

NHS DERBY AND DERBYSHIRE CCG

GOVERNING BODY – MEETING IN PUBLIC

Date & Time: Thursday 1st July 2021 – 9.30am to 11.15am

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/2122/076	Welcome, Apologies & Quoracy Apologies: Martin Whittle, Dean Wallace, Helen Dillistone	Verbal	Dr Avi Bhatia	9.30
GBP/2122/077	Questions from members of the public	Verbal	Dr Avi Bhatia	
GBP/2122/078	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/2122/079	Chair's Report – June 2021	Paper	Dr Avi Bhatia	9.35
GBP/2122/080	Chief Executive Officer's Report – June 2021	Paper	Dr Chris Clayton	
FOR DISCUSSION				
GBP/2122/081	Derbyshire Healthcare NHS FT Dormitory Eradication - Capital Programme Outline Business Cases	Paper	Zara Jones / Andy Harrison	10.00
CORPORATE ASSURANCE				
GBP/2122/082	Finance Report – Month 2	Paper	Richard Chapman	10.20
GBP/2122/083	Finance Committee Assurance Report – June 2021	Verbal	Andrew Middleton	

GBP/2122/084	Clinical and Lay Commissioning Committee Assurance Report – June 2021	Paper	Dr Ruth Cooper	
GBP/2122/085	Derbyshire Engagement Committee Assurance Report – June 2021	Paper	Simon McCandlish	
GBP/2122/086	Primary Care Commissioning Committee Assurance Report – June 2021	Verbal	Professor Ian Shaw	
GBP/2122/087	Quality and Performance Committee Assurance Report – June 2021	Paper	Dr Buk Dhadda	
GBP/2122/088	Governing Body Assurance Framework – Quarter 1 - 2021-22	Paper	Chrissy Tucker	
GBP/2122/089	CCG Risk Register – June 2021	Paper	Chrissy Tucker	
FOR INFORMATION				
GBP/2122/090	Ratified Minutes of Corporate Committees: <ul style="list-style-type: none"> • Derbyshire Engagement Committee – 18.5.2021 • Primary Care Commissioning Committee – 26.5.2021 • Quality and Performance Committee – 27.5.2021 	Papers	Committee Chairs	10.50
GBP/2122/091	South Yorkshire and Bassetlaw Integrated Care System CEO Report – June 2021	Paper	Dr Chris Clayton	
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/2122/092	Minutes of the Governing Body Meeting in Public held on 3 rd June 2021	Paper	Dr Avi Bhatia	11.00
GBP/2122/093	Matters arising from the minutes not elsewhere on agenda: <ul style="list-style-type: none"> • Action Log – June 2021 	Paper	Dr Avi Bhatia	
GBP/2122/094	Forward Planner	Paper	Dr Avi Bhatia	
GBP/2122/095	Any Other Business	Verbal	All	

Date and time of next meeting: Thursday 5th August 2021 from 9.30am to 11.15am – via Microsoft Teams

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEMBERS' REGISTER OF INTERESTS 2021/22

*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 Derbyshire Place Board 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
				Part landlord/owner of premises at College Street Medical Practice, Long Eaton, Nottingham	✓						Ongoing	Ongoing
Blackwell, Dr Penny	Governing Body GP	Governing Body	Derbyshire Primary Care Leadership Group Gastro Delivery 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
				Clinical advisor to the board of Sinfonia Viva, a professional orchestra				✓		01/04/2021		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	
				Fellow of the Royal College Of Surgeons of England and Member of the Vascular Society of Great Britain and Ireland. Advisor to NICE on an occasional basis.			✓			Aug 1992	Ongoing	No action required
				Honorary Associate Professor, University of Nottingham, involved in clinical research activity in the East Midlands.			✓			Aug 2009	Ongoing	No action required
				Medical Director of Independent Healthcare Group which provides local anaesthetic services to NHS patients in Leicestershire, Gloucestershire, Wiltshire and Somerset.	✓					Oct 2020	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Chief Medical Officer for Circle Harmony Health Limited which is part owned by Circle Health Group who run BMI and Circle Hospitals	✓					Aug 2020	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 Finance Committee Primary Care Commissioning Committee	Nil								No action required
Clayton, Dr Chris	Chief Executive Officer	Governing Body	Clinical & Lay Commissioning Committee Primary Care Commissioning Committee	Spouse is a partner in PWC				✓	2019	Ongoing		Declare interest at relevant meetings
Cooper, Dr Ruth	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Finance Committee North East Derbyshire & Bolsover Place Alliance Group Derbyshire Primary Care Leadership Group CRHFT Clinical Quality Review Group GP Workforce Steering Group Conditions Specific Delivery Board	Locum GP at Staffa Health, Tibshelf Shareholder in North Eastern Derbyshire Healthcare Ltd 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 Fundraising Activities through Staffa Health to support Ashgate Hospice and Blythe House	✓				Dec 2020 2015 03/02/2021	Ongoing Ongoing 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
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	Self-employed through own management consultancy business trading as Jill Dentith Consulting Providing part-time, short term corporate governance support to Rotherham NHS Foundation Trust Director of Jon Carr Structural Design Ltd Providing part-time, short term corporate governance support to Sheffield Teaching Hospitals NHS Foundation Trust	✓				2012 6 Oct 2020 6 Apr 2021 07.06.2021	Ongoing 8 April 2021 Ongoing End date 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 Finance Committee Quality & Performance Committee UHDB Clinical Quality Review Group Clinical Policy Advisory Group	GP Partner at Swadincote Surgery	✓				2015	Ongoing		Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Dillstone, 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 Finance 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 Conditions Specific Delivery Board CRHFT Contract Management Board 999 Quality Assurance Group Derbyshire Prescribing Group Derbyshire System Flu Planning Cell Finance Committee Primary Care Commissioning Committee Quality & Performance Committee	GP Partner at St. Lawrence Road Surgery Clinical sessions at St. Lawrence Road Surgery Shareholder in premises of Emmett Carr Surgery, Renishaw; and St. Lawrence Road Surgery, North Wingfield	✓				2012 2012 Ongoing	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 Quality & Performance Committee Remuneration Committee Commissioning for Individuals Panel (Shared Chair) Derbyshire System Finance Oversight Group	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	✓				Jan 2017 May 2013 Mar 2020	Mar 2023 Ongoing Mar 2023		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
Pizzev, Dr Emma	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee Erewash Place Alliance Group	Partner at Littlewick Medical Centre Executive director Erewash Health Partnership	✓				2002 Apr 2018	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
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 Finance 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	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	✓	✓			2009 2016 2009 18.03.20 2015	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 procurement. 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 Meryll	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	✓			✓	2008 1992	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 Finance Committee Governance Committee Quality & Performance Committee Remuneration Committee	Nil							No action required

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	FGM	Female Genital Mutilation	PAD	Personally Administered Drug
AfC	Agenda for Change	FIRST	Falls Immediate Response Support Team	PALS	Patient Advice and Liaison Service
AGM	Annual General Meeting	FRG	Financial Recovery Group	PAS	Patient Administration System
AHP	Allied Health Professional	FRP	Financial Recovery Plan	PCCC	Primary Care Co-Commissioning Committee
AQP	Any Qualified Provider	GAP	Growth Abnormalities Protocol	PCD	Patient Confidential Data
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit	GBAF	Governing Body Assurance Framework	PCDG	Primary Care Development Group
ARP	Ambulance Response Programme	GDPR	General Data Protection Regulation	PCN	Primary Care Network
ASD	Autistic Spectrum Disorder	GNBSI	Gram Negative Bloodstream Infection	PEARS	Primary Eye care Assessment Referral Service
ASTRO PU	Age, Sex and Temporary Resident Originated Prescribing Unit	GP	General Practitioner	PEC	Patient Experience Committee
BAME	Black Asian and Minority Ethnic	GPFV	General Practice Forward View	PHB's	Personal Health Budgets
BCCTH	Better Care Closer to Home	GPSI	GP with Specialist Interest	PHSO	Parliamentary and Health Service Ombudsman
BCF	Better Care Fund	GPSOC	GP System of Choice		
BMI	Body Mass Index	HCAI	Healthcare Associated Infection	PHE	Public Health England
bn	Billion	HDU	High Dependency Unit	PHM	Population Health Management
BPPC	Better Payment Practice Code	HEE	Health Education England	PICU	Psychiatric Intensive Care Unit
BSL	British Sign Language	HI	Health Inequalities	PID	Project Initiation Document
CAMHS	Child and Adolescent Mental Health Services	HLE	Healthy Life Expectancy	PIR	Post Infection Review
CATS	Clinical Assessment and Treatment Service	HNA	Health Needs Assessment	PLCV	Procedures of Limited Clinical Value
CBT	Cognitive Behaviour Therapy	HSJ	Health Service Journal	POA	Power of Attorney
CCE	Community Concern Erewash	HWB	Health & Wellbeing Board	POD	Point of Delivery
CCG	Clinical Commissioning Group	H1	First half of the financial year	POD	Project Outline Document
CDI	Clostridium Difficile	H2	Second half of the financial year	POD	Point of Delivery
CEO (s)	Chief Executive Officer (s)	IAF	Improvement and Assessment Framework	PPG	Patient Participation Groups

CETV	Cash Equivalent Transfer Value	IAPT	Improving Access to Psychological Therapies	PPP	Prescription Prescribing Division
CfV	Commissioning for Value	ICM	Institute of Credit Management	PRIDE	Personal Responsibility in Delivering Excellence
CHC	Continuing Health Care	ICO	Information Commissioner's Office	PSED	Public Sector Equality Duty
CHP	Community Health Partnership	ICP	Integrated Care Provider	PSO	Paper Switch Off
CMHT	Community Mental Health Team	ICS	Integrated Care System	PwC	Price, Waterhouse, Cooper
CMP	Capacity Management Plan	ICU	Intensive Care Unit	Q1	Quarter One reporting period: April – June
CNO	Chief Nursing Officer	IG	Information Governance	Q2	Quarter Two reporting period: July – September
COO	Chief Operating Officer (s)	IGAF	Information Governance Assurance Forum	Q3	Quarter Three reporting period: October – December
COP	Court of Protection	IGT	Information Governance Toolkit	Q4	Quarter Four reporting period: January – March
COPD	Chronic Obstructive Pulmonary Disorder	IP&C	Infection Prevention & Control	QA	Quality Assurance
CPD	Continuing Professional Development	IT	Information Technology	QAG	Quality Assurance Group
CPN	Contract Performance Notice	IWL	Improving Working Lives	QIA	Quality Impact Assessment
CPRG	Clinical & Professional Reference Group	JAPC	Joint Area Prescribing Committee	QIPP	Quality, Innovation, Productivity and Prevention
CQC	Care Quality Commission	JSAF	Joint Safeguarding Assurance Framework	QUEST	Quality Uninterrupted Education and Study Time
CQN	Contract Query Notice	JSNA	Joint Strategic Needs Assessment	QOF	Quality Outcome Framework
CQUIN	Commissioning for Quality and Innovation	JUCD	Joined Up Care Derbyshire	QP	Quality Premium
CRG	Clinical Reference Group	k	Thousand	Q&PC	Quality and Performance Committee
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust	KPI	Key Performance Indicator	RAP	Recovery Action Plan
CSE	Child Sexual Exploitation	LA	Local Authority	RCA	Root Cause Analysis
CSF	Commissioner Sustainability Funding	LAC	Looked after Children	REMCOM	Remuneration Committee
CSU	Commissioning Support Unit	LCFS	Local Counter Fraud Specialist	RTT	Referral to Treatment

