed at CCG and system level. Risk is a standing agenda item for the Transition Working Group who report up to the Governing Body each month.</p>			
	Low	Statutory and mandatory compliance and governance	5								
KEY CONTROLS TO MITIGATE RISK				SOURCES OF ASSURANCE							
<p align="center"><u>Internal</u></p> <ul style="list-style-type: none"> Chris Clayton CCG CEO is the interim Chief Executive of JUCD JUCD 2021/22 Operational Plan submitted to NHSE 14th May 2021. Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. CCG represented. CCG GB Chair is the Transition Assurance Committee (TAC) Chair and ICS CCG Transition Working Group Chair. CCG ICS Transition Working Group established 		<p align="center"><u>External</u></p> <ul style="list-style-type: none"> Transition Assurance Committee (TAC) established and inaugural meeting took place end April and meeting monthly. JUCD / ICS Governance Structure in Place JUCD Senior Leadership Team ICS Engine Room Team comprising of System Leaders JUCD Board meeting in public System Quality and Performance Committee in place System Finance and Estates Committee in place 		<p align="center"><u>Internal</u></p> <ul style="list-style-type: none"> 2021/22 JUCD Operational Plan Draft 2022/23 Operational Plan ICS Transition Plan Transition Assurance Committee (TAC), agenda, papers, and minutes CCG ICS Transition Working Group agenda, papers, and minutes. Governing Body public and confidential minutes Governing Body ICS Development session notes 		<p align="center"><u>External</u></p> <ul style="list-style-type: none"> 2021/22 JUCD Operational Plan Draft 2022/23 Operational Plan ICS Transition Plan Transition Assurance Committee (TAC), agenda, papers, and minutes JUCD Senior Leadership Team minutes Minutes of System Quality Committee Minutes of System Finance & Estates Committee Minutes of System People and Culture 					

<p>and meets monthly. First meeting took place 6th May.</p> <ul style="list-style-type: none"> • ICS Project Group established to manage the operational ICS Transition Plan. • Helen Dillistone, Executive Director of Corporate Strategy and Development is the CCG SRO for the ICS Transition. • Governing Body supports the transition to ICS • Governing Body ICS Development Sessions • Executive Team • Senior Leadership Team • Programme Management Office support for management ICS Transition Plan • Derbyshire Engagement Committee in place • ICS Risk Register in place incorporating both CCG and system level risks, reviewed weekly by the Core Project Team and monthly by the CCG Transition Working Group and Transition Assurance Committee (TAC). • Joint Derby Derbyshire CCG and Tameside and Glossop CCG Transition Steering Group established to lead four main workstreams. • Four workstreams comprising of specialist leads across both systems for Communications and Engagement, Finance IT and Contracting, Neighbourhood Development and Statutory Duties, Risks and People Impact Assessment. • ICB Draft Constitution submitted to NHS England December 2021 and February 2022. Positive feedback received. • Quarter 4 Readiness to Operate statement evidence submitted to NHS England 31.03.22 • CCG Committee Chairs to produce a Committee Annual Report and Risk Report to handover to ICB Committee Chairs and report to Governing Body on 16th June 2022. • Extraordinary Audit Committee 18th May 2022 to approve Due Diligence submission to NHS England 	<ul style="list-style-type: none"> • People and Culture Committee in place • White Paper consultation published in November 2020 • ICS Design Framework published 16th June 2021 • Health and Care Bill ordered by The House of Commons 6th July 2021 • Final HR Framework published August • Further ICS/ ICB Guidance published August 2021 • John MacDonald appointed as ICB Designate Chair. • Dr Chris Clayton appointed as Chief Executive Designate of NHS Derby and Derbyshire ICB. • Secretary of State for Health and Social Care decision taken in August 2021 to amend the ICS boundary so that Glossop will move from the Greater Manchester ICS into the Derbyshire ICS • Draft ICB Constitution submitted to NHSEI 3rd December, • Readiness to Operate Statement RAG rating and evidence submitted to NHSE by 31st December • Due Diligence checklist approved by Audit Committee 17th December 2021 and submitted to NHSEI • ICB transition deferred from 1st April 2022 to 1st July 2022. • Non-Executive member roles appointed to from 1st March 2022. • Confirmation of some Executive Officer positions have removed uncertainty of continuity and provides stability for the transition to ICB Committees. • Glossop boundary change confirmed effective from 1st July 2022. • ICB Constitution updated as per revised model Constitution and submitted to NHS England on 20th May 2022 and approved by NHSEI. • Final Due Diligence and Readiness to Operate Statement evidence submitted 20th May 2022. 	<ul style="list-style-type: none"> • ICS Programme Group minutes and meeting papers • ICS Risk Register • Mapping of CCG Functions • PMO system to support ICS Transition • Derbyshire Engagement Committee Minutes 	<p>Committee</p>
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GAPS IN CONTROL		GAPS IN ASSURANCE	
<ul style="list-style-type: none"> None <u>Internal</u>	<ul style="list-style-type: none"> None <u>External</u>	<ul style="list-style-type: none"> None <u>Internal</u>	<ul style="list-style-type: none"> None <u>External</u>
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<ul style="list-style-type: none"> None <u>Internal</u>	<u>Timeframe</u>	<ul style="list-style-type: none"> None <u>External</u>	<u>Timeframe</u>

**MINUTES OF DERBY AND DERBYSHIRE CCG AUDIT COMMITTEE
HELD ON 26 APRIL 2022**

VIA MS TEAMS AT 1.00PM

Present:

Ian Gibbard	Lay Member (Audit) Chair
Andrew Middleton	Lay Member (Finance)
Jill Dentith	Lay Member (Governance)

In Attendance:

Richard Chapman	Chief Finance Officer
Andrew Cardoza	Director, KPMG
Christopher Dean	Audit Manager, KPMG
Debbie Donaldson	EA to Chief Finance Officer (minute taker)
Chloe Foreman	Acting Senior Finance Manager - Financial Control
Darran Green	Acting Operational Director of Finance
Donna Johnson	Head of Finance
Frances Palmer	Corporate Governance Manager
Suzanne Pickering	Head of Governance
Kevin Watkins	Business Associate, 360 Assurance

Apologies:

Helen Dillistone	Executive Director of Corporate Strategy and Delivery
Chrissy Tucker	Director of Corporate Delivery

Item No	Item	Action
AC/2223/001	Welcome and Apologies The Chair welcomed members to the Derby and Derbyshire Audit Committee. Apologies were received from Helen Dillistone and Chrissy Tucker.	
AC/2223/002	Declarations of Interest The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations made by members of the Derby and Derbyshire Audit Committee were listed in the CCG's Register of Interests and included with the meeting papers. The Register was also available	

	<p>either via the Corporate Secretary to the Governing Body or the CCG's website at the following link:</p> <p>www.derbyandderbyshireccg.nhs.uk</p> <p><u>Declarations of interest from today's meeting</u></p> <p>Richard Chapman requested that it be formally recorded that he had been appointed to the position of CFO designate for NHS Frimley ICB.</p> <p>The Chair declared that the meeting was quorate.</p>	
AC/2223/003	<p>Minutes of the Derby and Derbyshire Audit Committee held on Thursday 17 March 2022</p> <p>The Minutes of the Derby and Derbyshire Audit Committee held on Thursday 17 March 2022 were presented.</p> <p>The Minutes from the Derby and Derbyshire Audit Committee held on Thursday 17 March 2022 were agreed and signed by the Chair.</p>	
AC/2223/004	<p>Matters Arising Matrix</p> <p>The Matters Arising Matrix was reviewed and updated.</p> <p>There were no further matters arising.</p>	
AC/2223/005	<p>360 Assurance: Draft Audit Plan Covering Final Three Months of the CCG's Existence.</p> <p>Kevin Watkins presented the draft Audit Plan covering the final three months of the CCG's existence and highlighted the following:</p> <ul style="list-style-type: none"> • The Government's decision to extend the life of CCGs by an additional three months had necessitated 360 Assurance putting together a plan for an additional three month period covering the first quarter of 2022. • In producing this draft plan, 360 Assurance had met with the Chief Finance Officer, the Director of Corporate Strategy and Delivery and the Interim Operational Director of Finance. • The draft Audit Plan covered the period 1 April 2022 to 30 June 2022. • The plan would remain flexible to allow 360 Assurance to respond to emerging challenges that may arise during the transition. <p>In developing the draft Plan, 360 Assurance had made the following key assumptions:</p> <ul style="list-style-type: none"> • One Head of Internal Audit Opinion would be required covering the CCG and the Derby and Derbyshire ICB for the period 1 April 2022 to 31 March 2023. 	

	<ul style="list-style-type: none"> • The CCG would cease to exist as a statutory body after 30 June 2022. • The Derby and Derbyshire ICB would become a statutory body from 1 July 2022. • If any of these key assumptions changed, 360 Assurance would need to revisit this Plan to understand the impact and amend the workplan, as appropriate. • In the absence of any specific NHSE guidance on Internal Audit requirements for CCGs in 2022/23, 360 Assurance had also liaised with other NHS Internal Audit providers to ensure consistency of approach. • For 2022/23, the key priority for CCGs was ensuring that transition risks were appropriately managed to enable the closedown of the existing organisations and the establishment of the new ICBs. • Consistent with this, the proposed Plan focused on continuing to support the closedown and transition process. • Given the focus on the transition to the ICB during Q1 of 2022/23, the CCG's Transition Risk Register would be monitored on an ongoing basis through Internal Audit's attendance at transition groups. • The contingency allocation in the Plan (10 days) would be used to review any controls managing transition risks where it was considered an independent review would be of benefit. • Risks in the CCG's Corporate Risk Register and Assurance Framework would be considered when developing the 9-month Plan for the ICB covering Quarters 2 to 4 of 2022/23. • The Chair reported that Audit Committee would be invited to pass judgement on the due diligence checklist halfway through this 3-month period (Extraordinary Audit Committee 12 May 2022). • Andrew Middleton referred to the PHB budget Audit that was being done by 360 Assurance; he asked what the delivery timescale was for this piece of work? • Kevin Watkins reported that he had 2-3 pieces of work in the 2021-22 Plan that they were still finishing, and this was one of those. The expectation was that this work would be completed by the end of this quarter. The report would then come to the final meeting of the CCGs Audit Committee. • It was noted that 360 Assurance had yet to complete pieces of work around Financial Governance Decision Making During the Pandemic (fieldwork for this was substantially complete); Transformation and Efficiency Across JUCD and Nottingham ICS (it was hoped this draft report would be issued next week); work on the Future People Services project had been temporarily put on hold following the outbreak of the Omicron variant of Covid. • Jill Dentith felt that the draft Audit Plan was a very sensible proposal in terms of its outline. She asked whether the contingency in the plan would allow us to flex the start date of the ICB should that change? Kevin Watkins responded that it did. • The Chair reported that the Audit Committee, under its delegated authority from the Governing Body were invited to 	
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	<p>approve the Audit Plan as drafted for the first quarter of this year.</p> <ul style="list-style-type: none"> • It was noted that Audit Committee members approved the Audit Plan for the first quarter of this year. • Kevin Watkins reported that he had issued an Advisory Paper on ICB Transition Arrangements earlier this week to the Chair, Richard Chapman, Darran Green and Helen Dillistone. This advisory paper posed some questions for consideration by their CCG clients. • The Chair asked whether this advisory paper would be presented to the Transition Assurance Committee for cross reference purposes? • Richard Chapman felt that taking it to the Transition Assurance Committee was a good next step and would make the process more robust. • Kevin Watkins agreed to liaise with Helen Dillistone regarding the advisory paper being placed on the next Transition Assurance Committee agenda. <p>The Audit Committee, under its delegated responsibility from the Governing Body, APPROVED the Internal Audit Plan for the CCG for the first quarter of this year (1 April – 30 June 2022).</p>	KW
AC/2223/006	<p>Draft CCG Annual Report and Annual Accounts for 2021-22</p> <p>Chloe Foreman presented the draft CCG Annual Accounts for 2021-22 and highlighted the following:</p> <ul style="list-style-type: none"> • The Accounts had been reviewed by the Acting Assistant CFO, Acting Operational Director of Finance and Chief Finance Officer. • A detailed analytical review exercise had been carried out to explain key movements. • The Accounts and associated documents, including the analytical review, had been submitted to NHSE prior to the deadline this morning, and a copy sent to KPMG. <p>Accounting Policies:</p> <ul style="list-style-type: none"> • Accounting policies had been shared with members on 8 April 2022 and since then there had been one small adjustment, which was to clarify that as part of the assumptions for the calculation of the impact assessment for IFRS16, we had anticipated continued occupation of our premises by both the CCG and ICB. • Derby City Council BCF extra funding did not go ahead and therefore would not need to be disclosed in any notes to the accounts. <p>Note 23 Financial Performance Targets:</p> <ul style="list-style-type: none"> • The CCG had met all of its financial performance duties. • Our expenditure did not exceed our income; revenue and capital spends did not exceed their allocations; ring-fenced revenue did 	

not exceed our ring-fenced allocations; and our running cost expenditure did not exceed our running cost allocation; we were in line with prior year as well.

- We reached £121k surplus
- The Chair congratulated the Finance Team on achieving the above.
- It was noted that the Finance Committee had been equally impressed and pleased with this result.