CTR	Care and Treatment Reviews	LD	Learning Disabilities	RTT	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
CVD	Chronic Vascular Disorder	LGBT+	Lesbian, Gay, Bisexual and Transgender	RTT Non admitted	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
CYP	Children and Young People	LHRP	Local Health Resilience Partnership	RTT Incomplete	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
D2AM	Discharge to Assess and Manage	LMC	Local Medical Council	ROI	Register of Interests
DAAT	Drug and Alcohol Action Teams	LMS	Local Maternity Service	SAAF	Safeguarding Adults Assurance Framework
DCC	Derbyshire County Council	LOC	Local Optical Committee	SAR	Service Auditor Reports
DCCPC	Derbyshire Affiliated Clinical Commissioning Policies	LPC	Local Pharmaceutical Council	SAT	Safeguarding Assurance Tool
DCHSFT	Derbyshire Community Health Services NHS Foundation Trust	LPF	Lead Provider Framework	SBS	Shared Business Services
DCO	Designated Clinical Officer	LTP	NHS Long Term Plan	SDMP	Sustainable Development Management Plan
DHcFT	Derbyshire Healthcare NHS Foundation Trust	LWAB	Local Workforce Action Board	SEND	Special Educational Needs and Disabilities
DHSC	Department of Health and Social Care	m	Million	SHFT	Stockport NHS Foundation Trust
DHU	Derbyshire Health United	MAPPA	Multi Agency Public Protection arrangements	SIRO	Senior Information Risk Owner
DNA	Did not attend	MASH	Multi Agency Safeguarding Hub	SNF	Strictly no Falling
DoF (s)	Director (s) of Finance	MCA	Mental Capacity Act	SOC	Strategic Outline Case
DoH	Department of Health	MDT	Multi-disciplinary Team	SPA	Single Point of Access
DOI	Declaration of Interests	MH	Mental Health	SQI	Supporting Quality Improvement
DoLS	Deprivation of Liberty Safeguards	MHIS	Mental Health Investment Standard	SRG	Systems Resilience Group
DPH	Director of Public Health	MHMIS	Mental Health Minimum Investment Standard	SRO	Senior Responsible Officer
DRRT	Dementia Rapid Response Team	MIG	Medical Interoperability Gateway	SRT	Self-Assessment Review Toolkit
DSN	Diabetic Specialist Nurse	MIUs	Minor Injury Units	SSG	System Savings Group

DTOC	Delayed Transfers of Care	MMT	Medicines Management Team	STAR PU	Specific Therapeutic Group Age-Sec Prescribing Unit
ED	Emergency Department	MOL	Medicines Order Line	STEIS	Strategic Executive Information System
EDEN	Effective Diabetes Education Now	MoM	Map of Medicine	STHFT	Sheffield Teaching Hospital NHS Foundation Trust
EDS2	Equality Delivery System 2	MoMO	Mind of My Own	STOMPLD	Stop Over Medicating of Patients with Learning Disabilities
EDS3	Equality Delivery System 3	MRSA	Methicillin-resistant Staphylococcus aureus	STP	Sustainability and Transformation Partnership
EIA	Equality Impact Assessment	MSK	Musculoskeletal	T&O	Trauma and Orthopaedics
EIHR	Equality, Inclusion and Human Rights	MTD	Month to Date	TAG	Transformation Assurance Group
EIP	Early Intervention in Psychosis	NECS	North of England Commissioning Services	TCP	Transforming Care Partnership
EMASFT	East Midlands Ambulance Service NHS Foundation Trust	NEPTS	Non-emergency Patient Transport Services	TDA	Trust Development Authority
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.	NHAIS	National Health Application and Infrastructure Services	UEC	Urgent and Emergency Care
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 presented to the control room telephone switch.	NHSE/ I	NHS England and Improvement	UEC	Urgent and Emergency Care

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.	NHS e-RS	NHS e-Referral Service	UHDBFT	University Hospitals of Derby and Burton NHS Foundation Trust
EMLA	East Midlands Leadership Academy	NICE	National Institute for Health and Care Excellence	UTC	Urgent Treatment Centre
EoL	End of Life	NOAC	New oral anticoagulants	YTD	Year to Date
ENT	Ear Nose and Throat	NUHFT	Nottingham University Hospitals NHS Trust	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.
EPRR	Emergency Preparedness Resilience and Response		Official Journal of the European Union	52WW	52 week wait
FCP	First Contact Practitioner	OOH	Out of Hours		
FFT	Friends and Family Test	ORG	Operational Resilience Group		

Governing Body Meeting in Public

1st July 2021

Item No: 079

Report Title	Chair's monthly report - June 2021
Author(s)	Dr Avi Bhatia, Clinical Chair
Sponsor (Director)	Dr Avi Bhatia, 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

We're now entering the later stages of the Covid-19 vaccination programme. Patients will continue to receive their first doses of the vaccine during early July, with second dose follows ups during August. We're then in the depths of planning to roll out the proposed booster programme from September. The vaccine is promised as an 'evergreen' offer, so patients will never miss out, but the delivery model of the programme will likely change.

Since December, when our first jabs were administered in Dronfield and Ripley, we have set up almost 30 vaccination sites and given a total of 1.4million first and second doses. It is a monumental feat and whilst there is still a way to go, we start to reflect on the achievement and how much the local and national work has had a positive effect on the country. We'll celebrate the full success of the programme later in the summer, but as we draw towards the close of the first wave of the programme, it is a simple reflection that our teams at the vaccination centres – the clinicians, the administrators, the volunteers and everyone who has played a part - have been utterly magnificent.

While the overall numbers of vaccinations are excellent – we have given 93% of our adults a first dose - we still have more work to do in reaching some parts of our communities. There is a team of staff working in full partnership with colleagues in local authority to reach into communities and have conversations with people who are reluctant to have the vaccine, for a range of reasons. We've done pop up vaccination clinics in some of these areas to help with uptake and these have been great in opening the dialogue about the vaccine, especially with communities who historically may lack trust in the system, or culturally do not engage with health programmes such as this. It's our job now to maintain those conversations and, accepting that we may not convince everyone, ensure that the offer of the vaccine is always available when people come forward and request it.

On a related matter, I wrote last month about the challenges facing my colleagues and peers in general practice. Despite being open for business and seeing and treating patients throughout the pandemic, practice staff have come in for some criticism recently from patients. We understand that the general practice offer looks slightly different, with greater use of telephone triage and consultations than before, but the balance here isn't dramatically different; GPs are still seeing patients in person where that is needed for assessment and it is only right that clinical time is directed towards patients who need it. What is utterly unacceptable is the abuse that some practice staff have been receiving as a result. Some of

my colleagues have been speaking in the media about this recently, and the reports of the things said to practice staff are hard to hear.

What is important though is that while asking that the abuse stops, we still need to listen to patients. There is clearly a reality for patients, and perhaps some perception, that access to primary care is difficult, indeed we have heard these reports before. We know that when patients feel they can't gain access to general practice they potentially take their care needs elsewhere, including Emergency Departments, and we have seen rises in activity there too for walk-in patients. To better understand this, we have commissioned Britain Thinks to undertake some research with our patients to test out the reality of their journey, the services they choose or are referred to, and the things that influence their decision-making. The main objective is that we have real insight from patients that recently used services, and some that haven't, that will help to inform both our messages to patients and the service offer from general practice. As I have said before, responding with appropriate advice, treatment and care for our patient needs is our top priority but understanding their expectations is vitally important if we are to meet them. The research will take place through the early summer and we will need to factor the outcomes into our winter planning processes.

On a broader note, the health and care system has turned its attention to planning for winter. This always starts during the summer, but this year we are especially early given the altered circumstances and the knowledge that services are already becoming strained as activity continues to restore and rise. Urgent and emergency care transformation remains among our top priorities, and this will remain the case as we progress towards the statutory Integrated Care System. General practice is badged under the 'primary care' banner for a reason as it is the first port of call for many patients, so making sure it is supported and functioning well and that patients can navigate and have faith in the system is critical if we are to cope through the challenging winter period.

Avi Bhatia

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

1st July 2021

Item No: 080

Report Title	Chief Executive Officer's Report
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

On Monday 14 June, the Prime Minister confirmed that the lifting of the majority of Covid restrictions would be delayed from 21 June to 19 July. During the Downing Street press briefing he said that 'there is a real possibility the virus will outrun the vaccines' and lead to more deaths. He added that the delay will give the NHS "a few more crucial weeks" to get people vaccinated, adding that while the link between infections and hospital admissions had been "weakened" it had not been "severed".

While the news will be disappointing to many, it's important that we move forward at the right time. A recent paper by the Scientific Pandemic Influenza Group on Modelling (SPI-M) highlighted the complexity of managing the virus and, due to the seemingly infinite number of variables, the decision making that comes it. The signs are positive. Currently around 1% of hospital beds are filled with COVID-19 patients. In Derbyshire we have only a handful of patients in hospital with coronavirus which is remarkable when you consider that at the height of the January peak we had more than 700 inpatients with coronavirus.

We have wasted no time in utilising those "crucial weeks" as our vaccination programme has continued to expand - we are now offering vaccines to all adults across Derby and Derbyshire. Along with all other health and care systems in England, we are making a targeted push towards the potential 19th July removal of lockdown restrictions, with the aim of getting as many people vaccinated as possible to maximise protection against Covid-19 and its variants. Derby and Derbyshire are well on track to achieve our targets, and this was supported by a significant push during the "vaccination super weekend", 25 – 28 June, with a wide range of walk-in sessions across the county to maximise uptake. At the time of writing this report we had delivered 1.3 million vaccinations, with a minimum target of around 1.5million by the July date.

Our recovery from the pandemic also continues, with further progress made on reducing the surgery waiting lists for patients that have built up during the last 15 months. Supporting the recovery of our workforce remains our top priority, given the importance of their health and wellbeing and the impact this has on our ability to deliver our restoration and recovery plans.

We continue to consistently operate processes both to clinically prioritise treating our patients and for reviewing patients and managing harm, and it is pleasing to note that we performed very well against our planned trajectories for operations undertaken during April at both Chesterfield and Derby.