Note 6 Better Payment Practice Code:

- The Financial Control Team had a target to pay 95% of our invoices within 30 days.
- Invoices received and paid had gone over the 99% target for both non-NHS and NHS invoices.
- It was noted that Finance Committee had been very impressed with this consistency and near total achievement of this target, as was the Audit Chair. Both congratulated the Financial Control Team on this achievement.

Statement of Comprehensive Net Expenditure:

- The except of statement of comprehensive net income showed our operating income and our operating expenditure; there were detailed slides for each of these lines.

Note 2 Operating Revenue:

- Our income was largely comparable to prior year, however, income from goods and services had increased by about £2.5m in year.
- This largely related to non-patient care services which had increased by £2.3m and those increases included £495k for public health prescribing income for the increased price of vaccines and volumes of vaccines, £1.3m for GPIT, and then a further £350k funding for NECS transformation.
- We had a £210k Mental Health increase in funding for eating disorders and Tier 4 delayed discharges and £100k increased training budget for Aging Well, which was recharged to Derbyshire Healthcare. This was offset by not having Covid 111 income as each commissioner was charged directly from DHU, £385k in 2021-22.

Note 4 Employee Benefits:

- Our staff costs and staff numbers had both increased in year.
- Staff numbers had increased, which was reflected in the increased staffing requirement to meet our ICB transition deadlines, and other staff numbers had increased because of agency staff being required to cover unfilled vacancies. This had largely been driven by the current recruitment climate.
- Our average permanent staff costs were about £55k per head in 2021, and this had gone up to £56k per head. This was largely

	<p>a comparable position, and the increase was the result of the Agenda for Change pay award that was received.</p> <ul style="list-style-type: none"> • Average other staff costs per day (agency staff) increased from about £138/day to £208/day and this reflected the increase in cost of agency staff members following the post Covid pressure on recruitment, and the increased cost of recruitment of those staff. • There was one termination case in 2021-22 which related to the provision of an exit package for a senior manager. The exit package had not yet been agreed, but an obligation had arisen, and a provision need to be made. • As there was no agreement of the value or cash payment to be made, there was no requirement for us to disclose this detail in the exit packages now, or in the remuneration table. • Andrew Middleton reported that he was always nervous about agency spend, especially when it was increasing. He understood that we were living in abnormal times, but he was anxious not to convey an increasing spend on agency to the ICS leadership. In the longer term, he felt it important that there was a People Policy that avoided agency spend going forwards. He felt it important that the ICS leadership should have early sight of a replacement and retention strategy. • It was noted that the extra agency staff rationale related to the CCGs transition to the ICB and would naturally decline and resolve once this had been completed. • Jill Dentith highlighted a couple of mismatches of information in this section between the annual report and annual accounts which Donna Johnson agreed to check after the meeting. <p>Note 5 Operating Expenses:</p> <ul style="list-style-type: none"> • Expenditure with Foundation Trusts had increased by £150m, this was largely due to acute block contracts which had increased by £128m relating to Covid expenditure growth and non-contracted activity. • The Mental Health block contract with Trusts had increased by £18m and extra Covid funding and MHIS funding had increased by £5.4m. • Services with Trusts expenditure had increased by £23.1m, acute block contracts had increased by £22m and we had some Mental Health credits sat on the balance in prior year of £6k which had slightly artificially increased that variance on prior year. • Non-NHS expenditure had increased by £14.9m relating to schemes paid nationally in 2020/21 due to covid, but returned to CCG expenditure in 2021/22: <ul style="list-style-type: none"> • £18.6m Acute streaming of ED activity to independent sector, non-recurrent funding of consultant connect dermoscopes and pathology network plus increases. • £4.1m community additional Ageing Well expenditure. • £9.7m extra Mental Health services due to the steep rise in supporting complex LD adults and children in crisis. 	DJ
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	<ul style="list-style-type: none"> • Offset by £10m reduction CHC services and £8m reduction in Other Programme due to non-recurrent costs incurred in 2020/21 relating to covid. • Social Care expenditure had increased by £11.5m wholly due to increased BCF contributions. That was a £10m non-recurrent contribution to Derbyshire County BCF due to a change in the agreement plus a £1.5m extra spend with Derbyshire County and Derbyshire City as per the national requirement for BCF. • GPMS had increased by £17.3m related to Primary Care Co-commissioning: <ul style="list-style-type: none"> • £5.1m of expenditure with increased allocations received in 2021/22 to fund recruitment of additional staff. • £4.9m non-recurrent winter access funds • £3.9m increase in contract payments for waiting list lengths • £1.9m Quality and outcomes framework payments due to increase points and price. • Offset by £0.37mil lower level of activity than planned and £0.63 reduction in prescribing. • There was a large expenditure movement increase of £1.7m in establishment, this related to £1.3m of GPIT and £350k of NECs transformation funds. • The Chair reported that there had been an excellent discussion at CCG Extraordinary Finance Committee meeting yesterday regarding the draft outline for the financial plan. • The Chair reported that the CCG may find added value in its Annual Accounts by classifying expenditure by disease groups; members of the public may find this useful information. • Richard Chapman reported this may be straying into a grey area between statutory organisational accounts and management information; this information could add greater value in the accompanying annual report but not in the statutory accounts. <p>Operating Expenses:</p> <ul style="list-style-type: none"> • There was a depreciation increase of £28k due to corporate IT additions, which related to laptops for CCG members of staff. <p>Note 7 Operating Leases:</p> <ul style="list-style-type: none"> • Lease costs were in line with prior year; there were no changes in premise leases or values. • There was a slight reduction in cost due to a full year of no Toll Bar House rent; we exited the property in 2020. • Minimum Lease Payments had increased this year due to: <ul style="list-style-type: none"> • the reassessment of lease lengths as part of IFRS16 implementation preparation. There was no intention to break the lease (at break clause) at Cardinal Square in 2023 and therefore we had recognised the full lease until 2025. • NHSPS aligned with assessment for IFRS16. NHSE state this counts as formal lease agreements and therefore must be recognised in year also. 	
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Note 8 PPE:

- An additional £87k of corporate IT equipment had been purchased in Autumn/Winter 2021 which related to laptops for CCG staff members.

Note 9 Trade and other receivables:

- NHS contract receivables not yet invoiced – decreased by £1.2m. Prior year this included a GPIT invoice which had been paid in 2021/22.
- Non-NHS and other whole government account receivables had decreased by £327K, this included £240K of Mental Health receivables with Derbyshire County Council, the remainder in movement of trade payables.
- Non-NHS and other whole government accounts prepayments had increased by £180k which related to rent prepaid to NHSPS invoiced in advance of £100k. There were various Non-NHS prepayments of £70k and a lease car prepayment £10k.
- There was an £227K increase related to VAT on contracted out services increasing in 2021/22.

Note 9.2 Receivables past their due date:

- There were almost no balances over 6 months, which reflected the key work being carried out to recover debts. There were no NHS debtors greater than 3 months.
- Of those NHS debtors less than 3 months £455K – £452K related to MSK service invoice raised with CRH in March. Therefore, there was a very low figure for NHS debtors.
- Non-NHS debtors included - £70k relating to Mental Health from Derbyshire County Council and £30K for safeguarding, £10K for prescribing. Derby City Council £50K Mental Health, and £20K safeguarding.
- Andrew Middleton asked what the key was to keeping debts in check; the CCGs finance team seemed to be very successful in chasing debtors? This was truly an outstanding position.
- Chloe Foreman reported that there were a couple of people within the finance team who were fastidious about chasing down debtors.

Note 11 – Trade and other payables:

- Trade and other payables had increased by £2.4m an increase of 2.5% on prior year. This was despite an 11.6% increase in our expenditure.
- NHS revenue payables had increased by £1.7m and the variance related largely to the timing of payables being recognised – there had been a lot of late invoices received.
- Large invoices received in late March, which were not on the ledger in prior year, include £1.06m with Chesterfield Royal Hospital FT, £0.25m with DCHFT and £0.225m with the CSU.

	<ul style="list-style-type: none"> • NHS Accruals – there was a decrease of £0.82m relating to reduction in CSU accruals due to improved management of systems. • Non-NHS payables decrease of £2.3m related to a reduction in trade payables due to cash availability at year end to pay creditors and timing of receipt of invoices. • In 2020/21 two large invoices were received from Ashgate Hospice and Derbyshire County Council totalling £3.2m, both of which were not in the ledger at 2021/22-year end. • Other payables and accruals had increased by £4.3m, this largely related to GPMS increased QOF, increased non-recurrent winter care access funds and waiting list payments. • The Chair reported that there had been a review of some of the end of year journals that that been posted at the end of 2021; he asked whether there was anything from that exercise that we needed to look at in terms of end of year accruals? • Chloe Foreman reported that there was not; there had not been anything, that she was aware of, that we had accrued this year that was out of the ordinary. • The Chair reported that he was looking for an assurance that these numbers did not include anything that might be legacy and needed to come off the balance sheet, as had happened in the previous year. • Donna Johnson reported that the balances from last year were justified at the time, and it later transpired that we had some benefit from those. When the accruals were done again at the end of this year, it was found that they were all justified and backed up by detailed working papers. It was noted that the journal exercise on accruals would be repeated this year. <p>Note 12 –Provisions:</p> <ul style="list-style-type: none"> • The first provision that we had made was for dilapidations of our premises. There was inflation of premise lease dilapidation provision of £9K, with no unwinding due to increase CPI in year. • There were no NHS resolution provisions during the year – there were no legal claims to provide for them • There was an ongoing legal claim with Mills and Reeves solicitors – we had provided £13k for their fees which related to a legal mediation which was to take place in July 2022. • The full cost of this legal claim would have a possible impact of £107k as per the solicitor fee schedule. We had disclosed a contingent liability for this in the account in Note 13. • Programme Provisions – we had CHC retrospective claims, some amounts had been utilised and further amounts would arise in 2021/22. • Estates and Technology Transformation, online consultations, Digital Transformation, Primary Care Network roles and Acute Services Improvement post provisions had all been made in relation to legal obligations continuing largely due to covid related delivery delays. • All these provisions had been reviewed against updated data forecasts and measured, where deemed appropriate, by the 	
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	<p>relevant team. There were detailed working papers for each and data to support the figures that had been arrived at.</p> <ul style="list-style-type: none"> • Jill Dentith referred to the Mills and Reeves issue, and asked why this claim was not going to NHS Resolution? • Donna Johnson and Chloe Foreman agreed to respond to this question when they had reviewed the full details of the claim and would report back to Committee. • A Commitment had been made to staff for a catch-up programme to deliver the staff training missed in 2020/21 and 2021/22 due to pressures relating to Covid and ICB transition this was to be completed in 2022/23. • EMAS pension shortfall – It was the CCG's responsibility to correct any pension shortfall from the transfer of EMAS staff. The Government Actuarial Department had provided an estimate. This should be concluded before the end of 2022/23 when the liability amount would hopefully be confirmed and would be paid across to NHSPS (BSA), at which point we could release the provision. • Minor surgery backlog – Arising in 2020/21, there was an obligation to provide minor surgery to patients who would usually be treated in 2020/21, but still delayed into 2022/23 due to Covid and a continued commitment for spending. • Due to the extension of the vaccination programme, and the impact on primary care, we had not been able to utilise that provision, but there was a continued commitment for that spending demonstrated in the working papers with calculations behind them. • The Chair reported that we needed to be able to establish the underlying obligation to sustain these provisions and that it had not moved in a year, which was unusual. The underlying obligation referred to a prior year at which point there must have been a cut off or something. Because it had not then changed in the space of a year; this looked, he felt, a little awkward. • It was noted that there were working papers behind this, but the Chair went on to ask why it had not gone up or down during the year, given that if nothing else, some of them might have died? The Chair asked for reassurance that we had looked at this. • Chloe Foreman reported that she had had a discussion with Rebecca Monk, who was responsible for this provision, had made the calculation and was supported by the working papers. • Donna Johnson reported that it was in line with what we would expect because where we had the provision last year for those minor surgery patients, many would have now escalated up to acute services, and then the backlog gets added to by those patients for this year. The end position was largely similar to what it had been. • Darran Green reported that when this was reviewed by the Senior Finance Team last week, the same challenge had been raised. The Senior Finance Team were assured that Rebecca Monk had done the work, and had been as Donna Johnson had described; that it was an immaterial change, as many of the people who went on to that list, a very similar number came off the list. 	DJ/CF
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	<ul style="list-style-type: none"> • Acute IS Waiting Lists - Obligation to meet waiting list backlogs for patients using the independent sector capacity, calculated based on relevant waiting list growth since March 2020. Data and papers were available for this calculation. • Redundancy - Senior Manager redundancy not transferred into ICB. No agreement was in place so there was no exit package disclosure, but the obligation was likely and measurable therefore provision had been made. <p>Related Party Transactions:</p> <ul style="list-style-type: none"> • Related parties based on declarations made by Governing Body members as to related parties with whom the CCG had transactions with during 2021-22. • Payments made; what was owed to the RPT as at 31 March. • What the CCG had received; what the CCG was owed as at 31 March. • Full working papers were available for the Auditors on Related Party Transactions. <p>Note 17 Joint Arrangements:</p> <ul style="list-style-type: none"> • The Chair highlighted Note 17 which related to joint arrangements - this sets out, particularly in terms of Derbyshire County, the Better Care disposition from this year and last. It was noted that there was a change in the share of the pool between last year and this year, in relation to how much the CCG had contributed. • The Chair asked whether that movement in the pool share, had come out of the Memorandum of Understanding between the two parties, or whether it was a random amount of expenditure; he did not understand why it had moved so much between one year and the next. • Donna Johnson reported that the percentage was purely driven by our contribution; the CCG had contributed an extra £10m. • Richard Chapman reported that it was specific to this year. It was noted that the Governing Body had decided to contribute an additional £10m to the County BCF in the current financial year. By reducing the required contribution from the local authority, that contribution would be held in reserves, and used to fund the Community Futures Fund under a new Section 75 agreement. It was noted that this item would be discussed at the end of this meeting and was the last item on the agenda. <p>Salaries and Allowances – Annual report:</p> <ul style="list-style-type: none"> • The remuneration tables in the annual report included the salaries and allowance table. • These included all senior managers salaries, any expenses and performance bonuses. (There were no performance bonuses). • The calculations were made using our payroll and pension data from the Business Services Authority; we had calculated all pensions related benefit based upon an assumption that a lump sum would be paid on retirement and a pension for 20 years. 	
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	<ul style="list-style-type: none"> • All pension related benefits were calculated as a real increase in the pension x 20 years plus a real increase in the lump sum. That was inflated using the CPI of 0.5% which was given to us in our guidance from NHSE. This was adjusted for staff that were in post only part of the year. • There was also a pension benefits table in the Annual Report, and the pension benefits were presented from data received from the Pension's Agency. <p>Fair pay multiple:</p> <p>Chloe Foreman highlighted the following:</p> <ul style="list-style-type: none"> • In prior years, entities were required to disclose the relationship between the remuneration of the highest-paid Director in their organisation against the median remuneration of the organisation's workforce, for both the mid band of the highest paid Director's salary and the actual £ value of the highest paid Director. • In 2021/22 this disclosure had been extended to include the relationship between the highest paid Director's salary and the 25th percentile and 75th percentile of remuneration of the organisation's workforce also. • Total remuneration was further broken down to show the relationship between the highest paid Director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce. • We were required to show the change in ratio in 2020/21 to 2021/22 in both absolute and percentage terms. All ratios had increased in year by 3%, this was driven by the 3% Agenda for change pay award received in 2021/22. • The Chair asked whether we had benchmarked this information? • It was noted that we had not benchmarked it. Although a benchmarking exercise would probably useful, it was not expected that it would be significantly different across other CCGs, as generally Directors were capped and would not be paid more than the Prime Minister. • Andrew Cardoza reported that KPMG audit a number of CCGs across the country, and maybe that was something they could ask one of their junior members of staff to review and bring back to Committee. • It was noted that the median pay for the CCG was around £42k. <p>Next Steps:</p> <ul style="list-style-type: none"> • External Audit from 26 April 2022 (KPMG) • Issue of Draft ISA260 Audit report (KPMG) • Audited Accounts to be presented to Audit Committee on 24 May 2022 • General Ledger reopens 10-15 June 2022 for any adjustments • Confirmation that General Ledger agrees to the approved Accounts 	AC
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	<ul style="list-style-type: none"> • Issue of signed Audit Opinions • Audited Accounts submitted to NHSE before 22 June 2022 • Publish Audited Accounts and Annual Report on organisations website 30 September 2022. <p>Andrew Cardoza reported the following:</p> <ul style="list-style-type: none"> • The Audit had commenced, a full team was in place and all information had been put on the Share Point site. • The quality of the working papers that KPMG had received from the CCG in previous years had been excellent. • The quality of this presentation by Chloe Foreman to Audit Committee had been very good in terms of what KPMG needed for the Audit. • KPMG expected to deliver the ISA260 a week before it was required for the Senior Finance Team to review before it would then come to Audit Committee as a final document. It may have some TBCs in it, but that would be because KPMG were working to such a tight timescale. • It was hoped that it would be a clear opinion, as it has been in the past. • KPMG had the VFM work to do on top of the financial statements. • The fact that the CCG were able to deliver a surplus in a year when it had so many other things to deal with was a phenomenal position to be in. • Of a £2 billion worth of spend, £121k surplus, may not sound a lot, but it was a lot given all the pressures across the NHS. • KPMG were on track and expected to get the Audit done without any issues, given past history and past working papers. <p>The Audit Committee thanked Chloe Foreman for her presentation of the draft Annual Accounts and asked that the Committee's thanks be passed to the Finance Team that had helped prepare them.</p> <p>Annual Report:</p> <p>Suzanne Pickering reported that NHSE reporting guidance required this CCG to produce an Annual Report which covered the financial year for 2021-22.</p> <p>Susanne Pickering highlighted the following:</p> <ul style="list-style-type: none"> • It was noted that the Annual Report was uploaded onto NHSE's Share Point yesterday evening ahead of the deadline of 9.00am today. • The draft HOIAO (interim opinion), the completed NAO Disclosure Checklist and the Interim Annual Report certification were loaded this morning. • The CEO signed off the Annual Report yesterday before submission. • The Annual Report was compiled by Suzanne Pickering, Frances Palmer and colleagues from the CCG. 	
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	<ul style="list-style-type: none"> • The Annual Report contained the Performance Report (page 5-97) including the Chair's overview and the CEO statement, the Accountability Report (pages 98-105), which included the Governance Statement (pages 108-143), and the Financial Statements. • The performance data included in the Annual Report was reported to the end of December (quarter 3). We would get to quarter 4 week commencing 10th of May, so that would be included in the final report, to be approved by Audit Committee. • The Accountability Report contained the Corporate Governance Report, the Members Report, and the Statement of Accountability Responsibilities from the Chief Executive Officer. • The Governance Statement provided the understanding of the dynamics of the CCG, its risk management arrangements, effectiveness, the internal control structure, the stewardship of the organization and the Head Of Internal Audit Opinion (which was the interim opinion). • The Remuneration and Staff Report (pages 144 to 164) sets out the remuneration policy for the Directors and Senior Managers and all the remuneration tables from the Accounts were included in that report. • The Staff Report sets out the number of employees, staff numbers, staff composition, how we supported and engaged with staff, and information from the Staff Survey. • The full Annual Report would also be shared with other CCG Governing Body Lay Members and the new ICB Non-Executive Members. • Jill Dentith had already provided comments and feedback, which had been helpful, and any additions would be made in due course. • Suzanne Pickering reported that she would be meeting with the CEO weekly throughout May until the final sign off by Audit Committee. • The documents would continue to be refined during this period and Suzanne Pickering would address any feedback from NHSE and the External Auditors. • Audit Committee were asked to receive and provide any comments on the Annual Report, by email, to the Corporate Governance Team. <p>The Chair felt that Audit Committee had received a good presentation for both the draft Annual Accounts and the draft Annual Report, and it should be noted with satisfaction, the achievement of the CCG's financial performance targets during a tumultuous year. The Chair also thanked our external partners KPMG and 360 Assurance for their support during the past year.</p> <p>The Audit Committee looked forward to seeing the results of the Audit work and further modifications to the Annual Report and Accounts at its meeting in May 2022.</p>	All
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<p>AC/2223/007</p>	<p>Audit Committee Terms of Reference</p> <p>Suzanne Pickering reported that the Audit Committee Terms of Reference were last approved on the 16th September 2021. At that point in time the CCG were transitioning to become an ICB from the 1st April 2022.</p> <p>It was noted that due to the revised ICB establishment date of 1st July 2022, the Audit Committee Terms of Reference needed to be reapproved to cover the period of operation between 1st April 2022 to 30th June 2022.</p> <p>There had been no further amendments made to the Terms of Reference since 16 September 2021.</p> <p>The approval of the Terms of Reference would be shared with Governing Body on the 5th May 2022, within the Audit Committee Assurance Report.</p> <p>The Audit Committee APPROVED the Audit Committee Terms of Reference.</p>	
<p>AC/2223/008</p>	<p>Late-receipt allocation issue/Better Care Fund Section 75</p> <p>Richard Chapman gave a verbal update regarding a late receipt allocation issue and the Better Care Fund additional £10m contribution, and highlighted the following:</p> <ul style="list-style-type: none"> • There were two separate issues: <ul style="list-style-type: none"> • the late receipt allocation issue, • the £10m additional contribution to the Better Care Fund. • The late receipt allocation (which in the end did not go before Governing Body for consideration). A paper was sent, out but was not taken to conclusion, because the CCG eventually received additional guidance. • The CCG had received a very late allocation, on 1st of April 2022 (after the end of the financial year) of approaching £1.7m from NHSE/I, with no associated guidance on how that allocation was to be applied. • We had chased both Regional and National Teams for a number of days, seeking guidance and none was forthcoming. • The CCG prepared an option to avoid the loss of that resource to the System, by applying it to an additional contribution to Derby City Local Authority BCF for the 2020-21 financial year. • This option was discussed with both External Audit and the Regional Team. That application would have had no strings attached to it; it was a straight additional contribution. • It was all prepared and ready to go, but the day before the Ledger closed, we finally received communication in respect of the intention behind giving the CCG this late allocation, instructing us to accrue the amount. 	

	<ul style="list-style-type: none"> • The application that we were going to execute did not happen. The Governing Body did not need to consider the paper due to the receipt of that late guidance and the CCG had applied that instruction accordingly. • Regarding the Better Care Fund £10m additional payment to Derbyshire County BCF in the current financial year; we had more time to organise this. The CCG reached an agreement, again in discussion with the Auditors, and authorised by Governing Body and Derbyshire County Council, we made an additional £10m contribution to Derbyshire County Council's BCF (which was highlighted in the draft annual accounts earlier). • It was noted that this was payment for services received in year, and within year resources from a CCG accounting perspective. It had however, the practical impact of releasing £10m of Derbyshire County Council funds which it would otherwise have had to apply to the BCF into the County Council reserves, and the County Council would utilise that to create a new fund, governed by new Section 75 agreement in the new financial year. The fund would have the general purpose of accelerating transformation at PLACE jointly as the integrated care system moved forward. • Andrew Cardoza confirmed that he had been included in both the conversations above. <p>Audit Committee NOTED the verbal update given by Richard Chapman regarding the above two issues.</p>	
AC/2223/009	<p>Any Other Business</p> <p>There was no further business.</p>	
AC/2223/010	<p>Forward Planner</p> <p>Audit Committee NOTED the Forward Planner.</p>	
AC/2223/011	<p>Assurance Questions</p> <ol style="list-style-type: none"> 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance processes? Yes. 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate a detailed report with sufficient factual information and clear recommendations? Yes. 3. Were papers that have already been reported on at another committee presented to you in a summary form? Some were. 	

	<p>4. Was the content of the papers suitable and appropriate for the public domain?</p> <p>Not entirely.</p> <p>5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow Committee members to review the papers for assurance purposes?</p> <p>Some were.</p> <p>6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting?</p> <p>No.</p> <p>7. What recommendations does the Committee want to make to the Governing Body following the assurance process at today's Committee meeting?</p> <p>Governing Body would be supplied with a standard Assurance Report from the meeting today.</p>	IG
AC/2223/012	<p>Date of Next Meetings:</p> <p>Extraordinary Audit Committee Thursday 12 May 2022 at 1.30pm to review Due Diligence item.</p> <p>Audit Committee Tuesday 24 May 2022 at 1.00pm</p>	

Signed: Dated:
(Chair)

**MINUTES OF DERBYSHIRE ENGAGEMENT COMMITTEE MEETING HELD ON
26 APRIL 2022 VIA MICROSOFT TEAMS
11:15 - 13:15**

Present:		
Martin Whittle - Chair	MW	Governing Body Lay Member, DDCCG
Simon McCandlish	SMc	Governing Body Lay Member, DDCCG (Deputy Chair)
Margaret Rotchell	MR	Public Governor, CRH
Lynn Walshaw	LW	Deputy Lead Governor, Derbyshire Community Health Service
Beverley Smith	BSm	Director Corporate Strategy & Development, DDCCG
Steven Bramley	SB	Lay Representative
Tim Peacock	TP	Lay Representative
Ian Shaw	IS	Lay Member for Primary Care Commissioning
Jocelyn Street	JS	Lay Representative
Peter Steedman	PS	Governor, University Hospitals of Derby and Burton NHS Foundation Trust (Deputising for Maura Teager)
Sean Thornton	ST	Assistant Director Communications and Engagement, DDCCG and Joined Up Care Derbyshire
Karen Lloyd	KL	Head of Engagement, Joined Up Care Derbyshire
Sukhi Mahil	SM	ICS Assistant Director, Joined Up Care Derbyshire
Rebecca Johnson	RJ	Health Watch, Derby
Helen Dillistone	HD	Executive Director Corporate Strategy and Delivery, DDCCG
In Attendance:		
Lucinda Frearson	LF	Executive Assistant (Admin), DDCCG
Hannah Morton	HM	Engagement Specialist, DDCCG
Apologies:		
Vikki Taylor	VT	ICS Director Lead, Joined Up Care Derbyshire
Maura Teager	MT	Lead Governor, University Hospitals of Derby and Burton NHS Foundation Trust
Harriet Nichol	HN	Engagement Involvement Manager, Healthwatch

Item No.	Item	Action
EC/2223/001	<p>WELCOME APOLOGIES AND QUORACY</p> <p>Martin Whittle (MW) welcomed all to the meeting and agreed the meeting to be quorate. Apologies were noted as above.</p>	
EC/2223/002	<p>DECLARATIONS OF INTEREST</p> <p>MW reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG).</p> <p>Declarations declared by members of the Engagement Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p><u>Declarations from today's meeting:</u> No declarations were made for today's meeting.</p>	

EC/2223/003

INTEGRATED CARE SYSTEM ENGAGEMENT STRATEGY – INITIAL DRAFT

Sean Thornton (ST) presented the initial draft reporting an Engagement Strategy was required to be submitted as part of the establishment of the Integrated Care Board (ICB) and broader system whilst a System Strategy was not required until later in the year. The Engagement Committee would recognise a significant proportion of the content as it relates to infrastructure developments taken place during the last three years and builds upon the Joined-Up Care Derbyshire (JUCD) Communications and Engagement Strategy April 2021-March 2023.