We expect our theatre capacity at to be working at pre-covid levels at both during June and July, our plans remain on track for the surgical backlogs of priority 2 patients (those requiring

surgery within one month) to be restored to normal levels by the end of the month, and we are maximising the use of our NHS and independent sector capacity to recover as quickly as possible.

Emergency Department attendances once again started to increase at Chesterfield Royal Hospital and attendances have also steadily been rising at University Hospitals of Derby and Burton. It remains important for people to choose the right health service according to their need as we work to restore services and recover backlogs caused by the pandemic and so we have been raising awareness of some of the minor conditions that can be treated at home, by getting advice from a pharmacist or by contacting NHS 111. Attendances at Urgent Treatment Centres have also increased and this is perhaps a reflection of the work we have been doing to ease pressures on our Emergency Departments.

GP COVID activity has reduced this month, but GP practices continue to remain under immense pressure as they deal with the pandemic, vaccination programme and an upsurge in demand for appointments. Unfortunately we have received reports of GPs and practice staff receiving verbal abuse and threats of violence from patients. In an effort to diffuse tensions, Dr Shehla Imtiaz-Umer, spoke to the Derby Telegraph and answered the most common questions and concerns people have in relation to getting an appointment. Dr Peter-John Flann also spoke to the Derbyshire Times about the unprecedented demand facing surgeries and offered his thoughts on how patients can get the best out of their GP practice.

We all know that no GP or practice staff member goes to work to do a bad job and we have been urging patients to support them at this time by respecting them, being a "patient patient" and making the right choice when they need an NHS service.

There was a significant piece of new guidance issued on the next steps for Integrated Care Systems (ICS). The ICS Design Framework builds on the Government's White Paper on Health and Care Reform, published in February. The latest guidance – the [ICS Design Framework](#) - builds an additional layer on previous knowledge, as we seek to join up health and care services and embed lessons learned from the pandemic. In Derbyshire, these proposals continue to be welcomed and are in line with the direction of travel being planned by the Joined Up Care Derbyshire Integrated Care System. There remains significant opportunity for local flexibility and determination in setting out our approach and all arrangements and duties remain subject to legislation and parliamentary approval.

With a new date for lockdown easing in sight, let's move forward positively by continuing to focus on the things that are in our control; getting our vaccinations if we are eligible and have not yet done so, following the national guidance, and making sure we continue to think hands, face, space, fresh air.

Once again, I would also like to express my gratitude to all the health and social care colleagues across our system who continue to go above and beyond, day after day, to deliver excellent care to the people of Derby and Derbyshire.

Chris Clayton
Accountable Officer and Chief Executive

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

Meeting and purpose	Attended by	Frequency
NHS England and Improvement (NHSE/I)	Senior teams	Weekly
ICS and STP leads	Leads	Frequency tbc
Local Resilience Forum Strategic Coordinating Group meetings	All system partner CEOs	Weekly
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
Accelerating our System Transformation	CCG/System/KPMG	Ad Hoc
2021/22 Planning – Derbyshire System	CCG/System/NHSE	Monthly
LRF/Derbyshire MPs	Members and MPs	Monthly
Derbyshire Quarterly System Review Meeting	NHSE/System/CCG	Quarterly
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
Derbyshire Covid-19 SCG Meetings	CEOs or nominees	Weekly
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
Urgent and emergency care programme	UDB & CCG	Ad Hoc
System Operational Pressures	CCG/System	Ad Hoc
Clinical & Professional Reference Group	CCG/System	Ad Hoc
Derbyshire MP Covid-19 Vaccination briefings	CCG/MPs	Two per week
Regional Covid Vaccination Update	CCG/System/NHSE	Three per week
Gold Command Vaccine Update	CG/DCHS	Ad Hoc
Integrated Commissioning Operating Model	CCG/System/NHSE	Ad Hoc

	System Transition Assurance Sub-Committee	CCG/System	Monthly
	Primary Care Integration Operating Model Options	CCG/NHSE	Ad Hoc
	East Midlands ICS Commissioning Board	Regional AOs/NHSE	Monthly
	Team Talk	All staff	Weekly

3.0 National developments, research and reports

[3.1 Over one million jabs booked as NHS vaccine programme opens to all adults](#)

People rushed to book 1,008,472 appointments in just two days – an average of more than 21,000 every hour, or six every second. Four in five adults have now received their first dose of the jab, and with three in five already fully vaccinated after receiving two doses.

[3.2 Funding boost for young people’s mental health services](#)

An extra £40 million has been allocated to address the COVID impact on children and young people’s mental health and enhance services across the country.

[3.3 NHS kicks off ‘CPR Army’ following footballer’s collapse](#)

England’s National Medical Director, Professor Stephen Powis, announces a new partnership with St John Ambulance to deliver an NHS programme encouraging everyone to learn CPR and how to use defibrillators. The announcement comes after international footballer Christian Eriksen was saved by quick thinking medics during Denmark’s opening match against Finland in the Euro 2020 tournament.

[3.4 Thousands of lives to be saved by health MOTs at NHS vaccination services](#)

Health MOTs at NHS vaccination services, pharmacies and clinics are set to save thousands of lives by rolling out opportunities for health checks at times when patients already have other appointments. This supports the NHS’s ambition to make ‘every contact count’.

[3.5 NHS sets up specialist young people’s services in £100 million long COVID care expansion](#)

The NHS is setting up specialist long COVID services for children and young people as part of a £100 million expansion of care for those suffering from the condition. The 15 new paediatric hubs will draw together experts on common symptoms such as respiratory problems and fatigue who can directly treat youngsters, advise family doctors or others caring for them or refer them into other specialist services and clinics.

[3.6 Sharp rise in people overcoming hesitancy and saying yes to the lifesaving COVID-19 jab](#)

The NHS in England has seen a huge jump in the number of people coming forward for a COVID jab since launching its plan to tackle vaccine hesitancy.

3.7 NHS roll out of body cams in boost to ambulance crews safety

Thousands of ambulance crews across the country will be provided with body cameras as part of an NHS crackdown to reduce attacks on staff. The introduction of the cameras comes alongside data that 3,569 ambulance staff were physically assaulted by the public last year – 30% more than five years ago.

3.8 New NHS patient data store delayed by two months

The creation of a central NHS digital database from GP records in England will be delayed by two months, the government has announced.

4.0 Local developments

4.1 Public engagement with Derbyshire Integrated Care System

On Thursday 24 June, Joined Up Care Derbyshire hosted a 'Derbyshire Dialogue' session which gave members of the public and other interested stakeholders an opportunity to find out more about plans for the future of health and care services in Derby and Derbyshire. The session was attended by over 200 people and covered:

- What is meant by the term 'integrated care system' (ICS)
- The ways health, care and wellbeing improve when the NHS, councils, other sectors, communities, and citizens all work together
- The ambitions for the integrated care system in Derby and Derbyshire
- All the ways people can get involved in the development of the ICS

The session was recorded and will be widely shared. The recording will be available at www.derbyandderbyshireccg.nhs.uk and on the CCG's [YouTube](#) channel. Further sessions will be held as part of a range of ways to encourage regular engagement with the development of the ICS in Derbyshire.

4.2 Derbyshire service supports 'Long Covid' patients

Derbyshire patients who continue to experience symptoms following Covid-19 infection can have their rehabilitation and support needs assessed via the Post Covid Syndrome Assessment Service, through referral from GPs and hospital consultants.

4.3 Nursing and Midwifery Conference – 15 July 2021

NHS England and Improvement publishes data on the vaccination programme at system level [here](#)

4.4 Work on Chesterfield Royal Hospital's new Urgent and Emergency Care Department gets underway

The 18-month project will transform an existing staff car park at the front of the hospital's site into a stylish new Urgent and Emergency Care Department, bringing a host of services together. Defined clinical areas will help to make sure that people seeking support get to see the right healthcare professional quickly - whether they need a minor injury attending to, emergency care for a serious accident, critical care for a life-threatening condition, or medical support for a long-term illness.

4.5 Latest vaccination statistics

NHS England and Improvement publishes data on the vaccination programme at system level [here](#)

4.5 Media update

You can see examples of recent news releases [here.](#)

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

1st July 2021

Item No: 081

Report Title	Derbyshire Healthcare NHS FT Dormitory Eradication Capital Programme Outline Business Cases (Derbyshire North, Derby South)
Author(s)	Andy Harrison – SRO Acute Care Capital Programme - DHcFT Geoff Neild – Programme Director - DHcFT Jennifer Stothard – Head of MH Commissioning – DDCCG
Sponsor (Director)	Zara Jones – Exec Director Commissioning Operations

Paper for:	Decision	X	Assurance	Discussion	Information
Assurance Report Signed off by Chair	N/A				
Which committee has the subject matter been through?	N/A				
Recommendations					
<p>The Governing Body (GB) is requested to:</p> <ul style="list-style-type: none"> • NOTE the executive summary of the outline business cases (OBC) relating to the provision of new acute mental health inpatient wards for a) Derby North and b) Derby South. • REVIEW the recommendations from the CCG sub committees of the Board. • NOTE approval provided from JUCD Board. • CONFIRM support for the progress of the Business Cases through the HM Treasury Gateway. • APPROVE content of proposed draft letters of support. • NOTE that the OBC relating to the proposed Psychiatric Intensive Care Unit build will be reviewed at future CCG committees and Governing Body. 					
Report Summary					
<p>This report presents two Outline Business Cases (OBC) for the development of two 54 bedded adult acute mental health units by Derbyshire Healthcare NHS Foundation Trust (DHcFT). One of these will be located in the North of the County in the grounds of the Chesterfield Royal Hospital site in close proximity to the current Hartington Unit. The second will be in the grounds of the DHcFT Kingsway site in Derby.</p> <p>The OBCs have been developed in accordance with the Her Majesty's Treasury (HMT) Green Book five case business case requirements. The five cases are:</p> <ul style="list-style-type: none"> • Strategic • Economic • Commercial 					

- Financial
- Management

The £80m funding for these developments has been secured, subject to approval of both the OBCs and Final Business Cases (FBC), from a NHSEI central funding allocation for Mental Health Dormitory Eradication. The funding conditions require separate OBCs and FBCs for each scheme as any individual scheme over £50m requires Treasury approval. The timelines for the Programme are challenging with a hard stop date of the 31st March 2024. Given this, the DHcFT Board have approved the Programme Delivery Team to carry out design development activity during the 3-4 month NHSEI OBC approval process at financial risk to the Trust in order to meet the programme requirements for FBC submission.

It is a key requirement for both the OBC and FBC that support for the business cases is provided, in the form of a letter, from Commissioners, the Integrated Care System and the NHSEI Regional Finance Director. Governing Body are being requested to support the submission of a Commissioner letter of support for each OBC.