Next step being presenting the draft to the Assurance Transition Group on the 12 May 2022 where all strategic documents will be viewed prior to NHSE's submission deadline of the 20 May 2022.

ST explained that further steps included the addition of more Local Authority input, some had already been included and conversations were taking place with Local Authority partners around their communication and engagement to ensure all types of engagement were included.

Engagement Committee offered the following comments and questions: -

- Jocelyn Street (JS) commented how good the document was and advised her main point had been around Local Authority involvement, this had been explained by ST. JS also pointed out the graphic on page 14 and felt a more appropriate option would be an arrow.
- Tim Peacock (TP) believed that there would be resource implications from the strategy however on the coversheet the question around resource implications had been completed stating 'not as a result of this report' and asked how it was being addressed or was it being written with no thought of resource. ST felt as the scope, depth and approach were still unknown it was difficult to address so unsure what the implications would be and agreed with TP.
- Lynn Walshaw (LW) felt this to be a good paper and well-constructed and now looking at Place. One thing missing was more emphasis around partnerships and that full engagement across voluntary sector and local government and flagged a risk around resource once all partners are involved in the strategy. That will be when financial implications will arise.
- LW pointed out the infographics within the draft were helpful and clear in assisting people to see what was being talked about but commented it could be better adapted to Place in small sections.
- Peter Steedman (PS) highlighted the cultural changes necessary across the whole healthcare sector. A lot of people in all levels of organisations build careers creating silos and maintaining those silos and we are going diametrically opposed to that.
- Steven Bramley (SB) commented that all the papers brought together were health service weighted and we are meant to be integrated care so we need to bring in the local government sector more. ST completely agreed and advised they were in dialogue with the Local Authority to

	<p>ensure their approaches to engagement are captured and currently having conversations about communications channels.</p> <ul style="list-style-type: none"> Sukhi Malhi (SM) explained the engagement with Local Authorities will strengthen partnerships and we have a good position to go from here. Flagged cultural change, recognising this is in response to the citizens guidance the emphasis on the engagement with our workforce needs to be evidenced in everything we do and that also needs to be built into overarching strategy. <p>Engagement Committee REVIEWED progress and NOTED timetable for submission.</p>	
<p>EC/2223/004</p>	<p>ENGAGEMENT MODEL AND GOVERNANCE GUIDE</p> <p>Karin Lloyd (KL) explained there had been no written process prior to this. The guide was in 3 parts, the 3 sections were: -</p> <ul style="list-style-type: none"> A stand-alone section including all methods and tools for involving people patients etc and will be used to promote across stakeholders in the system and sit as an appendix in the Governance Guide. Engagement model which is a flow chart that takes people through the different stages of the process at a glance. Governance Guide which is entitled 'Involving People in Communities in Changes in the ICS' this presents the process people need to follow to ensure they are meeting all legal and moral obligations and is broken down into 5 stages: - <ul style="list-style-type: none"> Building the case for change Pre engagement stage Options, Development and appraisal stage Formal consultation and decision making. <p>A checklist was also provided to assist people working through the guide with an aim to promote consistency. The guide once agreed will be made easier to navigate through and then be disseminated across all system partners with a training programme established to run alongside.</p> <p>The guide will be on the new ICB website along with the S14Z2 form, the public and patient assessment planning form, which starts the process. The new S14Z2 form will be brought to the next Engagement Committee.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> MW commented on the very comprehensive document. LW felt this was a really good paper and particular liked how it had been simplified and let no changes were required. TP agreed but believed it was about the awareness of the guide for the people we are trying to engage with and a more simplified A4 version for the public was needed. KL advised the guide would be linked to the new ICB website containing all aspects of the tools and methods but simplified so people can follow a particular topic. 	

	<ul style="list-style-type: none"> • SM felt it was an easy-to-follow document looking at all the information it gives but felt the system should also be made aware of the model. There was reference to clinical senates and reference should be made to our own clinical and leadership groups. • SB felt the first few pages did contain a lot of information relevant to the public, but some was not, and suggested a just a simple outline and various forms explaining where and how to get involved using the online platform. Some people do not have access to the internet so information as a leaflet in practices or libraries would still be required. <p>Engagement Committee NOTED the final draft and DISCUSSED and SCRUTINISED the report.</p>	
<p>EC/2223/005</p>	<p>CLOSE DOWN OF CCG COMMITTEES</p> <p>MW explained the paper was required to ensure what was left standing at the closure of the CCG was handed over to the ICS and all Committees were carrying out this process. The equivalent Committee will be the Public and Engagement Partnerships Committee. There were 2 risks that the Engagement Committee carries at the moment one Governing Body Assurance Framework risk that states the Derbyshire population is not sufficiently engaged, as this same principle will still stand and will be handed over if felt necessary and a specific risk around the lack of process due to section 14Z2 process not being followed.</p> <p>The live committee actions as at today's meeting will require handing over if not completed today with a final table of live matters going forward. Action: ST to complete the table of Committee actions and live matters.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • TP asked around the future of the Engagement Committee and its members. Helen Dillistone (HD) explained the continuation of the engagement function, PPI and comms etc was an important feature of the ICB and as such there would be a committee required to oversee in an assurance perspective. Julian Corner would be the new Chair and HD was currently working through the functions of the committee with him to ensure the right expertise are on the Committee to help us shape going forward. The last meeting of the Engagement Committee will be in June with the ICB taking over in July. Next steps will be presented in June. <p>Engagement Committee NOTED and AGREED the closure positions of risks and actions.</p>	<p>ST</p>
<p>EC/2223/006</p>	<p>DERBYSHIRE ENGAGEMENT COMMITTEE TERMS OF REFERENCE</p> <p>Due to the delay in the start-up of the ICB Boards an extension to the current Terms of Reference from the 01 April 2022 to end of 30 June 2022 was requested.</p> <p>Engagement Committee APPROVED an extension of TORs to the end of June 2022.</p>	

<p>EC/2223/007</p>	<p>INTEGRATED CARE SYSTEM (ICS) COMMUNICATIONS AND ENGAGEMENT PLAN</p> <p>ST gave a brief verbal update highlighted 3 main core areas: -</p> <ul style="list-style-type: none"> • Different communication channels both for current CCG staff and JUCD core team staff are being looked at and also around how are we bringing all the staff across the health and care partnership into the conversation so they understand what is happening across the system and part of that will be setting up weekly or fortnightly briefings to raise awareness. • The need to look at content, what is the ICB what does it do and look like but in a way that people understand what a difference it will make. • What the launch is going to look like, to get this out there and start those conversations and awareness. <p>There is also more work happening in the background. The first date plan is the launch plan and what that looks like from the 1 July 2022 from a communication and engagement perspective. The engagement infrastructure is well developed but needs thinking about again as we move organisations.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • JS queried the staff move over and whether all staff from the CCG would receive a new contract or be TUPE'd over. HD explained the ICB would be the new statutory organisation that the CCG staff will transfer into on midnight on the 30 June 2022 and all staff would transfer with terms and conditions and contracts novated. Only new executives and board members will have new contracts. <p>The Engagement Committee NOTED the verbal update.</p>	
<p>EC/2223/008</p>	<p>INTEGRATED CARE SYSTEM BRANDING</p> <p>ST presented the paper proposing to retain the existing JUCD logo and branding for the ICS going forward as it was already recognised and JUCD would continue to be the name of our Integrated Care System.</p> <p>A couple of alterations have been considered: -</p> <ul style="list-style-type: none"> • A landmark or icon will be added to represent Glossop • The colour palates will be changed slightly as the current colours are not ideal to serve people with visual difficulties. • An amendment to the 'tri-logo' sub-branding of Joined Up Care Derbyshire which would see the NHS, County Council and City Council logos joined by the VCSE Alliance logo to reflect the more formal partnership arrangements with this sector in the ICS <p>These changes have been taken to system leadership team which is a meeting of the system chief executives and directors of adult social care for both City and County Councils who gave their support.</p> <p>The Engagement Committee SUPPORTED and NOTED the verbal update.</p>	

<p>EC/2223/009</p>	<p>URGENT TREATMENT CENTRES (UTC) – REPORT</p> <p>Hannah Morton (HM) informed Committee that the report was still in draft format as all engagement work had not yet been completed. Part of the rationale to bring now was to enable the Engagement Committee to have sight of progress.</p> <p>The work relates to pre-engagement work in January 2022 which ran to 31 March 2022 the aim being to speak to patients and members of the public to find out who was using the UTC and what was happening to those people.</p> <p>Engagement methods used included: -</p> <ul style="list-style-type: none"> ▪ Online Survey ▪ Online Engagement ▪ Community Groups ▪ Phone Call ▪ Email ▪ BAME communities <p>Themes and findings were found to be mixed.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • LW asked with regard to feedback from those people turning up and being turned away from minor injuries which is a clinical risk, how was this being presented back to organisations. HM advised findings were being feedback to system leaders. ST added discussions had taken place at the System Resilience Group, discussed operationally, and had reduced. • PS asked when the work would be completed and if there were significant differences from the information gathered so far. HM hoped to have all the information gathered mid-May and then should be able to see themes and any differences. <p>The Engagement Committee NOTED the report.</p>	
<p>EC/2223/010</p>	<p>S14Z2 LOG</p> <p>No forms had been received in the reporting period, so nothing to report.</p> <p>Engagement Committee NOTED the verbal update.</p>	
<p>EC/2223/011</p>	<p>DDCCG Exception Risk Report</p> <p>Beverley Smith (BS) advised Risk 16 had been reduced to a score of 6 last month. It was recommended to close the risk off in May and not to transfer into the ICB.</p> <p>The Engagement Committee NOTED and was ASSURED of the position.</p>	
<p>EC/2223/012</p>	<p>GOVERNING BODY ASSURANCE FRAMEWORK – QUARTER 1 REVIEW</p> <p>It was recommended that Strategic Risk 5 be moved forward into the ICB.</p> <p>Engagement Committee APPROVED the recommendation.</p>	

EC/2223/013	<p>MINUTES OF THE MEETING HELD ON: 15 MARCH 2022</p> <p>Engagement Committee ACCEPTED the Minutes of the previous meeting as a true and accurate record.</p>	
EC/2223/014	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EC/2223/015	<p>ACTION LOG FROM THE MEETING HELD ON: 15 MARCH 2022</p> <p>Engagement Committee REVIEWED the action log and updated during the meeting.</p>	
EC/2223/016	<p>ENGAGEMENT COMMITTEE FORWARD PLANNER 2022/23 FOR REVIEW AND AGREEMENT.</p> <p>Items to be added to the forward planner: -</p> <ul style="list-style-type: none"> • Future Risk and closure of Risk 16 • Handover document <p>Engagement Committee REVIEWED and AGREED the Forward Planner.</p>	LF/ST
EC/2223/017	<p>ANY OTHER BUSINESS</p> <p>No further was business raised.</p>	
EC/2223/018	<p>FUTURE MEETINGS IN 2022/23 Time: 11:15 – 13:15</p> <p><u>Meetings will be held as virtual meetings until further notice.</u></p> <p>Tuesday 17 May 2022 Tuesday 21 June 2022</p>	
EC/2223/019	<p>ASSURANCE QUESTIONS</p> <ol style="list-style-type: none"> 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No 7. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None, there was felt to be no specific recommendation at this stage. 	

DATE AND TIME OF NEXT MEETING
Date: Tuesday 17 May 2022
Time: 11:15 – 13:15

**MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE
PUBLIC MEETING**

HELD ON

Wednesday 27th April 2022

Microsoft Teams Meeting 10:00am – 10:30am

PRESENT

Ian Shaw (Chair)	IS	Chair, Lay Member, DDCCG
Jill Dentith	JeD	Lay Member, DDCCG
Darran Green	DG	Associate Chief Finance Officer, DDCCG (for CFO)
Dr Steve Lloyd	SL	Executive Medical Director, DDCCG
Simon McCandlish	SMc	Deputy Chair, Lay Member, DDCCG
Marie Scouse	MS	AD of Nursing & Quality, DDCCG (for CNO)

IN ATTENDANCE

Hannah Belcher	HB	AD GP Commissioning & Development, DDCCG
Ged Connolly-Thompson	GCT	Head of Digital Development, DDCCG
Judy Derricott	JDe	Head of Primary Care Quality, DDCCG
Pauline Innes	PI	Executive Assistant
Ben Milton	BM	GP, Medical Director for Derby & Derbyshire LMC
Clive Newman	CN	Director of GP Development, DDCCG
Jean Richards	JR	Primary Care Commissioning Manager, DDCCG

APOLOGIES

Brigid Stacey	BS	Chief Nursing Officer, DDCCG
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ITEM NO.	ITEM	ACTION
PCCC/2223/199	<p>WELCOME AND APOLOGIES</p> <p>Ian Shaw (IS) as Chair welcomed all to the meeting and confirming the meeting to be quorate. There was one member of the public present.</p> <p>Apologies were received and noted as above.</p>	
PCCC/2223/200	<p>DECLARATIONS OF INTEREST</p> <p>The Chair informed members of the public of the committee members' obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG).</p> <p>Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's Register of Interests and included within the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p><u>Declarations of interest from today's meeting</u></p> <p>There were no declarations of interest raised.</p>	

FOR DECISION

PCCC/2223/201	<p>PRIMARY CARE COMMISSIONING COMMITTEE - TERMS OF REFERENCE</p> <p>Ian Shaw (IS) provided an update from the shared paper.</p> <p>Due to the revised ICB establishment date of the 1st July 2022, the Primary Care Commissioning Committee Terms of Reference need to be reapproved to cover the period of operation from the 1st April 2022 to 30th June 2022.</p> <p>The Committee noted that there have been no further amendments made to the Terms of Reference.</p> <p>Primary Care Commissioning Committee APPROVED the Primary Care Commissioning Terms of Reference</p>	
PCCC/SS23/202	<p>THE GOLDEN BROOK PRACTICE AND PARK VIEW MEDICAL CENTRE FULL PRACTICE MERGER</p> <p>Hannah Belcher (HB) provided an update from the shared paper which details the merger between the Golden Brook Practice and Park View Medical Centre in Erewash which is planned for July 2022. The Practice have undertaken the patient engagement process, which was advertised on their website with 31 responses received from the questionnaire. The Practice will be updating the website, provide feedback to the patients and will continue to engage with the Patient Participation Group (PPG).</p> <p>The Primary Care Commissioning Committee</p> <ul style="list-style-type: none"> • APPROVED the full practice merger. • NOTED and were ASURED of the positive outcome from the Patient engagement process 	

FOR ASSURANCE

PCCC/2223/203	<p>FINANCE UPDATE</p> <p>Darran Green (DG) presented the finance report for Month 11 and the following points of note were made.</p> <ul style="list-style-type: none"> • Overall Year to date underspend of £142k with a forecast outturn of spend of £571k. • The positions are taking account of the COVID-19 access fund and reimbursement retrospective funding that is yet to be received. • At Month 11 Primary Care are showing a forecast outturn overspend of £1.2m which is due to overspends on prescribing and additional investments in Red Hubs and the AVS for supporting COVID-19. • Primary Care Co-commissioning was showing a overspend of £6.7m however this is expected to be a small underspend due to receiving receipt of the winter access fund and additional roles reimbursement funding. • The CCG at Month 11 are well placed at delivering a breakeven position. <p>Ian Shaw (IS) referred to the Prescribing Budget given that there is an increased number of people on a waiting list the logic would be is that the prescribing budget potentially may increase. DG reported moving in to 2022/23 the prescribing budget has been increased initially recognizing both anticipated increases in price and volume. It was noted that there will be huge financial</p>	
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	<p>challenges for the whole system in 2023 and all areas of spend within the CCG will be subject to efficiency challenges, however the Medicines Management team are confident they can deliver their share of those efficiency challenges.</p> <p>Primary Care Commissioning Committee NOTED and RECEIVED the Finance Report for Month 11.</p>	
PCCC/2223/204	<p>RISK REGISTER EXCEPTION REPORT</p> <p>Hannah Belcher (HB) presented the report recommending that there be no change to the Risk due to there being no reduction in demand and pressures on the system and if anything, pressure is increasing with regards to staff absences and pressures from the Acute Trusts remain to be ongoing.</p> <p>Jill Dentith (JeD) shared her concerns with the current position for both risks continuing suggesting that this should be considered as part of the handover process in May or June 22 stating that thought needs to be given with regards to the strength of the argument about the ratings in terms of mitigations that need to be put in to place. HB reported of discussions taking place regarding combining both risks due to the mitigations actions for both being similar. HB agreed to present back to the May meeting for further discussion.</p> <p>Steve Lloyd (SL) echoed the statements from both JeD and HB stating that going forward the combination of the risks would be helpful to split down to quality assurance as opposed to quality improvement. It was noted that there is an opportunity to set out for the ICB those themed areas in terms of risk quality assurance, quality improvement and the inherent risk that are described currently within the risk register.</p> <p>The Primary Care Commissioning Committee NOTED and RECEIVED the risks assigned to the Committee.</p>	Fwd Agenda
FOR INFORMATION		
	There were no items for Information	
MINUTES AND MATTERS ARISING		
PCCC/2223/205	<p>Minutes of the Primary Care Commissioning Committee meeting held on 23 March 2022</p> <p>The minutes from the meeting held on 23 March 2022 were agreed to be a true and accurate record of the meeting.</p>	
PCCC/2223/206	<p>MATTERS ARISING MATRIX</p> <p>The action matrix was reviewed and updated during the meeting.</p>	
PCCC/2223/207	<p>FORWARD PLANNER</p> <p>The Primary Care Commissioning Committee NOTED the forward planner.</p>	
PCCC/2223/208	<p>ANY OTHER BUSINESS</p> <p>No items of any other business were raised.</p>	

PCCC/2223/209	<p>ASSURANCE QUESTIONS</p> <ol style="list-style-type: none"> 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes 5. Were the papers sent to Committee members at least five working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No 7. What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None. 	
DATE AND TIME OF NEXT MEETING		
Wednesday 25th May 2022, 10:00-10:30am via Microsoft Teams Meeting		

**MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON 28th APRIL 2022, 9AM TO 10.30AM
MS TEAMS**

Present:		
Andrew Middleton (Chair)	AM	Lay Member, Finance
Tracy Burton	TB	Deputy Chief Nurse, DDCCG
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Simon McCalandish	SMcC	Lay Member, Patient Experience
Lisa Falconer	LF	Head of Clinical Quality (Acute)
Alex Albus	AA	Maternity Transformation Programme Manager
Nicola MacPhail	NM	Assistant Director of Quality (CHC, Care Homes, End of Life & Personalisation)
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Emma Pizzey	EP	GP South
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
Phil Sugden	PS	Assistant Director of Quality (CHC, Care Homes, End of Life & Personalisation)
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Craig West	CW	Acting Associate CFO
Steve Lloyd	SL	Medical Director - DDCCG
Steve Hulme	SH	Director of Medicines Management & Clinical Policies
In Attendance:		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
Apologies:		
Dr Buk Dhadda (Chair)	BD	Chair, Governing Body GP, DDCCG
Alison Cargill	AC	Asst Director of Quality, DDCCG
Helen Hipkiss	HH	Deputy Director of Quality - DDCCG
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG

Item No.	Item	Action
QP2223/001	<p>WELCOME, APOLOGIES & QUORACY</p> <p>Apologies were received as above. AM declared the meeting quorate.</p>	

<p>QP2223/002</p>	<p>DECLARATIONS OF INTEREST</p> <p>AM reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Quality and Performance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p><u>Declarations of interest from sub-Committees</u> No declarations of interest were made.</p> <p><u>Declarations of interest from today's meeting</u> No declarations of interest were made.</p>	
	<p>AM confirmed that the meeting will be conducted in a more abbreviated form. Some of the papers have been listed on the agenda for information only and Committee members were asked to submit questions relating to the papers before the meeting. Responses to the questions were circulated to the Committee members prior to the meeting and are included within these minutes. The questions are being collated for future reference if needed.</p>	
<p>QP2223/003</p>	<p>INTEGRATED REPORT AND ACTIVITY REPORT</p> <p>Performance and Activity</p> <p>The paper was taken as read. JC noted that A&E and Urgent Care remain challenging areas. Slight improvements were seen in diagnostics and cancer. There was a slight decline in the RTT 18-week standard. NHSE are focusing on the activity figures for long waiters and the numbers for those waiting over 52 weeks is reducing. There is more focus on those patients that have been waiting over 104 weeks and it is forecast that the backlog for these patients will be cleared by end June 2022 and by March 2023 there should be no patients who have been waiting over 78 weeks. AM referred to the practical constraints around recovery and backlogs in relation to the new IPC guidance and the system's ability to deliver against the new guidance. BS confirmed that she has requested IPC leads within the system consider the guidance. The risks around delivery of the financial plan will be noted at the GB meeting.</p>	

	<p>EP asked if there is available data on patients who did not wait to be seen in A&E due to the long waits they have endured in A&E departments. BS confirmed that the data is available however it is not measured. ACTION - JC will obtain this data from the Acute Trusts and feed back to the Committee.</p> <p>EP asked if there is available data on patients who have cancelled ambulance calls and made their way to A&E by alternative means due to the long waits. GM confirmed that data is collected around cancelled ambulance calls and this is currently the highest call code for EMAS at over 20%.</p> <p>AM asked if there have been any discussions around not stopping activity when there are surges in COVID cases to ensure there is resilience in staffing. BS explained that one of the areas for the future ICB to explore is a distributive leadership model. The model would have a Chief Nurse lead for certain areas such as IPC and Safeguarding. It is hoped that this model will be developed over the coming months.</p> <p>Quality</p> <p>PS took the quality section of the report, noting regulators have visited both CRHFT and DCHS and no concerns were identified. CQC have visited EMAS, data is still being analysed and initial feedback reports no concerns identified.</p> <p>BD APPROVED the Integrated Report.</p>	<p>JC</p>
<p>QP2223/004</p>	<p>GBAF Q1</p> <p>The GBAF risks were discussed at the recent Task and Finish Group meeting and updates to the risks are listed within the paper.</p> <p>AM noted the preliminary preparations around the transfer of risks from individual organisations into a system risk register and asked BS for assurance that they would all be captured. BS explained that despite raising this at the Transition Working Group meetings on several occasions there is currently no system risk register in place, however the System Quality Group which has been running since May 2021 does capture system risks and this is reported into the JUCD Board. BS gave the Quality and Performance Committee assurance that all current risks would be captured.</p>	
<p>QP2223/005</p>	<p>RISK REGISTER</p> <p>The paper was taken as read. The Committee were asked to approve the following recommendations.</p>	

	<ul style="list-style-type: none"> • APPROVE the DECREASE in score for risk 17 relating to S117 package costs; • APPROVE the CLOSURE of: <ul style="list-style-type: none"> ○ <u>Risk 05</u> relating to excessive wait times for psychological therapies for adults and for children. ○ <u>Risk 06</u> relating to the demand for Psychiatric intensive Care Unit beds (PICU); ○ <u>Risk 26</u> relating to new mental health issues and deterioration of existing mental health conditions during COVID. ○ <u>Risk 27</u> relating to the increase in the number of safeguarding referrals linked to self-neglect related to those who are not in touch with services. • APPROVE NEW risk 46 relating to the risk of the population continuing to wait in excess of NHS constitutional standards for mental health services. <p>The Committee APPROVED the recommendations within the paper.</p>	
<p>QP2223/006</p>	<p>PATIENT SAFETY INCIDENT REPORTING FRAMEWORK (PSIRF) UPDATE</p> <p>The paper was taken as read. The paper focuses on the governance structures in place for PSIRF and gives a current position from each of the five providers who have taken part in the early adopter programme. All providers are close to completing the first thematic reviews</p> <p>The Committee noted the contents of the paper.</p>	
<p>QP2223/007</p>	<p>SYSTEM REVIEW OF CATEGORY 2 RESPONSES</p> <p>The paper was taken as read. The paper provides detail of the response sent to NHSEI following their request for assurance around actions being taken as a system to alleviate the pressures on category two responses.</p> <p>EP made a plea for GP practices to be given the same priority as other Category 2 calls stating a GP practice is no safer in terms of location for a patient to be waiting for an ambulance. BS requested that GP practices report any exceptional long waits as a SI Serious Incident. BS also noted her intention to propose a review of the ambulance service at the next 999 CQRG meeting. BS also noted the plan to carry out pathway harm reviews with UHDBFT and</p>	

	<p>EMAS which have not yet been done due to capacity within the UHDBFT and EMAS teams.</p> <p>The Committee noted the contents of the paper.</p>	
<p>QP2223/008</p>	<p>OCKENDEN SUBMISSION TO OUTLINE PROGRESS AGAINST RECOMMENDATIONS</p> <p>BS gave the Committee the background around the Ockenden and Kirkup reports. BS explained that as Chair of the System Quality Group she has requested all Trusts in Derbyshire to review and provide their position against the 4 key areas of the Ockenden report.</p> <p>AA explained to the Committee that the paper includes a high-level summary of the performance to date which is being termed as a "One Year On" position. The report shows that there is still work to be done at CRHFT and UHDBFT. The actions to mitigate the gaps on work still to be completed are detailed within the paper and include completing outstanding audits, pathway guidelines & development and providing evidence that processes have been delivered and embedded. The actions are being monitored through the Quality & Safety Forum and the System Board For Maternity & Neonatal Care.</p> <p>AA went on to say that in the Ockenden report there are 15 new Essential and Immediate Actions (EIA) which are split into over 100 components and the system are working to assess and collate a position on these.</p> <p>Following the Ockenden report being issued a letter was received from Ruth May, Chief Nursing Officer, NHSE and colleagues requesting attention be paid to the 4 key areas:</p> <ul style="list-style-type: none"> • Safer staffing • A well-trained workforce • Learning from incidents • Listening to families <p>GS asked if any of the EIA's required changes in equipment or estate and referred to complex antenatal care and CTG monitoring. AA agreed that there is a general concern around premises being the fit for purpose and noted the challenges in terms of digital development and technology and explained the difficulties in obtaining data in a timely manner when IT systems do not work together which leads to ineffectiveness. There is investment into the maternity systems through the Unified Tech Fund which will support CRHFT with hardware and project support.</p> <p>ACTION – BS agreed to bring an update to a future Quality and Performance Committee meeting. JP to add to the forward planner.</p>	<p>JP</p>