DHcFT is one of the biggest users of dormitories in mental health in England with the majority of its 142 acute adult and 12 older adult beds being provided from dormitories. Some of this provision is mixed sex accommodation. The 108 beds provided by these two developments are supplemented by the re-provision of 34 at the Radbourne Unit in Derby via a Trust Funded refurbishment programme. Discussions with Derbyshire Community Healthcare Foundation Trust are ongoing regarding the relocation of the 12 older adult beds to Walton Hospital from the Hartington Unit.

There is a wider programme beyond the two OBCs which includes the development of a 14 bedded male Psychiatric Intensive Care Unit (PICU) and an 8 bedded female 'acute plus' facility, both at the Kingsway site, which will eradicate the use of out of area PICU beds for male patients from Derbyshire. Due to the projected low demand for female PICU once the enhanced community services offer for people who find it difficult to control their emotions (emotional regulation pathway) and 8 bedded 'acute plus' services are fully established; it is proposed that Derbyshire enter into a long-term strategic partnership with a local provider for female PICU services. The proposal is that the male PICU and female 'acute plus' facility builds would be funded through DHcFT capital monies; and separate business cases are being developed for the PICU and refurbishment projects. These will be subject to future review by this Governing Body.

The eradication of dormitories from the DHcFT estate is a formal regulatory action by the Care Quality Commission (CQC). The scale of the remaining dormitory removal is part of the core reason why this national capital support is key to substantial improvement in safety, financial management, and achieving the specific aspects of the NHS Long Term Plan. The eradication of dormitories is a key requirement of Regulation 15 (1) c premises and equipment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The positive system impacts on Accident and Emergency, Acute Trust patient flow across Derbyshire will be significant, when the transformation of services is fully realised.

The new Mental Health Act legislative reforms put emphasis on purposeful safe admissions for therapeutic reasons to improve patient experience. The safety of patients in mental health services will always be a crucial concern. The NHS Long Term Plan committed to a new Mental Health Safety Improvement Programme (MHSIP) which aims to tackle priority mental health safety issues:

- Sexual safety for inpatients
- Reducing restrictive practice
- Reducing suicide and deliberate self-harm

The proposals were reviewed at the Joined Up Care Derbyshire Board on the 17th June 2021 and it was agreed to provide support for progression to the NHSEI gateway process.

Attached as **appendix 1** is an executive summary briefing presentation provided by the DHcFT Programme team.

Attached as **appendix 2** is the proposed letter of support for the South Acute OBC.

Attached as **appendix 3** is the proposed letter of support for the North Acute OBC.

The approved OBC's will be submitted to the NHSEI Joint Investment Committee by DHcFT w/c 9th July to enable the review to be completed during September 2021.

The process of developing the Full Business Cases (FBC) will commence at risk by DHcFT from submission of the OBCs, with an expected completion date of the end of December 2021. The DHcFT Trust Board are accountable for the oversight and management of the programmes of work.

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

The capital costs of the two business cases combined is c£80m. The funding will be provided from a national allocation for Mental Health Dormitory Eradication, subject to the business cases receiving local, regional and national approval.

For the two business cases, there will be additional net revenue consequences of £5.3m per annum after taking into account £1.7m of savings from reduced out of area placements and associated transport. The majority of these costs will be as a result of capital charges and premises costs, as set out below:

Revenue Consequences	Cost per annum £000
Increase in Staffing Costs	2,265
Increase in Clinical Non-Pay Costs	51
Increased Premises Costs	1,383
Increased Depreciation	1,198
Increased Dividend Charge	2,098
Savings in Out of Area Placements	(1,586)
Savings on Out of Area Transport	(150)
Total Impact	5,259

The revenue consequences will be required to be funded from additional system monies identified through the Mental Health Minimum Investment Standard (MHMIS). Depending on allocation growth in future years, the funding available to the system through the MHMIS will be c£7m per annum, so the two business cases will account for approximately 75% of the additional funding available, leaving limited funding to support other mental health and learning disability Long Term Plan requirements and growth/cost pressures.

The Mental Health, Learning Disability & Autism Delivery Board are aware of this and accept their responsibilities in managing the programme budget in totality.

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

DPIA stage one has been completed and signed off.

DPIA stage two is not needed as the CCG connection to this project will not process any identifiable data. The delivery of care enabled by this build will enable the DHcFT only to access this information.

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

The QIA has been completed and has been identified as a low risk project

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

The EIA has been completed and has identified a positive impact across both genders with the proposal to provide single sex wards. It has identified a neutral impact on all other protected characteristics.

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

The proposals were reviewed by the Derbyshire EQIA panel on the 15th June 2021. The panel agreed the proposals were low risk and requested regular updates regarding progress.

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

Communication and engagement activities regarding the program are being led by DHcFT with oversight and assurance being provided by the CCG engagement lead.

Joint briefings (DHcFT & CCG) have been provided to the City and County Health Overview and Scrutiny Committees (HOSC) regarding the proposed programs of work, both HOSC's were assured regarding the engagement plan and agreed that the projects did not represent significant service change warranting a public consultation.

The communication and engagement aspects of the program of works has been reviewed by DDCCG Engagement Committee within the 18 May session and support was given to the approach.

Have any Conflicts of Interest been identified/ actions taken?

No conflicts of interest have been identified.

Governing Body Assurance Framework

The proposal will support the CCG in delivery of the following:

Strategic Objective 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.

Strategic Objective 7 - Work in partnership with stakeholders and engage with our population to achieve the above objectives where appropriate.

Identification of Key Risks

Failure to eliminate dormitory inpatient provision will result in:

- Non-achievement of CQC formal regulatory action.
- Continuing non-compliance against regulation 15 (1) c premises and equipment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Outline Business Cases

Acute Mental Health Dormitory Eradication Programme

Acute Mental Health OBCs

Background

- National policy since 2000s: elimination of dormitories
- Area of focus by the Care Quality Commission (CQC)
- Acute care pathway service is rated ‘requires improvement’:
 - ❖ eradication of dormitory accommodation
 - ❖ access to a local psychiatric intensive care services
- DHCFT has 127 (of 142) acute inpatient beds in dormitory-style
- In Q2 2020/21: submitted a high-level bid to NHSEI
- In Q4 2020/21: approved funding for OBC development
- Funding limit of £80m from National Dormitory Eradication Fund
- Completion deadline to access funds March 2024

Acute Mental Health OBCs

Strategic Fit

- CCG and JUCD committed to local mental health service improvement
- Support replacing all dormitory-style wards with single ensuite rooms
- Sufficient capacity and appropriate location is central to commitment
- Consideration given to changing needs / likely service developments and flexibilities included to enable the units to adapt for future needs
- JUCD committed to eliminating all adult acute and PICU 'out of area' placements and ensure care is delivered closer to home
- JUCD estates strategy includes the DHCFT dormitory eradication works viewed as a *'critical area of work to further enhance the excellent care we provide for our patients'*
- Delivery of LTP requirements - elimination of out of area placements, improving the inpatient therapeutic offer, reduction in length of stay will have positive impact on TCP trajectory through improving the mainstream MH service offer for LD&A

Acute Mental Health OBCs

Option Appraisal – Derbyshire north

Capital

Option 0 - Business as usual (As Required)	£0m
Option 1 - Refurbish Hartington (Do Minimum)	£17.5m
Option 2 – 48-bed new build, new commercial site (Intermediate)	£43.4m
Option 3 – 54-bed new build at Chesterfield site (Do Maximum)	£39.9m

Acute Mental Health OBCs

Option Appraisal – Derbyshire south

Capital

Option 0 - Business as Usual (As Required)	£0m
Option 1 - Refurbish Radbourne (Do Minimum)	£23.5m
Option 2 - 54 Bed New Build -Kingsway (Intermediate)	£39.9m
Option 3 – 96 Bed New Build -Kingsway (Do Maximum)	£66.1m

Acute Mental Health OBCs

Economic Case – Derbyshire north

£000	Option 0	Option 1	Option 2	Option 3
Option Description	Business as Usual	Refurbishment of Hartington (Do Minimum)	48 Bed Off Site Solution (Intermediate)	Hartington 54 Bed New Build (Do Maximum)
Capital Costs (inc Land and Lifecycle)	£0.00	£15,036.95	£34,390.86	£34,104.75
Additional Revenue Costs	£0.00	£6,152.41	£48,337.30	£48,337.30
Cash Releasing Benefits	£0.00	£0.00	£0.00	£19,976.78
Non-Cash Releasing Benefits	£0.00	£0.00	£0.00	£22,680.65
Societal Benefits	£0.00	£0.00	£0.00	£0.00
Costed Risks	-£176,532.02	-£120,010.99	£0.00	£0.00
Net Present Societal Value	£0.00	£35,331.67	£93,803.86	£136,747.40
Benefit:Cost Ratio	0.00	2.67	2.13	2.66
Ranking	4	2	3	1

Acute Mental Health OBCs

Economic Case – Derbyshire south

Economic Factors	Option 0	Option 1	Option 2	Option 3
	Business as Usual	Refurbishment of Radbourne Unit (Do Minimum)	54 Beds Mental Health Unit at Kingsway Site (Intermediate)	96 Beds Mental Health Unit at Kingsway site (Do Maximum)
Land Costs	£0.00	£0.00	£0.00	£0.00
Capital Costs (inc Lifecycle)	£0.00	£20,227.99	£33,585.62	£59,313.81
Additional Revenue Costs	£0.00	£2,669.23	£36,695.71	£65,236.81
Cash Releasing Benefits	£0.00	£0.00	£19,945.06	£19,945.06
Costed Risks	-£244,071.56	-£197,504.27	£0.00	£0.00
Net Present Societal Value	£0.00	£23,670.07	£193,735.30	£139,466.00
Benefit:Cost Ratio	0.00	2.03	3.76	2.12
Ranking	4	3	1	2

Acute Mental Health OBCs

Preferred Option

- Derbyshire north OBC – 54-bed development – Chesterfield site
- Derbyshire south OBC - 54-bed development – Kingsway site

DHCFT will also develop a separate Trust funded case, subject to system support for system CDEL use, to provide:

- Refurbishment of current Radbourne Unit, providing remaining 34-bed female acute wards to complete the dormitory eradication and maintain same bed-base
- A new 14-bed male **PICU** as a simultaneous build on Kingsway site
- A new 8-bed **Acute-plus** facility female facility on Kingsway site

Acute Mental Health OBCs

Preferred Option

ROYAL CHESTERFIELD HOSPITAL SITE	
HARTINGTON UNIT	
EXISTING	TBC
Pleasley (20 Beds) but only 8 beds allocated to adult	12 Beds - older age adult
Morton (22 Beds)	NEW BUILD
Tansley (22 Beds)	
	Ward B (18 Beds)
	Ward C (18 Beds)