<p>QP2223/009</p>	<p>CCG COMMITTEE CLOSURE REPORTING</p> <p>SP explained that work has started to prepare for the close down of the CCG and the transfer of all Committee business into the ICB. The paper includes the process that will be followed, and the Committee were asked to agree the current position for the Quality and Performance Committee.</p> <p>At the Quality and Performance Committee meeting in May the Annual Report will be presented and will include a section on the close down of the CCG and a high-level summary of the risks. This will then be reported to the Governing Body on 17th June 2022. The ICB will receive the opening positions at their meeting in July 2022.</p> <p>The paper also includes details of the 3 GBAF risks which will be transferred over to the ICB Board Assurance Framework due to them being ongoing strategic risks. SP also noted there will be continuity and assurance due to BS and BD Chairing and leading the ICB Quality and Performance Committee.</p>	
<p>QP2223/010</p>	<p>PERSONAL HEALTH BUDGETS (PHB) POLICY</p> <p>NM presented the paper as read. The Committee were asked to approve the refreshed PHB Policy.</p> <p>Historically the PHB policy was included within the Continuing Health Care (CHC) Policy however on reflection and in preparation for transferring to the ICB it was deemed more appropriate to have a standalone PHB policy.</p> <p>There was discussion around the monitoring of appropriateness of spend by individuals in receipt of a PHB and AM suggested a further self-assessment audit be carried out in a years' time.</p> <p>NM gave the Committee assurance that there are robust processes in place for people receiving a direct payment and these are reported on a quarterly basis. Prior to the Covid-19 pandemic all PHB's relating to long term conditions were stopped pending a review to ensure the CCG had a robust understanding moving forward. NM is working on an options paper around how the system can expand the offer of PHB for long term conditions and how the offer will be managed. It is proposed that the paper will be presented at the Personalised Care Delivery Group for discussion and recommendations to the wider system.</p> <p>The Committee APPROVED the PHB Policy.</p>	

<p>QP2223/011</p>	<p>QUALITY AND PERFORMANCE COMMITTEE TERMS OF REFERENCE REVIEW</p> <p>The Committee were asked to formally approve the Quality and Performance ToR for the period April to June 2022. There have been no changes made to the current ToR.</p> <p>The Committee APPROVED the ToR for the period April to June 2022.</p>	
<p>QP2223/012</p>	<p>COMMISSIONING FOR INDIVIDUALS (CFI) ToR FOR RATIFICATION</p> <p>The paper was taken as read.</p> <p>The CFI panel was established to ensure that the governance surrounding the individuals' packages of care, placements and therapy was in place from a finance, contracting, commissioning, and quality perspective. The ToR includes a section on reporting and review arrangements and the aim is to bring the first report to Quality & Performance Committee in May.</p> <p>BS made the Committee aware that whilst this is a statutory responsibility for the CCG not all CCG's have a CFI panel in place. BS commended NM and LF on implementing this quality initiative which will be taken forward into the system.</p> <p>The Committee APPROVED the CFI ToR.</p>	
<p>QP2223/014</p>	<p>CONTINUING HEALTH CARE (CHC)</p> <p>The paper was taken as read. The Committee noted the contents of the report and there were no questions raised.</p>	
<p>QP2223/015</p>	<p>INFECTION PREVENTION & CONTROL</p> <p>The paper was taken as read. The Committee noted the contents of the report and there were no questions raised.</p>	
<p>QP2223/016</p>	<p>CARE HOMES</p> <p>The paper was taken as read. The Committee noted the contents of the report.</p> <p>AM asked about the staffing situation in care homes and if it is a factor in blocking discharges from hospitals. BS confirmed that staffing remains an issue due to incidental COVID infections. There have been discussions around recruiting under the 'NHS'</p>	

	banner which would mean staff could be deployed into Care Homes during the winter in the event of workforce challenges.	
QP2223/017	<p>MINUTES FROM SUB COMMITTEES</p> <p>The Committee noted the minutes from the following sub-Committees.</p> <p>DPG 3.3.22 Update reports from CQRG meetings for information: UHDBFT CRHFT DHCFT</p>	
QP2223/017	<p>MINUTES FROM THE MEETING HELD ON 31st MARCH 2022.</p> <p>The minutes were approved as a true and accurate record.</p>	
QP2223/018	<p>MATTERS ARISING AND ACTION LOG</p> <p>The action log was reviewed and updated.</p>	
QP2223/019	<p>AOB</p> <p>There were no matters raised under AOB.</p>	
QP2223/020	<p>FORWARD PLANNER</p> <p>The Forward Planner was reviewed. No updates were made.</p>	
QP2223/021	<p>ANY SIGNIFICANT SAFETY CONCERNS TO NOTE</p> <p>None raised.</p>	
	<p>ASSURANCE QUESTIONS</p> <ul style="list-style-type: none"> • Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes • Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes • Were papers that have already been reported on at another Committee presented to you in a summary form? Yes 	

	<ul style="list-style-type: none"> • Was the content of the papers suitable and appropriate for the public domain? Yes • Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes • Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No • What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None 	
DATE AND TIME OF NEXT MEETING		
Date: 26 th May 2022		
Time: 9am to 10.30am		
Venue: MS Teams		

Approved

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
5th May 2022 via Microsoft Teams

UNCONFIRMED

Present:

Richard Chapman	RC	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer / CEO Designate, Derby and Derbyshire ICB
Jill Dentith	JD	Lay Member for Governance
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Dr Buk Dhatta	BD	Governing Body GP
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health – Derbyshire County Council
Martin Whittle	MWh	Lay Member for Patient and Public Involvement / Vice Chair – Meeting Chair

Apologies:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Julian Corner	JC	ICB Non-Executive Member – Strategy Planning and Commissioning and Patient Partnership
Dr Robyn Dewis	RD	Director of Public Health – Derby City Council
Ian Gibbard	IG	Lay Member for Audit
Sue Sunderland	SS	ICB Non-Executive Member – Audit and Governance
Dr Merryl Watkins	MW	Governing Body GP

In attendance:

Margaret Gildea	MG	ICB Non-Executive Member – People and Culture
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
John MacDonald	JM	Chair Designate, Derby and Derbyshire ICB
Suzanne Pickering	SP	Head of Governance
Richard Wright	RW	ICB Non-Executive Member – Finance and Estates

Item No.	Item	Action
GBP/2223/023	Welcome, Apologies & Quoracy Martin Whittle (MWh) welcomed members to the meeting. Apologies were noted as above. It was confirmed that the meeting was quorate.	

GBP/2223/024	Questions received from members of the public No questions were received from members of the public.	
GBP/2223/025	Declarations of Interest MWh reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG. Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: www.derbyandderbyshireCCG.NHS.uk <u>GBP/2223/028 – CCG Staff Survey Results – 2021/22</u> – All CCG staff declared a conflict on interest in this item as they each responded to the staff survey. As this is not a decision item it was agreed that the CCG staff would remain in the room. No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2223/026	Chair's Report – April 2022 MWh presented the Chair's report on behalf of Dr Avi Bhatia, a copy of which was circulated with the meeting papers; the report was taken as read and the following questions were raised: <ul style="list-style-type: none"> • Population Health Management (PHM) will reveal many interesting things. It was asked what the guiding principles will be in addressing health inequalities and identifying conditions and concerns which may not have previously been quantifiable that will present affordability and feasibility challenges (AM). Dr Chris Clayton (CC) responded that PHM is fundamental to the forward look of the Integrated Care System (ICS). Assurance was given that there will be System architecture around PHM; the Integrated Care Board (ICB) / Integrated Care Partnership (ICP) structure has already been set out. The strategic intent function is represented in the architecture to support the ICB and ICP; it has collective executive leadership which is starting to set out the future direction for the System, with thoughts emerging on the strategic intent required across the System. The ICB will have a sub-committee specifically focused on strategic commissioning and strategic population health focus. The ICP will be influenced by this strategic intent function, created in partnership with Local Authorities. CC is confident that the required governance around PHM has been applied to the new structures; he is also confident that there has been a cultural shift across the System, in appreciating that prevention and upstream activities are as important as treatments. <p>The budget includes a hypothecated £3.7m for health inequalities; AM enquired whether the architectural structure has discussed how this budget will be used. CC advised that developing the health inequalities strategy has two broader components, one which is NHS led and one which is wider determinants led, fitting in with the ICP; these will be the influencing factors around the spend. Spend on wider determinants is</p>	

	<p>often more cost effective compared to more technical NHS interventions. Whilst this is an important start, it is not an insignificant amount for some of the initiatives that could be done; the further upstream the benefits, the less the cost will be compared to care treatments in the NHS.</p> <p>CC added that the ICB will need to have a strategic view for 2022/23 and 2023/24 to set its budgets around resource allocation for health inequalities.</p> <ul style="list-style-type: none"> • GS was pleased that thought is being given to the cheap, easy wins that can be made before someone becomes unwell and he asked whether the PHM architecture included Dean Wallace's paper, previously presented to the Governing Body, outlining how cost-effective interventions across the life course could be implemented e.g., pre-school children learning how to brush their teeth, and preventing falls for the elderly. CC agreed that it is a fundamental guiding principle about interventions across the life course; as the CCG has done, and the ICB will need to do, there is a need to fully understand what can be done differently at each stage of life, as per the Health and Wellbeing Board Strategies. GS looks forward to this moving from a strategic intent to being acted upon. CC considered that this work forms part of, and is an important element of, a cultural shift in mindset. <p>The Governing Body NOTED the content of the report provided</p>	
<p>GBP/2223/027</p>	<p>Chief Executive Officer's Report – April 2022</p> <p>CC presented a report, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • There are currently three guiding priorities: <ul style="list-style-type: none"> • Priority one is managing the current operational System pressures, particularly in the urgent and emergency care System, as we emerge from the Easter and May bank holidays and go into another one in June; within these pressures is the management of the COVID-19 position. • Priority two is the work in parallel on the broader areas of health and care need, particularly reducing waiting times and the backlog, whilst also managing planned care for routine operations within the finite resources available. The urgent and emergency care System remains very busy, and beds are required to support this; this presents a further challenge with beds not being available for routine operations. • Priority three relates to the transition of the System in line with proposed Government legislation. Royal Assent has now been given to the Health and Care Bill; provision and preparation is being made to enact this through the ICB from 1st July 2022. • The ICP has met again and is in phase one of its work to understand the core roles required to create the Integrated Care Strategy. It is working through its relationship with existing the Health and Wellbeing Boards (H&WBs). • Section 2 outlines the activities undertaken by CC on behalf of the Governing Body and System during the previous month. 	

	<ul style="list-style-type: none"> • Section 3 described national developments, research, and reports – links were provided to the local government and providers responses to the Integration White Paper. Updates were provided on disease treatment and diagnoses, and around virtual wards. • Section 4 provided details of local initiatives. Section 4.1 updated on the support given by Local Authorities and Primary Care services to Ukrainian refugees. Section 4.2 outlined the campaign to 'think NHS111 first' and Section 4.3 described the positive conversations held with partners in Glossop and Greater Manchester in order to streamline the transition; CC is supportive of the work being done from a CCG and broader ICS perspective. <p>The Governing Body NOTED the content of the report provided</p>	
<p>GBP/2223/028</p>	<p>CCG Staff Survey Results 2021/22</p> <p>All CCG staff declared a conflict of interest in this item</p> <p>Helen Dillistone (HD) presented the results of the 2021/22 staff survey, reporting that the response rate has improved from 83% last year to 87% this year; this is above the comparative average of 79% for similar organisations.</p> <p>The survey is based around the People Promise which is made up of the following seven elements:</p> <ul style="list-style-type: none"> • We are compassionate and inclusive • We are recognised and rewarded • We each a voice that counts • We are safe and healthy • We are always learning • We work flexibly • We are a team <p>These are the areas which staff considered to mean the most to them in their work and experience in the workplace; the results of the survey will be measured against these seven elements going forward. This year however it is only possible to undertake comparisons between two themes, namely staff engagement and morale, the scores for which have remained the same as the previous year, 7 / 10 and 6.4 /10 respectively.</p> <p>A summary of the survey results was provided for information. A bar chart highlighted how DDCCG compared with other participating organisations. The trend demonstrates that DDCCG sits mid pack for all areas.</p> <p>The full management report was provided for information, broken down by directorate. The following headlines were noted:</p> <ul style="list-style-type: none"> • Of the questions that can be historically compared to the 2020 survey results, 50 areas had no significant difference, 2 areas were significantly better whilst 3 areas were worse. • When compared with the average, the CCG was significantly better in 20 questions, significantly worse in 4, with no significant difference in 67. • The CCG has done a lot of work around equality, diversion and inclusion and an active Diversity and Inclusion Network (DIN) has been developed to put forward the views of the CCG's diverse workforce. It will be useful, as a baseline and to help think through developments moving into the 	

ICB, to hear the experiences of these diverse staff. Comparison data was provided for the results of white staff and the diverse staff groups which was split into 3 sections – staff identified as Black, Asian, Minority and Ethnic (BAME), Lesbian, Gay, Bisexual and Transgender (LGBT) and those having a disability. These staff groups reported having had a less positive experience than others. The results for staff with disabilities are significantly worse in 57 areas; the experiences of BAME staff are significantly better in 29 areas and significantly worse in 23 areas, and the experiences of colleagues who identify as LGBT are significantly worse in 71 areas, and significantly better in 9 areas.