KINGSWAY SITE	
NEW BUILD	TBC
Ward A (18 Beds)	
Ward B (18 Beds)	
Ward C (18 Beds)	
NEW BUILD	REFURBISHED
PICU (14 Beds) - Male Only	Acute-plus Facility (8 Beds) - Female Only

ROYAL DERBY HOSPITAL SITE	
RADBOURNE UNIT	
EXISTING	REFURBISHED
Ward 32	Ward 32
Ward 35	Ward 35
Ward 33	
Ward 34	
Ward 36	

Acute Mental Health OBCs

Both new 54-bed development will contain:

New Build Component	Services
Entrance & Reception	✓
Essential facilities such as Multi-Faith, Visitors' Area, Changing Space, MHA Tribunal Suite	✓
Section 136 Suite	✓
Shared Therapy Suite	✓
Adult Acute – Single Sex Ward 1	18 beds
Adult Acute – Single Sex Ward 2	18 beds
Adult Acute – Single Sex Ward 3	18 beds
Bed Total	54 beds

Acute Mental Health OBCs

Clinical Model

- Adopts RCP 'Accreditation for Inpatient Mental Health Services – Working Age'
- Recovery principles and trauma informed care
- Clear service specifications / descriptions to support understanding of safe care
- Active use of outcomes measures and reporting to demonstrate benefits
- Clear focus on quality experience, clear literature which describes our services, what to expect and the benefits of using our services
- Priorities:
 - Reducing restrictive practices and violence for all our people
 - Improving sexual safety
 - Learning from COVID and the impact of the pandemic

Acute Mental Health OBCs

Engagement

- Engagement with our service user forum, EQUAL from initial plans and ongoing
- Developments shaped by people with lived experience of mental health services
- Engagement with stakeholders / public planned through survey July / August
- CCG Engagement Cttee discussed and supported engagement approach 18th May
- Derbyshire County and Derby City OSC Chairs have been briefed and are supportive
- Developments for discussion Derby OSC meeting 15th June & County OSC 12th July
- DCHFT Quality Committee received an EIA on 1st June
- JUCD System EQIA Panel received the EQIA on 15th June
- Assessed as providing positive benefits for patients and quality improvements

Acute Mental Health OBCs

Affordability Assessment – Derbyshire north

Cost Changes	£000
Increase in Staffing Costs	1,322
Increase in Clinical Non-Pay Costs	29
Increased Premises Costs	752
Increased Depreciation	599
Increased Dividend Charge	1,049
Savings in Out of Area Placements	(793)
Savings on Out of Area Transport	(75)
Total Impact	2,883

Acute Mental Health OBCs

Affordability Assessment – Derbyshire south

Cost Changes	£000
Increase in total Staffing Costs	943
Increase in Clinical Non-Pay Costs	22
Increased Premises Costs	631
Increased Depreciation	599
Increased Dividend Charge	1,049
Savings in Out of Area Placements	(793)
Savings on Out of Area Transport	(75)
Total Impact	2,376

Acute Mental Health OBCs

Summary Impact

- Proposed developments offer the best design solution for modern mental health facility for working age adults and best value for money for the local health economy
- The Trust is seeking **national** capital investment support of **£80 million** and an **additional revenue consequence of £5.4 million** (excludes £1.1m I&E impact of impairments in first year of operation)



Derby and Derbyshire Clinical Commissioning Group

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1st July 2021

Ifti Majid
Chief Executive
Derbyshire Healthcare NHS Foundation Trust
Ashbourne Centre
Kingsway Site
Derby, DE22 3LZ

Dear Mr Majid,

Re: Derbyshire Healthcare NHS FT Derby South Acute Dormitory Re provision

I am writing on behalf of NHS Derby and Derbyshire Clinical Commissioning Group, to confirm our approval for the Derby South Acute Dormitory Re provision Outline Business Case (OBC) to be provided in Derby.

We understand that the South Acute Dormitory Re provision will be a newbuild project on the Kingsway hospital site, based within Derby, comprising of three new mental health acute wards with associated support services and the provision of therapeutic space, tribunal facilities, administration, and family space.

We believe the South Acute Dormitory Re provision will enable a number of benefits to be realised, including:

- The provision of COVID safe environments
- Resolution of CQC formal regulatory action
- Resolution to CQC Sexual Safety recommendations
- Enhanced Safety and reduction of violent incidents
- Delivery of Long Term Plan targets to eradicate acute out of area placements, improve the inpatient therapeutic offer and reduce the length of inpatient stays.
- Eradication of any residual ligature areas, implementing the best evidence and reducing the reputational risk at a local or regional level of any regulatory action.
- Reducing back log maintenance in managing older Estate in large sections of the current Derbyshire mental health service provision.

- The provision of Autism friendly design which will support delivery of Long Term Plan targets in relation to the Transforming Care Programme.

Approval of the OBC

We have reviewed the OBC for the South Acute Dormitory Re provision project and in our opinion the proposed solution assists the health system in managing present and future issues.

We are happy to confirm that:

- The capacity planning and bed modelling assumptions in the outline business case is based on 'reasonable levels' of demand growth and reflect the current system understanding of the impact of transformational changes across community pathways and inpatient length of stay with the improved inpatient clinical model.
- The additional revenue costs as proposed within the outline business case are being included in the long-term financial modelling for the Derbyshire system. At c£2.4m pa for the South development, this will account for approximately 33% of the Mental Health Minimum Investment Standard, which is a significant pre-commitment of future year's funding. The Joined Up Care Derbyshire Mental Health, Learning Disability & Autism Delivery Board are aware of this and recognise their responsibility in managing the overall programme budget.
- Derby City Local Authority and Derbyshire County Local Authority are supportive of the proposals contained within the OBC and are supportive of the communication and engagement approach proposed to ensure the CCG and Derbyshire Healthcare NHS FT meet the s14Z2 duties of the NHS Act.

The OBC has been discussed within the following governance forums within the CCG:

- Clinical and Lay Commissioning Committee
- Quality and Performance Committee
- Engagement Committee
- Governing Body

The feedback from these forums provided support for the capital build of the project, and support for the engagement and clinical pathways work to date.

The CCG recognises that aspects of patient and clinical benefits of the project along with the capital and revenue financial implications will continue to be developed and refined through the DHcFT project implementation groups which the CCG will continue to be an active member.

Therefore please accept this letter as formal approval of the South Acute Dormitory Re provision.

We look forward to our continued involvement in the project as it moves towards completion

Yours sincerely,

Dr Chris Clayton
MA MB BChir DRCOG PGCGPE MRCP
Chief Executive Officer

CC.



Derby and Derbyshire Clinical Commissioning Group

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Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

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www.derbyandderbyshireccg.nhs.uk

1st July 2021

Ifti Majid
Chief Executive
Derbyshire Healthcare NHS Foundation Trust
Ashbourne Centre
Kingsway Site
Derby, DE22 3LZ

Dear Mr Majid,

Re: Derbyshire Healthcare NHS FT Derby North Acute Dormitory Re provision

I am writing on behalf of NHS Derby and Derbyshire Clinical Commissioning Group, to confirm our approval for the Derby North Acute Dormitory Re provision Outline Business Case (OBC) to be provided in Derby.

We understand that the North Acute Dormitory Re provision will be a newbuild project on the Chesterfield Royal hospital site, comprising of three new mental health acute wards with associated support services and the provision of therapeutic space, tribunal facilities, administration, and family space.

We believe the North Acute Dormitory Re provision will enable a number of benefits to be realised, including:

- The provision of COVID safe environments
- Resolution of CQC formal regulatory action
- Resolution to CQC Sexual Safety recommendations
- Enhanced Safety and reduction of violent incidents
- Delivery of Long Term Plan targets to eradicate acute out of area placements, improve the inpatient therapeutic offer and reduce the length of inpatient stays.
- Eradication of any residual ligature areas, implementing the best evidence and reducing the reputational risk at a local or regional level of any regulatory action.
- Reducing back log maintenance in managing older Estate in large sections of the current Derbyshire mental health service provision.
- The provision of Autism friendly design which will support delivery of Long Term Plan targets in relation to the Transforming Care Programme.

Approval of the OBC

We have reviewed the OBC for the North Acute Dormitory Re provision project and in our opinion the proposed solution assists the health system in managing present and future issues.

We are happy to confirm that:

- The capacity planning and bed modelling assumptions in the outline business case is based on 'reasonable levels' of demand growth and reflect the current system understanding of the impact of transformational changes across community pathways and inpatient length of stay with the improved inpatient clinical model.
- The additional revenue costs as proposed within the outline business case are being included in the long-term financial modelling for the Derbyshire system. At c£2.9m pa for the north development, this will account for approximately 42% of the Mental Health Minimum Investment Standard, which is a significant pre-commitment of future year's funding. The Joined Up Care Derbyshire Mental Health, Learning Disability & Autism Delivery Board are aware of this and recognise their responsibility in managing the overall programme budget.
- Derbyshire County Local Authority are supportive of the proposals contained within the OBC and are supportive of the communication and engagement approach proposed to ensure the CCG and Derbyshire Healthcare NHS FT meet the s14Z2 duties of the NHS Act.

The OBC has been discussed within the following governance forums within the CCG:

- Clinical and Lay Commissioning Committee
- Quality and Performance Committee
- Engagement Committee
- Governing Body

The feedback from these forums provided support for the capital build of the project, and support for the engagement and clinical pathways work to date.

The CCG recognises that aspects of patient and clinical benefits of the project along with the capital and revenue financial implications will continue to be developed and refined through the DHcFT project implementation groups which the CCG will continue be an active member.

Therefore please accept this letter as formal approval of the South Acute Dormitory Re provision.

We look forward our continued involvement in the project as it moves towards completion

Yours sincerely,

Dr Chris Clayton
MA MB BChir DRCOG PGCGPE MRCGP
Chief Executive Officer

CC.

Governing Body Meeting in Public

1st July 2021

Item No: 082

Report Title	Finance Report – Month 2
Author(s)	Georgina Mills, Senior Finance Manager
Sponsor (Director)	Richard Chapman, Chief Finance Officer

Paper for:	Decision	Assurance	x	Discussion	Information
Assurance Report Signed off by Chair		N/A			
Which committee has the subject matter been through?		Finance Committee – 24.6.2021			
Recommendations					
<p>The Governing Body is requested to NOTE the following:</p> <ul style="list-style-type: none"> • Allocations have been received for H1 at £1.014bn • The YTD reported underspend at month 2 is £0.478m • Retrospective allocations expected for Covid spend on the Hospital Discharge Programme is £2.777m • The Elective Recovery Fund has a YTD estimated £0.478m and H1 forecast of £1.87m which is expected to be reimbursed. • H1 is forecast to conclude with a £1.87m underspend 					
Report Summary					
The report describes the month 2 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

Any risks highlighted and assigned to the Finance Committee will be linked to the Derby and Derbyshire CCG Board Assurance Framework

Identification of Key Risks

As detailed in the report

Financial Performance Summary
Month 2, May 2021

Statutory Duty/ Performance	Target	Result	Achieved	Key	Comments/Trends
Achievement of expenditure to plan	£336.116m	£335.638m		Green <1%, Amber 1-5% Red >5%	There is a small favourable variance of £0.478m. This relates to the Elective Recovery Fund Allocation
Remain within the delegated Primary Care Co-Commissioning Allocation	£26.001m	£26.042m		Green <1%, Amber 1-5% Red >5%	£(0.041)m adverse variance, however additional allocations are expected to cover the expenditure
Remain within the Running Cost Allowance	£2.991m	£2.777m		Green <1%, Amber 1-5% Red >5%	Running costs are forecast to be underspent against planned expenditure
Remain within cash limit	Greatest of 1.25% of drawdown or £0.25m	0.32%		Green <1.25%, Amber 1.25-5% Red >5%	Closing cash balance of £0.500m against drawdown of £157.3m
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 95% for invoices categorised as NHS and non NHS assessed on value and volume

Operating Cost Statement For the H1 Period Ending: May 2021



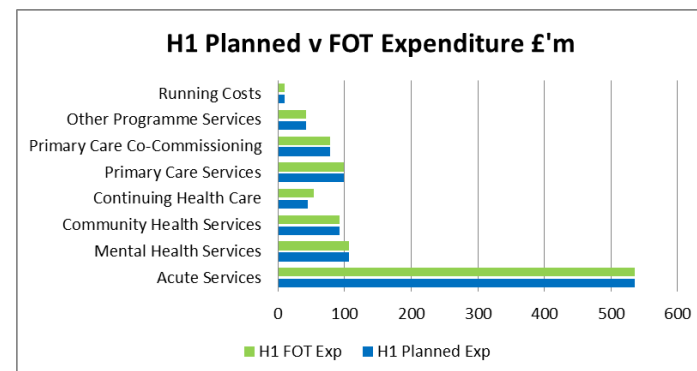
Derby and Derbyshire Clinical Commissioning Group

	Year to Date				Budget and Forecast			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget	H1 Budget	H1 Forecast Outturn	Forecast Variance	FOT Variance as a % of Annual Budget
	£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
Acute Services	177,207	176,959	249	0.14	535,840	535,397	443	0.08
Mental Health Services	38,856	38,254	602	1.55	106,169	106,609	(440)	(0.41)
Community Health Services	26,532	26,553	(20)	(0.08)	92,309	92,283	26	0.03
Continuing Health Care	15,119	18,920	(3,801)	(25.14)	45,135	53,513	(8,378)	(18.56)
Primary Care Services	34,624	34,692	(68)	(0.20)	99,323	98,606	717	0.72
Primary Care Co-Commissioning	26,001	26,042	(40)	(0.16)	78,166	78,302	(136)	(0.17)
Other Programme Services	14,334	14,198	136	0.95	42,215	42,054	161	0.38
Total Programme Resources	332,674	335,616	(2,942)	(0.88)	999,157	1,006,764	(7,606)	(0.76)
Running Costs	2,991	2,777	215	7.17	9,912	9,761	151	1.53
Total before Planned Deficit	335,665	338,393	(2,728)	(0.81)	1,009,069	1,016,525	(7,455)	(0.74)
In-Year Allocations	0	0	0	0.00	0	0	0	0.00
In-Year 0.5% Risk Contingency	451	0	451	100.00	4,244	3,339	905	21.33
Total Incl Covid Costs	336,116	338,393	(2,277)	(0.68)	1,013,313	1,019,863	(6,550)	(0.65)
Expected Covid Reimbursement in Future Months	0	2,277	(2,277)		0	6,550	(6,550)	
Expected Elective Recovery Fund Allocation	0	478	(478)		0	1,870	(1,870)	
Total Including Reclaimable Covid Costs	336,116	335,638	478	0.14	1,013,313	1,011,443	1,870	0.18

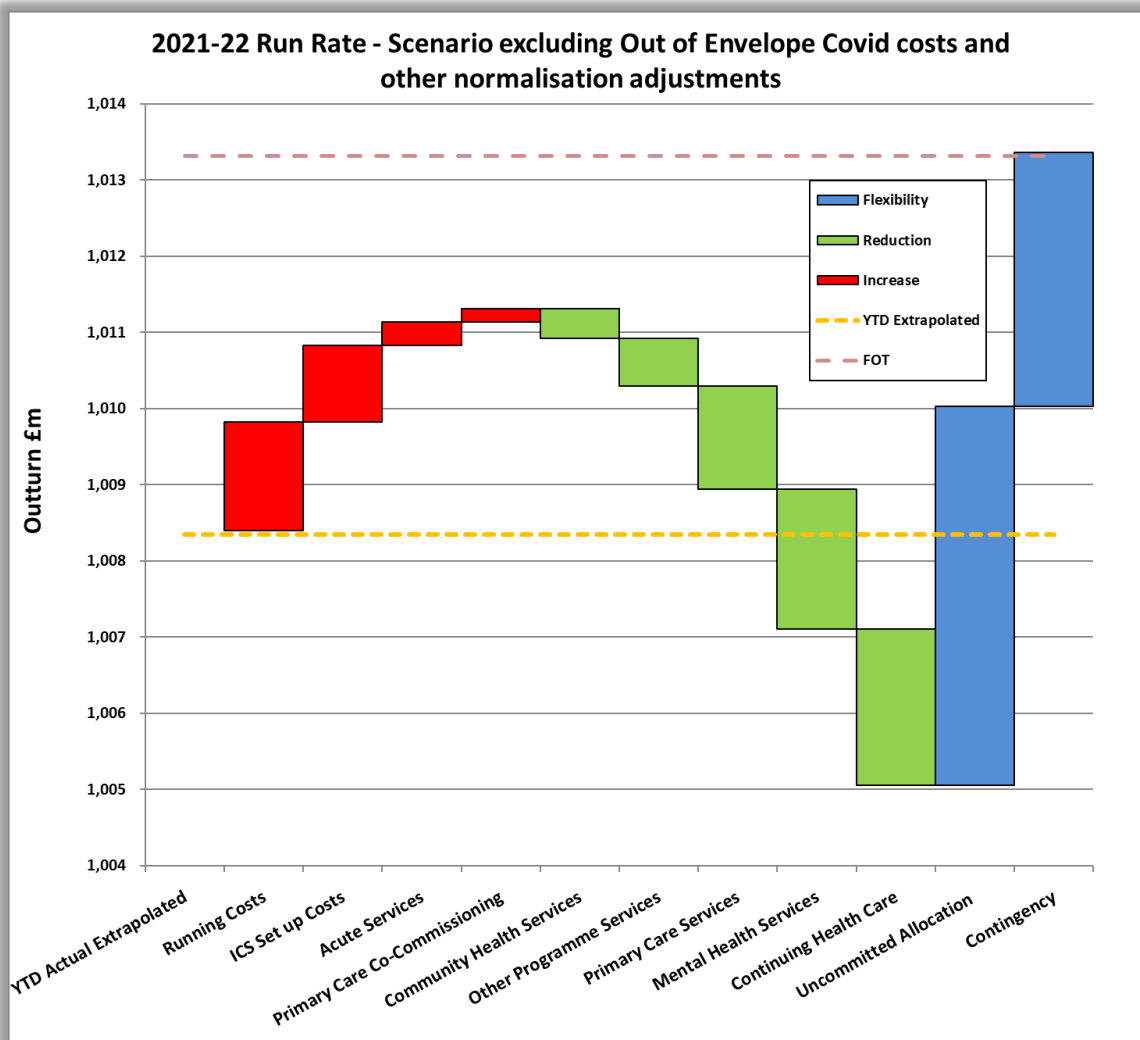
The reported position as at month 2 is a YTD underspend of £0.478m and a forecast underspend of £1.870m.

This position includes an amount of £2.277m YTD and £6.550m FOT relating to Covid expenditure for Hospital Discharge Programme expected to be reclaimed. It also includes an estimated amount of £0.478m YTD and £1.870m FOT for Elective Recovery Fund which is also expected to be reimbursed but currently has not been validated.

To balance the month 2 position the CCG has committed £0.905m of the H1 £4.2m contingency, of which £0.478m has been phased into year to date.



Run Rate based on H1 Expenditure



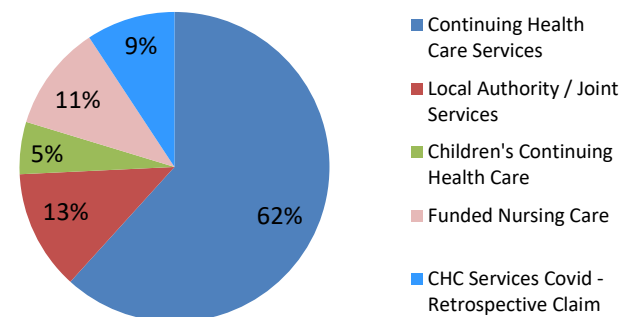
£4.966m variation between the H1 position to date continuing at its current rate and the H1 forecast.

- **Running Costs** – Funding phased into later months of H1, no expenditure to date.
- **ICS Set up Costs** – one off expected expenditure to cover ICS set up.
- **Acute** – Underspend to date for independent sector providers not expected to continue.
- **Co-Commissioning** – Small movement relating to phasing for prescribing costs and Additional Roles funding.
- **Community** – Awaiting further activity information to confirm any variance to plan.
- **Other Programme** – 111 First expenditure has been phased into Q1, to match the funding.
- **Primary Care** – Prescribing forecast based on historic trends and phasing for other primary care allocations.
- **Mental Health** – FTA quarterly income, High Cost Patients forecast based on historic activity trends and MHIS investments not yet commenced.
- **CHC** – Forecast based on caseload phasing and growth assumptions.
- **Uncommitted Allocation** -Funding in reserves expected to be utilised by end of H1 but no expenditure incurred to date.
- **Contingency** – 0.5% H1 £4.2m contingency, of which £0.478m has been phased into year to date.