- The data has now been shared with the Senior Team and staff; directorates are working through the feedback with support from the HR and Organisational Development (OD) Teams and an OD plan is being compiled. The DIN has discussed improvement strategies and actions to be taken collectively going forward; actions will be incorporated into the CCG's People Plan, for transfer into the ICB. These actions include:
 - Needing to further develop the work to support the equality, diversity and inclusion agenda, particularly ensuring that there is a fair and inclusive recruitment training package including unconscious bias e-learning and a review of the Recruitment and Selection Policy to establish best practice across the System.
 - Promoting culture of civility and respect, in line with the NHS People Plan, to include a refresh of the current Dignity at Work Policy.
 - Continuing the concept of the 'Big Conversation' with staff to include specific focus groups on themed areas.
 - Once the ICB structures are clearer, focusing on achieving consistency for staff across the organisation, including workload and resourcing.
 - Developing a culture of organisational learning with appropriate strategies to improve the lowest People Promise area - 'we are always learning' (rated at 5.7).

The following questions were raised:

- This is a clear, positive presentation in terms of the numbers of overall responses; however, it was disappointing to note the minority response rate. The proposals through the actions are positive. It was enquired how minority colleagues could be helped to work through the issues. The report will be re-presented to the Governance Committee in June for a further conversation. It was also asked how this would link into the ICB; there will be a need to record this in the handover database (JD).
- Some of the themes coming out of the survey were around people not feeling empowered to speak up; the Freedom to Speak Up Guardian and Ambassadors have a role to play in this. The Ambassadors could link into the DIN to support and widen the group going forward. There is a need to ensure that the actions are undertaken and that the momentum is continued, keeping the guardianship front and centre ensuring that people are aware of its existence (JD). HD took these comments on board. It will be crucial to take this into the ICB; conversations have already been held with the ICBs Chief People Officer (CPO) on how to shape this going forward across the wider System. A theme has arisen around how to 'network the Networks' across the System to implement learning and best practice; the CCG has a small but active DIN and over the last few months it has become involved in the discussions and more embedded into the organisation.

	<ul style="list-style-type: none"> • It was enquired what percentage of staff are working remotely, in the office and hybrid working (BD). HD advised that most staff are still working remotely. Conversations have been held on how to move the organisation into a different working environment over the next few weeks. A small cohort of staff has been supported to work in the offices since the start of the pandemic; more staff are now returning to the offices, with Scarsdale being the most popular site as it has single offices with windows that can open. Measures are being implemented to bring staff back to both sites; guidance has been received from NHSEI in relation to this. BD will be interested to see what impact this has on the results of the staff survey; there is sense of remote working fatigue amongst staff. • There have been similar conversations in previous years around the survey results for the minority groups; it is unclear from the data whether there have been any improvements in the results to lessen the difference between the white staff group and the BAME and LBGT groups as a result of the measures implemented (EP). HD responded that it would be possible to provide this data with the information available for the last 3 years where the questions were the same. This report only highlights areas of significant change. EP added that should it not have improved, it needs to be established why, and if it has been influenced by working from home. It was requested that this data be presented to the Governance Committee in June. • It was noted that 96% of appraisals have been carried out, up from 84% last year. However, when reading behind the results there are some intriguing points for example 'the organisation offers challenging work'; both this year and last year a quarter of staff did not think this, which suggests team leadership may be an issue. It was asked whether this links with remote working as performance management and support is more difficult in a remote context; as hybrid working will be part of the future, this needs to be better understood. HD responded that whilst the appraisal rate has improved, it should be 100%. There is room for improvement across the organisation and the individual team data highlights where the hot spots are. <p>The Governing Body NOTED the results from the 2021/22 NHS Derby and Derbyshire CCG Staff Survey</p>	<p>HD</p>
<p>GBP/2223/029</p>	<p>Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022</p> <p>Brigid Stacey (BS) advised that maternity services have received much attention since the publication of the Ockenden Report into an investigation into maternity services at Shrewsbury and Telford Hospital; this commenced in 2017, with an interim report published in December 2020 highlighting 7 Immediate and Essential Actions (IEAs) for all organisations to deliver. The final report was published in March 2022 and highlighted 60 local actions for the Trust, including 15 IEAs for all organisations to consider. In terms of assurance, this report has been through the CCG's Q&PC, the System Quality Group (SQG) and it will also be going to the System Q&PC shortly.</p> <p>The report demonstrates the progress made by the two Derbyshire Acute Trusts against the initial IEAs and has been signed off by both Trust Boards in public. It has been signed off by the LMNS Board. The report was submitted to the National Team on 14th April.</p>	

UHDBFT is compliant in 4 of the 7 areas and partially compliant in 3 areas, with risk assessments in progress; overall compliance is 90%+. CRHFT is compliant in 1 area and partially compliant in the other 6. The LMNS raised concern around CRHFT around 'managing complex pregnancy' which only achieved 54% compliance. Assurance has been received from the Trust Board that this is an issue relating to tertiary centre networks and patient flows. Currently CRHFT uses Sheffield as its designated tertiary centre due to patient flows however their designated centre is Leicester.

The report highlights four key themes namely workforce, safer staffing, learning from incidents and listening to families. The SQG agreed that all organisations, whether they have maternity services or not, should review against these; a formal report will be presented to next month's SQG from each organisation.

Implementation of the new 15 IEAs is awaiting national guidance; it is anticipated that there will be a national portal for organisations to provide evidence. The SQG, through the LMNS Board, will continue to monitor progress and report to the Governing Body / ICB Board respectively.

The submission required a response to the Kirkup One Report into maternity services at Morecombe Bay, published in 2015, which included 44 recommendations. UHDBFT is fully compliant against the recommendations and CRHFT is partially compliant, with measures in place for all partially compliant areas. The LMNS has requested an action plan from CRHFT against full compliance by the end of July. The Kirkup Two Report is an investigation into maternity services at East Kent Hospital; it is due to be published in Autumn 2022; this may well present further recommendations.

The following questions were raised:

- It was enquired whether this was a self-assessment (JD). BS confirmed that it was however it was also ratified by the Regional Team using evidence through the national portal.
- It was asked whether national, as well as local, benchmarking will be undertaken, as there is a need for an awareness of this data (JD).
- The timescales for the delivery of the action plans were queried (JD); BS advised that the Kirkup action plan for CRHFT has requested full compliance against the recommendations by the end of July. Submission against the Ockenden recommendations was required by 14th April. Each Trust has an action plan for full compliance; however, this is a position statement against the 7 EIAs. National guidance is awaited on the further 15 EIAs as to how they will be monitored against. NHSEI will be publishing papers at its May Board to benchmark all providers against the 7 EIAs.
- It was enquired whether the 54% compliance of CRHFT on complex cases, was amber; it was asked how this works and what assurance can be given to women currently going through the System (JD). BS responded that compliance is either partial or compliant. CRHFT has a new Head of Midwifery and new Clinical Lead; there is ongoing work through the Trust and the LMNS. The Maternity Voices programme includes women that have recently given birth promoting services. Work is being undertaken to improve services around complex pregnancy.
- AM confirmed that the Q&PC had a strong focus on this last week, and were assured that this would transfer seamlessly to the System Q&PC through BS. There was also assurance on the multiple spotlights for this area which is receiving the attention it deserves.

	<ul style="list-style-type: none"> In was enquired how much more demanding the 15 EIAs from the Ockenden Report are, how achievable they are, and what it will take to achieve them (AM). BS advised that below each EIA there are 6 components, therefore there could over 40 areas to be addressed, all of which will be interrelated around culture and safe staffing. The National Team has invested into the Ockenden Report for the workforce however this will take a while to deliver. Some areas however are more achievable than others therefore all organisations can and should be delivering against them. There is no timeframe against the 15 EIAs yet as they were only published in March 2022. NHSEI is working with the DHSC to look at further investment to deliver the requirements before setting delivery timescales. Assuming there are not many midwives and health visitors waiting to apply for posts, it was enquired whether there is a need for a Business Case to take urgent action to ensure the workforce is in place to deliver the EIAs going forward. BS responded that part of the submission for the 7 EIAs, was compliance against workforce; there are plans to support both action plans which include investment in new entrants and existing staff. A career progression programme for midwifery support workers is being implemented. Bringing nurses into theatres, thus relieving midwives, is also being considered. A lot of work is being undertaken to remodel and invest in the workforce. <p>The Governing Body NOTED the Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022 and NOTED the progress made on the seven EIAs</p>	
<p>GBP/2223/030</p>	<p>Finance Report – Month 12</p> <p>Richard Chapman (RC) provided an update on the financial position as at Month 12 (H2) of 2021/22. The following points of note were made:</p> <ul style="list-style-type: none"> All statutory duties have been met at M12. The CCG is reporting a year end underspend of £121k against an allocation of £2.114b. This position includes a net benefit of £44k from allocations received in late April without which the position would have been a surplus of £77k. The CCG underspent against its running costs allowance by £1.3m. The CCG delivered against all its better payment practice code targets. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> Allocations have been received for the full year at £2.114bn The year-end reported underspend is £0.121m NHSE have advised an off-ledger adjustment of allocations netting to £0.44m COVID reduction of £0.01m to match the expenditure A reduction of Winter Access Funding of £0.375m to match a maximum spend £4.34m Additional Roles Reimbursement Scheme is due to receive £0.429m 	
<p>GBP/2223/031</p>	<p>Joint CCG Finance Committee / System Finance and Estates Committee (SFEC) Assurance Report – April 2022</p>	

	<p>Andrew Middleton (AM) provided a verbal update following the Joint CCG Finance / SFEC Committee meeting held on 28th April 2022. The following points of note were made:</p> <ul style="list-style-type: none"> • Balancing the financial year, with a small surplus, has been flagged up for some months now therefore the accuracy of the forecast was proven. • The amount of time spent at the meeting discussing the CCG's 2021/22 performance was minimal; however, there was much debate around the 2022/23 budget. • A further improvement in the national recognition of the excellence of the CCG's Finance Team, which in mid-2020 was deemed to be 82nd out of 139 CCGs; however, it is now the 3rd best. The Team is intent on retaining and improving this position. The Governing Body's thanks were passed on to the Finance Team for its hard work in achieving this. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
GBP/2223/032	<p>Audit Committee Assurance Report – April 2022</p> <p>Jill Dentith (JD) provided an update following the Audit Committee meeting held on 26th April 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Draft Internal Audit Plan for the CCG's final 3 months was approved. • The Draft Annual Report and Accounts were received, and it was noted with satisfaction that they the position is looking healthy. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/033	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – April 2022</p> <p>Professor Ian Shaw (IS) provided an update following the CLCC meeting held on 14th April 2022. The report was taken as read and the following point of note was made:</p> <ul style="list-style-type: none"> • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/034	<p>Derbyshire Engagement Committee Assurance Report – April 2022</p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 26th April 2022. The following points of note were made:</p>	

	<ul style="list-style-type: none"> • The recent meetings have been looking to the future. The Draft ICS Engagement Strategy was presented to the Committee and will evolve over time. It was supported by the Committee for submission to NHSEI. • The Engagement Model demonstrated how best practice can be put in place. This was supported as a way forward and training will be available in due course for teams wanting to be involved in engagement processes through the work of the ICS. • A report was received on the pre-engagement phase to inform the overall review of Urgent Treatment Centres (UTC); this will be used by the UTC Strategy Group to review models going forward. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
<p>GBP/2223/035</p>	<p>Governance Committee Assurance Report – April 2022</p> <p>JD provided an update following the Governing Committee meeting held on 21st April 2022. The following points of note were made:</p> <ul style="list-style-type: none"> • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. • A procurement paper was received, and the impact of the new Provider Selection Regime was discussed; the transparency of how this will work within the CCG was challenged. • The Diversity and Inclusion Network TOR were received and approved to ensure that it is connected into the governance architecture of the organisation. Discussions were held as to how it will transfer into the ICB ensuring continuity. • A conversation was held around the CCG's working arrangements and the Committee was required to advise on the next steps. The Committee recommended that hybrid working should continue, however where staff do return to the office they should wear masks in public areas, with adequate space provided between desks. <p>The following question was raised:</p> <ul style="list-style-type: none"> • It was enquired whether data is available on current office space usage and whether it was anticipated that the CCG may be able to dispose of some of its office space once hybrid working has been embedded (AM). JD responded that detailed information is made available on desk usage at the Governance Committee. Work has been undertaken with other organisations in relation to the sub-letting of space to maximise usage. HD added that data is available on staff numbers working in the offices; trends are developing and an increase in staff returning to the office is being seen. It is planned that all staff will have some presence on site for some part of the week, with a balance between home working and office working. Directorates are being tasked to work this through. The view is that the CCG and ICB will adopt a hybrid working model. <p>The Governance Committee received the guidance from NHSEI which currently requires non-clinical areas to have mitigations in place, including, where possible, spacing desks out and staff wearing masks</p>	