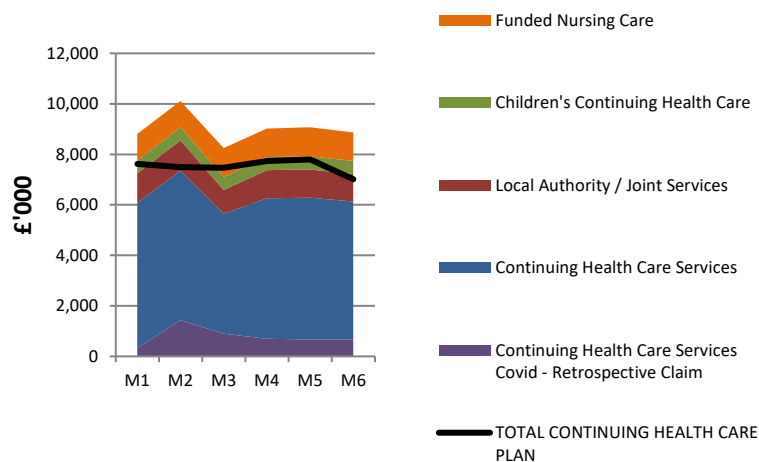
Continuing Health Care

	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget
	£'000's	£'000's	£'000's	%
Continuing Health Care				
Continuing Health Care Services	9,722	11,678	(1,956)	(20.12)
Local Authority / Joint Services	2,211	2,370	(159)	(7.18)
Children's Continuing Health Care	1,036	1,031	5	0.53
Funded Nursing Care	2,150	2,087	62	2.91
Continuing Health Care Services Covid - Retrospective Claim	0	1,754	(1,754)	0.00
	15,119	18,920	(3,801)	(25.14)

Months 1-6 Actual Expenditure



H1 Actual & Forecast v's Plan

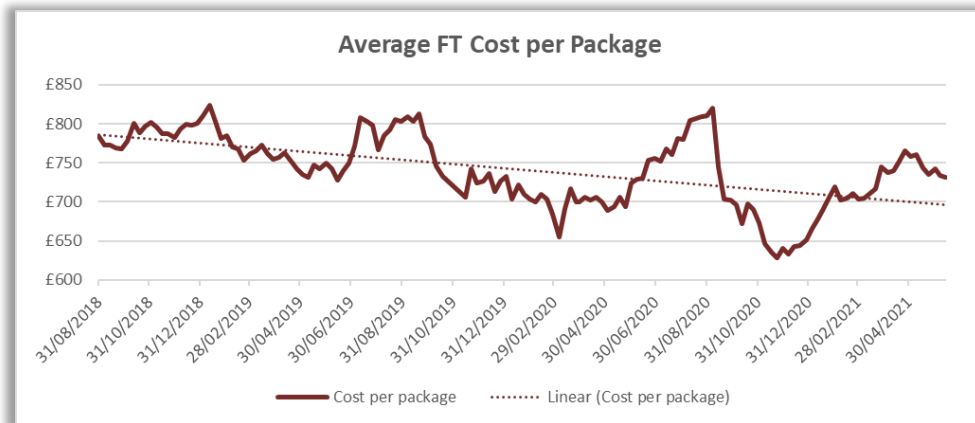
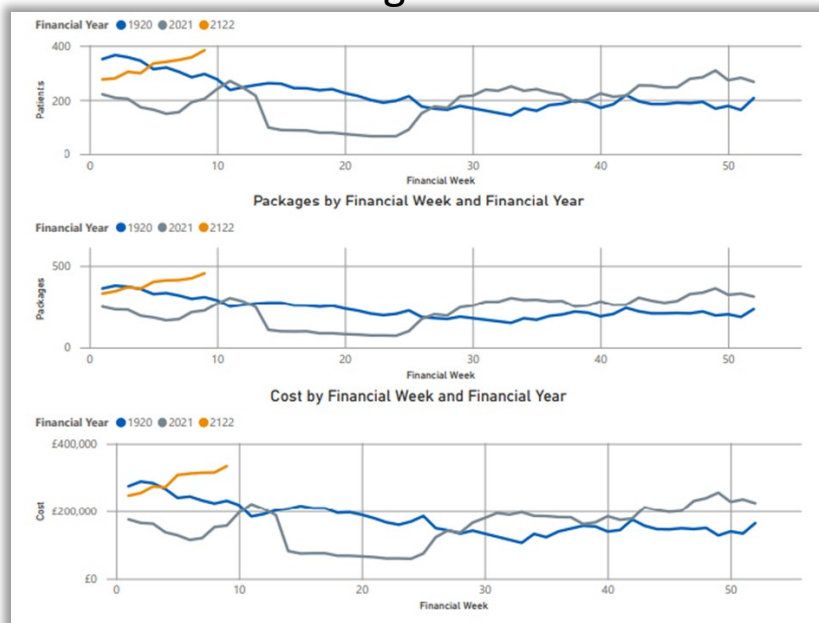


£1.754m of overspend is due to the Hospital Discharge Programme which will be retrospectively funded.

The budget assumes 15% of annual spend by M2 but actual spend is 16.08% of the FOT leading to a cost pressure of £1.075m.

Continuing Health Care

Fast Track Packages and Cost



Fast Track costs have been budgeted at 19/20 levels plus price growth for 2 intervening years but the average caseload has increased significantly compared to 19/20 leading to an activity cost pressure of £1.8m offset by a price cost benefit of £0.5m.

The escalation in case numbers are not expected to continue due to the actions taken to address the overspend:

- The CCG Chief Nurse and Quality Officer has written to the Chief Nurses at referring organisations to remind them of the need to refer appropriately.
- The issues have been discussed at the CSU operational group and escalated to CMB to impress upon the CSU the need to challenge inappropriate referrals and ensure care package reviews are carried out promptly.
- CCG finance staff will conduct a data cleanse in month 3 on the Case Management System to increase assurance over the information provided.

System Year to Date and Forecast Outturn

Derby and Derbyshire Clinical Commissioning Group

JUCD YTD and forecast by organisation

Month 02 Position	2021/22 Financial Year						Notes
	Plan YTD Month 02 £m's	Actual Month 02 £m's	Variance Month 02 £m's	H1 Plan £m's	H1 Forecast £m's	Forecast Variance £m's	
NHS Derby and Derbyshire CCG	0.0	0.5	0.5	0.0	1.9	1.9	£1.9m Additional allocations relating to Elective Recovery Fund
Chesterfield Royal Hospital	0.0	0.0	0.0	0.0	0.0	0.0	
Derbyshire Community Health Services	0.0	0.0	0.0	0.0	0.0	0.0	
Derbyshire Healthcare	0.0	0.0	0.0	0.0	0.0	0.0	£0.2m Underspend in core costs offset by increased COVID agency costs
East Midlands Ambulance Service	0.0	(0.3)	(0.3)	0.0	(0.8)	(0.8)	£0.8m Additional Flowers costs
University Hospitals Of Derby And Burton	0.6	0.9	0.3	0.0	0.0	0.0	£2.5m Additional staff costs offset by reduced COVID costs
Intra System Reconciliation	0.0	(0.4)	(0.4)	0.0	(1.7)	(1.7)	Changes in assumed I&E between organisations
JUCD Total	0.6	0.7	0.1	0.0	(0.6)	(0.6)	

Governing Body Meeting in Public

1st July 2021

Item No: 084

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	Assurance	x	Discussion	Information	x
Assurance Report Signed off by Chair		Dr Ruth Cooper, Chair of CLCC				
Which committee has the subject matter been through?		CLCC – 10.6.2021				

Recommendations

The Governing Body is requested to **RATIFY** the decisions made by the Clinical and Lay Commissioning Committee (CLCC) on 10th June 2021.

Report Summary

The following items had been circulated to CLCC previously for their virtual approval:

CLC/2122/38 Clinical Policies to be ratified

CLCC were asked to VIRTUALLY RATIFY the following new and updated policies and Position Statements.

Policies

- 1a. Hysterectomy for Menorrhagia
- 1b. Lumbar Radiofrequency Facet Joint Denervation
- 1c. Surgical Intervention for Chronic Rhinosinusitis

Position Statements

- 1d. Facet Joint Injections
- 1e. Position statement for Acupuncture
- 1f. Exercise ECG for screening for Coronary Heart Disease
- 1g. Arthroscopic Surgery for degenerative Meniscal tears

Discussion took place in relation to 1e Position Statement for Acupuncture: *'NHS Derby & Derbyshire CCG has deemed that acupuncture will not routinely be commissioned for pain management'*. The Committee felt that it was disappointing to lose a service that had worked well. It was noted that the main reason it was not being commissioned was that there was limited evidence to support it and that there needed to be a wider review of Pain Management Services.

CLCC VIRTUALLY RATIFIED the above policies.

Areas for Service Development

CLCC NOTED that CPAG have reviewed Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DGs) for April 2021.

CLCC NOTED the CPAG Bulletin for April.

CLCC were ASSURED that no areas for service developments were identified.

CLC/2122/41 CLCC Risk Tracker Emerging Risks

CLCC RECEIVED AND NOTED the updated Emerging Risk Tracker. There were no additional risks added.

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

1st July 2021

Item No: 085

Report Title	Derbyshire Engagement Committee Assurance Report
Author(s)	Sean Thornton, Assistant 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, Vice Chair/Lay Member for PPI	
Which committee has the subject matter been through?				Engagement Committee – 15.6.2021	

Recommendations

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

Report Summary

This report provides the Governing Body with highlights from the meeting of the Engagement Committee, held on 15th June 2021. This report provides a brief summary of the items transacted for assurance.

JUCD Communications and Engagement Strategy 2021-23

It was confirmed that the JUCD Communications and Engagement Strategy had been approved by the JUCD Board at its meeting on 20th May. A comprehensive plan is now in development to take forward the actions required from the Strategy, the current draft of which was shared for assurance, with further work to follow and this would return to a future Committee meeting for review. Of note was the Derbyshire Dialogue session taking place on 24th June, where members of the public and partners could find out more about Derbyshire's Integrated Care System (ICS). The session was hosted on MS Teams by Chris Clayton and John MacDonald, Independent Chair of the ICS, and attracted more than 325 people.

The Committee also received drafts of new 'ICS Explained' materials, aiming to set out the components of an ICS in lay terms for members of the public and other stakeholders, along with details of a roving engagement workshop that will take the discussion into a range of community groups to raise awareness. Further materials and information were in the process of being produced to support a comprehensive engagement approach to support the work of the ICS.

Health Overview and Scrutiny Committees

The Engagement Committee was briefed on changes to membership of both the Derbyshire County and Derby City Health Scrutiny Committees following the recent local elections. These Committees are crucial to the CCG's engagement work, with statutory duties relating to the way in which the NHS must consult with Scrutiny Committees for any service transformation activity. The Engagement Committee was also briefed on forthcoming agenda items being presented by JUCD partners, including the work on the eradication of dormitories for mental health care and the temporary transfer of some cancer services to

the London Road Community Hospital site to support service recovery. Both projects have been the subject of previous discussion by the Engagement Committee.

Primary Care Access Insight

The Engagement Committee was briefed on our approach to support messaging around primary care access. Despite significant year-on-year increases in the availability of general practice appointments, there is a growing public voice that access is difficult. There is the possibility that experience and perceptions around access may be having a knock-on effect into the urgent and emergency care system, with increases in walk-ins being noted at Emergency Departments.