	<p>when moving around. Staff are not required to test to work on site. The answer is not yet known in relation to the sub-letting of the estate; there is a need to ensure that there are effective safe and efficient buildings going forward; a more strategic conversation is required with System partners around corporate estate moving into the ICB. For now, the sites will be Cardinal Square and Scarsdale for CCG staff.</p> <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/036	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – April 2022</p> <p>IS provided an update following the PCCC meeting held on 27th April 2022. The report was taken as read and the following points of note were raised:</p> <ul style="list-style-type: none"> • The Committee approved the merger of Golden Brook Practice and Park View Medical Centre in Erewash, which will take place from July, with the Park View site becoming a branch surgery. A full consultation has been undertaken with the public. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/037	<p>Quality and Performance Committee (Q&PC) Assurance Report – April 2022</p> <p>AM provided an update following the Q&PC meeting held on 28th April 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • There has been an improved Sentinel Stroke National Audit Programme score, from a C to a B, in the stroke services provided at CRHFT. This is encouraging for the Task and Finish Group (led by Zara Jones (ZJ) which is looking at the long-term Business Case for Hyper Acute Stroke Services at CRHFT, due to be received in September. ZJ is working with partner providers on how to support CRHFT to bolster resilience. CCG and ICB colleagues will be updated in due course. • The Committee's Terms of Reference (TOR) were reviewed for the CCG's final 3 months and were recommended to the Governing Body for approval. <p>The Governing Body NOTED the paper for assurance purposes and APPROVED the TOR up to 30th June 2022</p>	
GBP/2223/038	<p>CCG Risk Register – April 2022</p> <p>HD presented a report detailing areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 20th April 2022. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them monthly to ascertain whether any amendments in risk score are required.</p> <p>The Governing Body RECEIVED and NOTED:</p>	

	<ul style="list-style-type: none"> • The Risk Register Report • Appendix 1 as a reflection of the risks facing the organisation as at 30th April 2022 • Appendix 2 which summarises the movement of all risks in April 2022 <p>The DECREASE in score for:</p> <ul style="list-style-type: none"> • Risk 09 relating to the threat of cyber-attack • Risk 17 relating to S117 package costs • Risk 42 relating to climate change <p>APPROVED the CLOSURE of the following risks assigned to the Q&PC:</p> <ul style="list-style-type: none"> • Risk 05 relating to excessive wait times for psychological therapies for adults and for children • Risk 06 relating to the demand for Psychiatric intensive Care Unit beds (PICU) • Risk 26 relating to new mental health issues and deterioration of existing mental health conditions during COVID • Risk 27 relating to the increase in the number of safeguarding referrals linked to self-neglect related to those who are not in touch with services <p>And APPROVED the inclusion of a new risk:</p> <ul style="list-style-type: none"> • Risk 46 relating to the risk of the population continuing to wait in excess of NHS constitutional standards for mental health services 	
<p>GBP/2223/039</p>	<p>2022/23 Operational Plan – final submission</p> <p>ZJ presented the 2022/23 Operation Plan for information. The following points of note were made:</p> <p><u>Elective position</u> – This continues to be a challenge. An improved position has been demonstrated between the draft submission on 17th March and the final submission at the end of April; however, it still falls short of the required standards, particularly around the level of activity to be delivered compared to pre-pandemic levels in 2019/20. There is continual work with System partners to improve the level of compliance and deliver as much elective activity as possible to reduce the backlog and improve waiting times.</p> <p><u>Planned Care / Cancer position</u> – These two positions are closely linked. As anticipated, a compliance plan has been implemented for the cancer pathways; these are challenging in terms of activity, the workforce position and how the next few months will unfold relating to operational pressures and COVID.</p> <p><u>Mental Health, Learning Disabilities and Autism</u> – An improved and compliant picture has been demonstrated across many of the metrics compared to the draft submission; however, the risks have been clearly articulated, particularly around the workforce for the mental health transformation work planned for the year ahead and beyond.</p>	

	<p><u>Community</u> – There is a link between community provision, the urgent care pathway and the need to rapidly improve against some areas, including the discharge flow out of the Acute Hospitals and the urgent community response target.</p> <p><u>Primary care</u> – The workforce issues, the activity and the overall management of demand for primary care has been discussed regularly by the Governing Body. All these risks and issues have been included within the plan; a compliant picture is being demonstrated against the metrics reported against for 2022-23.</p> <p>A clear link has been made between the 2022-23 Operational and Financial Plans, with the elective position key to enabling additional income to be attracted into the System should high levels of compliance be achieved.</p> <p>The Governing Body NOTED the final operational plan submitted to NHS England (NHSE) in March and NOTED the current gaps in compliance</p>	
<p>GBP/2223/040</p>	<p>2022/23 Financial Plan – final submission</p> <p>RC confirmed that the Plan has been through the CCG's governance process including extraordinary meetings of the CCG's Finance Committee and Governing Body. The following points of note were made:</p> <ul style="list-style-type: none"> • The plan was created under which a number of assumptions at the time the NHS settlement was agreed with the Government; these assumptions are inherent to understanding the risks included in the plan, they include a minimal level of COVID prevalence from 1st April 2022, inflation of 1.7% net and a 1.1% efficiency requirement. • There is a pre-mitigated deficit of £196.6m and a submitted planned deficit of £65.9, of which £41m is potentially allowable as it relates either to COVID costs or excess inflation above the 1.7% assumption, or because the EMAS deficit position is included in its entirety in JUCD's financial position although the majority of it is generated outside Derbyshire. • The Plan currently shows the CCG surplus as part of the System Plan; it is likely to be subject to realignment in order to optimise the cash position within the System. • The plan assumes delivery of the 3% efficiency plan; the overall efficiency plan remains in development. The Plan retains a deficit of circa £25m which will require resolution by agreement with regulatory bodies. The material, below the line, residual risks being pulled together by the System will need to be mitigated. The Plan utilises non recurrent measures in year to arrive at that position which does not address the underlying position for future years. • There is continual work to do throughout the year and going forward; this plan has been developed in unusual circumstances with some assumptions around national direction included. <p>The Governing Body NOTED:</p> <ul style="list-style-type: none"> • The submission of the CCG's financial plan as a constituent element of the JUCD financial plan for the 2022/23 financial year • The deterioration in the System and organisational position • The resultant JUCD unmitigated 'gap' of £196.6m • The draft mitigations schedule, which mitigates the System deficit to £65.9m 	

	<ul style="list-style-type: none"> • The assumptions made for the CCG plan 	
GBP/2223/041	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 17.3.2022 • Governance Committee – 10.2.2022 • Derbyshire Engagement Committee – 15.3.2022 • Primary Care Commissioning Committee – 23.3.2022 • Quality and Performance Committee – 31.3.2022 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2223/042	<p>Minutes of the Governing Body meeting in public held on 7th April 2022</p> <p>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</p>	
GBP/2223/043	<p>Matters Arising / Action Log</p> <p><u>Action Log – April 2022 – GBP/2122/264 - Finance Committee Assurance Report – February 2022</u> – Update on the work being undertaken by the Central Intelligence Agency and the Efficiencies Programme – CC advised that, during today’s meeting, updates have been provided on PHM, Operational, Financing and Workforce planning for the ICB and the broader System. Significant work is being undertaken by Craig Cook and colleagues, who are heavily involved in creating the central intelligence function with Jim Austin. The strategic intention of this is that it will provide the information requirements needed across the System. Assurance was provided that this work is underway in partnership with Local Authority Public Health colleagues and the Regional Decision Support Unit.</p> <p>There is a big ask of the Financial Plan, one month of which has already gone; although the staff are in place and equipped a steer is required from the appropriate authority (JUCCD/ICB designate); if it is waited until the July ICB Board meeting to provide this steer, one third of the year will have gone and the task will become harder. It was enquired where we are with policy guidance and the direction of focus for translating the financial plan asks for efficiency gains into reality (AM). CC responded that it is correct to reference the 2022/23 financial challenge. The CCG has been well versed in financial recovery over previous years; it has gained experience in judging year one of a multi-year financial recovery plan. Year one (2022/23) is the first year of the Systems multi-year financial recovery plan which is currently being reviewed, formed and externalised with both System partners and NHSE. The question around the transformation programme for the System, supported by the intelligence work, needs to be taken in the context of a multi-year plan; schemes in transformation take longer to achieve, therefore a multi-year view will need to be taken, starting the programme, give it the support required and phase and understand what it will deliver. Some of the outputs of this will not be financial, for example productivity, efficiency and people benefits. The financial requirements for year one also need to be balanced and therefore the System will need to understand the transactional work to be done in year one and the more traditional methods to be employed to do that. There will be a need for an in year and forward year plan to reach target. Item completed</p>	

GBP/2223/ 044	Forward Planner The Governing Body NOTED the Planner for information	
GBP/2223/ 045	Any Other Business MWh thanked any members of the public who attended via the livestream and thanked the ICB Colleagues who attended.	
DATE AND TIME OF NEXT MEETING – Thursday 16th June 2022 at 9am via MST		

Signed by: Dated:
(Chair)

GOVERNING BODY MEETING IN PUBLIC ACTION SHEET – May 2022

Item No.	Item title	Lead	Action Required	Action Implemented	Due Date
2021/22 Actions					
GBP/2122/264	<u>Finance Committee Assurance Report – February 2022</u>	Dr Chris Clayton / Dr Avi Bhatia	It was suggested that it would be useful for the Governing Body to be updated on the work being undertaken by Craig Cook on the Central Intelligence Agency and Maria Riley on the Efficiencies Programme to enable constructive feedback to be provided.	CC provided an update on the work being undertaken by the Central Intelligence Agency and Efficiencies Programme at the May meeting	Item completed
2022/23 Actions					
GBP/2223/005	<u>Chief Executive Officer's Report – March 2022</u>	Dr Steve Lloyd	SL agreed to discuss the completion of the 'tackling neighbourhood health inequalities PCN plan' form outside of the meeting.		Item completed
GBP/2223/006	<u>Joined-Up Care Derbyshire ICS Green Plan</u>	Chrissy Tucker	It was suggested that all printers be set to double-sided printing by default; this could be actioned at a System level in order to save costs.	This will be picked up for review by the System Green Group and discussed with NECs	Item completed
GBP/2223/007	<u>2022-23 Operational Plan – Draft Submission</u>	Zara Jones	A copy of the final plan will be presented the Governing Body in May.	Agenda item - May 2022	Item completed
GBP/2223/007	<u>2022-23 Operational Plan – Draft Submission</u>	Linda Garnett	It was suggested that a further update on the workforce position be presented to the Governing Body / ICB Board in due course, as it is intrinsic to the broader delivery plans.	Agenda item – ICB Board	July 2022

GBP/2223/ 028	<u>CCG Staff Survey Results 2021/22</u>	Helen Dillistone	Information to ascertain whether there has been an improvement in results to lessen the difference between the white staff group and the BAME and LBGT groups, as a result of the measures implemented, was requested.	HD agreed to present this information to the Governance Committee in June	June 2022
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Derby and Derbyshire CCG Governing Body Forward Planner (April to June 22)

	APR	MAY	JUNE
AGENDA ITEM / ISSUE			
WELCOME/ APOLOGIES			
Welcome/ Apologies and Quoracy	X	X	X
Questions from the Public	X	X	X
Declarations of Interest <ul style="list-style-type: none"> • Register of Interest • Summary register of interest declared during the meeting • Glossary 	X	X	X
CHAIR AND CHIEF OFFICERS REPORT			
Chair's Report	X	X	X
Chief Executive Officer's Report	X	X	X
FOR DECISION			
Review of Committee Terms of References/ ICB Shadow Committee Terms of References	X		
FOR DISCUSSION			
360 Stakeholder Survey			
Mental Health Update			
CORPORATE ASSURANCE			
Finance Report	X	X	X
Joint CCG Finance and System Finance and Estates Committee Assurance report	X	X	X
Quality and Performance Committee Assurance Report <ul style="list-style-type: none"> • Quality & Performance Report • Serious Incidents • Never Events 	X	X	X
Governance Committee Assurance Report		X	

	APR	MAY	JUNE
AGENDA ITEM / ISSUE			
<ul style="list-style-type: none"> • Business Continuity and EPRR core standards • Complaints • Conflicts of Interest • Freedom of Information • Health & Safety • Human Resources • Information Governance • Procurement 			
Audit Committee Assurance Report	X	X	X
Derbyshire Engagement Committee Assurance Report	X	X	X
Clinical and Lay Commissioning Committee Assurance Report	X	X	X
Primary Care Commissioning Committee Assurance Report	X	X	X
Risk Register Exception Report	X	X	X
Governing Body Assurance Framework Quarter 4	X		
Strategic Risks and Strategic Objectives		X	
Annual Report and Accounts			X
AGM			
Corporate Committees' Annual Reports			
FOR INFORMATION			
Director of Public Health Annual Report			
Minutes of Corporate Committees			
Audit Committee	X	X	X
Clinical & Lay Commissioning Committee	X	X	X
Derbyshire Engagement Committee	X	X	X
Joint CCG Finance and System Finance and Estates Committee	X	X	X

	APR	MAY	JUNE
AGENDA ITEM / ISSUE			
Governance Committee		X	
Primary Care Commissioning Committee	X	X	X
Quality and Performance Committee	X	X	X
Minutes of Health and Wellbeing Board Derby City	X		X
Minutes of Health and Wellbeing Board Derbyshire County	X		X
Minutes of Joined Up Care Derbyshire Board	X		X
Minutes of the SY&B JCCCG meetings – public / private	X	X	X
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETINGS			
Minutes of the Governing Body	X	X	X
Matters arising and Action log	X	X	X
Forward Plan	X	X	X
ANY OTHER BUSINESS			