The System Operational Resilience Group (SORG) has asked for communications to support this situation and an overarching communications plan is being developed with simple messaging to raise awareness of access to general practice. To ensure we are directing our efforts to the correct messages and patient cohorts, and to further understand whether additional service intervention may be required, SORG has agreed to fund the collection of specific insight from patients who have recently accessed or attempted to access general practice. The aim is to test the reality and perceptions of patient behaviour to add knowledge of "why" patients are accessing services in certain ways to the "how", "when" and "who" elements which we already have information about.

We have appointed Britain Thinks to undertake some independent research with patients who have accessed primary and emergency care, to understand their experiences and service choices, along with discussing similar perceptions with patients who haven't recently accessed care to enable comparison and any differences. This work will run through July and will support both our ongoing GP access communications and also our winter communications and engagement planning and campaigns.

S14Z2

The Committee received the latest log of completed engagement assessment form (known as S14Z2 forms after the sub-section of the health and Social Care Act relating to patient and public involvement). The log was received in part for assurance that programmes are now recommencing the assessment process following the intervening pandemic period, and also enabled the committee to understand the breadth of programmes being assessed and to highlight where a deep dive might be required or desired. The four schemes for which the form had been completed were agreed to require an 'inform only' approach due to the nature of the proposals. These included the movement of an opticians a few hundred yards up a high street and an enhancement to the pathway for patients suffering from breast pain. The log will continue to be reviewed by to the committee monthly.

Risk Report

There were no updates made to ratings of risks currently managed by the Engagement Committee.

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.
Identification of Key Risks
Noted as above.

Governing Body Meeting in Public

1st July 2021

Item No: 087

Report Title	Quality and Performance Committee Assurance Report – June 2021
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

Paper for:	Decision	Assurance	x	Discussion	Information
Assurance Report Signed off by Chair	Dr Buk Dhadda, Chair of Quality and Performance Committee				
Which committee has the subject matter been through?	Quality and Performance Committee – 24.6.2021				
Recommendations					
The Governing Body is requested to RECEIVE the Quality and Performance Committee Assurance Report for assurance purposes.					
Report Summary					
Performance:					
Urgent and Emergency Care:					
<ul style="list-style-type: none"> The A&E standard was not met at a Derbyshire level at 82.6% (YTD 83.3%). CRH exceeded the 95% target for the 3rd consecutive month in May 2021, achieving 96.6% (YTD 96.3%) and UHDB achieved 75.3% (YTD 76.2%), which is a deterioration. UHDB had 4 x 12 hour breaches due to the unavailability of mental health beds. EMAS were compliant in 1 of the 6 national standards for Derbyshire during May 2021. 					
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 61.7% (YTD 61.7%) CRHFT performance was 65.2% (YTD 65.2%) and UHDB 55.6% (YTD 55.6%). Derbyshire had 7,490 breaches of the 52-week standard across all Trusts - there were 8,261 the previous month so these have decreased by 9%. Diagnostics – The CCG performance was 24.8%, an improvement from the previous month. Neither CRH nor UHDB have achieved the standard. 					
Cancer					
During April 2021, Derbyshire was compliant in 2 of the 8 Cancer standards:					
<ul style="list-style-type: none"> 31-day Subsequent Drugs – 98.8% (98% standard) – Compliant all Trusts except Sherwood Forest. 31-day Subsequent Radiotherapy – 95.5% (94% standard) – Compliant for Nottingham and Sheffield, but not for Derby. 					

During April 2021, Derbyshire was non-compliant in 6 of the 8 Cancer standards:

- **2-week Urgent GP Referral** – 81.4% (93% standard) – Compliant for Sherwood Forest and Stockport.
- **2 week Exhibited Breast Symptoms** – 49.5% (93% standard) - Compliant for Sherwood Forest and Stockport.
- **31 day from Diagnosis** – 92.4% (96% standard) – Compliant for Chesterfield and Stockport.
- **31-day Subsequent Surgery** – 70.6% (94% standard) - Compliant for Stockport.
- **62-day Urgent GP Referral** – 72.5% (85% standard) – Noncompliant for all trusts.
- **62-day Screening Referral** – 76.1% (90% standard) – Noncompliant for all trusts.

Additional standards include:

- **28-day Diagnosis or Decision to Treat** – 74.2% (75% standard) – Compliant for Derby & Burton, Chesterfield, Nottingham & Sherwood Forest.
- **104 day wait** – 23 CCG patients waited over 104 days for treatment.

Quality

Chesterfield Royal Hospital FT

Congestive Cardiac Failure (CCF) is an area of concern; however, the Heart Failure Care Bundle is now in use for new CCF patients, and it is currently being rolled out more widely in Cardiology. This continues to be monitored via CQRG.

In relation to Stroke, Improvements continue to be made with Phase 1 of the Stroke Improvement Programme now ending. A renewed action plan is currently in development which will include any outstanding actions and introduce new objectives; this will be completed by end of May 2021

University Hospitals of Derby and Burton FT

In relation to mortality reviews, UHDB have actively participated in the LeDeR process. In 20-21 there were 55 deaths recorded Positive learning points from the Structured Judgement Reviews, with areas of improvement identified. This is being taken forward via bi-monthly meetings with the Trust Mortality Lead, Improvement and Development Manager, Adult Safeguarding and MCA Clinical Lead and the Matron for Vulnerable People.

It has been identified that compliance with the IRMER regulations in some areas of the Trust is significantly below the standard expected by CQC and could attract an improvement notice. Actions are being taken to address issues, and this is being monitored via CQRG.

Derbyshire Community Health Services FT

The vaccination programme continues to progress with 93.9% of staff having had their 1st vaccine, 86.6% of staff have had their 2nd vaccine. This is in line with national figures and will be monitored via the CQRG.

The provider reports a decrease in new COVID-19 cases locally and pressures to services have eased. Incidence levels remain higher than the England average and the provider is monitoring this.

Derbyshire Healthcare Foundation Trust

Since March 2021 the number of confirmed cases of COVID-19 in the workforce has remained stable at around a cumulative of 8. The roll-out of vaccination has resulted in a rise in absence for recovery following vaccination. Overall sickness absence for all reasons

is the lowest it has been for three years, currently sitting just below the Trust's 5% target at 4.8%.

East Midlands Ambulance Trust Handover Delays

In relation to Regional Handovers, there are currently two local reducing conveyance roles in place, one in Derbyshire and one in Nottinghamshire. A dedicated senior transformation lead is to be jointly appointed by NHSEI and CCGs to support the work in relation to pre-hospital pathways, reducing crowding and unwarranted variation within UEC, reduce variability of pathway options for the ambulance service and 111 clinicians. A Regional Ambulance Flow Group has now been established working across the Midlands patch, focusing on reducing handovers.

Update from Quality and Performance Committee 24th June 2021

The cancer waiting times for the Acute Trusts is of continued concern. There will be a deep dive into this at the July Quality and Performance Committee with both Acute Trusts in attendance. There is expected to be an increase in referrals over the next months as patients come forward to General Practice. GP capacity was noted as an increasing issue with significant rises in patient's appointment requests. Urgent activity is increasing and both Trusts saw pressures in May and June. There is a resurgence in minor infections and respiratory which are not covid related. The activity report was noted. The increased support of A&E by the EMAS staff was noted as good practice.

The Integrated Report was approved by the chair.

The renewed Governing Body Assurance Framework (GBAF) risks were discussed and approved. There is a request from the JUCD lead for inequalities to attend the Committee to provide assurance on the future activities to reduce health inequalities.

The Committee noted a new GBAF risk, Risk 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, which has been scored at a high 20 due to concerns of staff capacity to meet the requirements.

Risk Register – The Committee approved the proposal to reduce risk 24 from 9 to 6 and approved the addition of Risk 38 around increased patient activity in CHC. Risk 38 is scored 8.

The closure of the Recovery & Restoration Plan was noted by the Committee and there is assurance that outstanding issues are being managed.

The Committee welcomed and supported the plans for the Mental Health Estate. The QEIA's for the developments have been approved by the panel. These developments will improve the length of stay for inpatients, including those within the Transforming Care Programme. The CCG QEIA panel policy has been reviewed and was approved.

The minutes of the meeting on 27th May 2021 were approved. The assurance questions were agreed.

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

No

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
The report covers all of the CCG objectives
Identification of Key Risks
The report covers GBAF risk 1,2 and 6.

Month 01

Quality & Performance Report

2021/22

June 2021

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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 82.6% (YTD 83.3%). CRH exceeded the 95% target for the 3rd consecutive month in May 2021, achieving 96.6% (YTD 96.3%) and UHDB achieved 75.3% (YTD 76.2%), which is a deterioration. UHDB had 4x 12hour breaches due to the availability of mental health beds. EMAS were compliant in 1 of the 6 national standards for Derbyshire during May 2021.
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 61.7% (YTD 61.7%) CRHFT performance was 65.2% (YTD 65.2%) and UHDB 55.6% (YTD 55.6%). Derbyshire had 7,490 breaches of the 52 week standard across all trusts - there were 8,261 the previous month so these have decreased by 9%. Diagnostics – The CCG performance was 24.8%, an improvement from the previous month. Neither CRH or UHDB have achieved the standard.
Cancer	<p>During April 2021, Derbyshire was compliant in 2 of the 8 Cancer standards:</p> <ul style="list-style-type: none"> 31 day Subsequent Drugs – 98.8% (98% standard) – Compliant all Trusts except Sherwood Forest. 31 day Subsequent Radiotherapy – 95.5% (94% standard) – Compliant for Nottingham and Sheffield, but not for Derby. <p>During April 2021, Derbyshire was non-compliant in 6 of the 8 Cancer standards:</p> <ul style="list-style-type: none"> 2 week Urgent GP Referral – 81.4% (93% standard) – Compliant for Sherwood Forest and Stockport. 2 week Exhibited Breast Symptoms – 49.5% (93% standard) - Compliant for Sherwood Forest and Stockport. 31 day from Diagnosis – 92.4% (96% standard) – Compliant for Chesterfield and Stockport. 31 day Subsequent Surgery – 70.6% (94% standard) - Compliant for Stockport. 62 day Urgent GP Referral – 72.5% (85% standard) – Non compliant for all trusts. 62 day Screening Referral – 76.1% (90% standard) – Non compliant for all trusts. <p>Additional standards include:</p> <ul style="list-style-type: none"> 28 day Diagnosis or Decision To Treat – 74.2% (75% standard) – Compliant for Derby & Burton, Chesterfield, Nottingham & Sherwood Forest. 104 day wait – 23 CCG patients waited over 104 days for treatment.

Executive Summary

Trust	
Chesterfield Royal Hospital FT and University Hospitals of Derby and Burton NHS FT	<p>Congestive Cardiac Failure (CCF) is an area of concern; however the Heart Failure Care Bundle is now in use for new CCF patients and it is currently being rolled out more widely in Cardiology. This continues to be monitored via CQRG.</p> <p>In relation to Stroke, Improvements continue to be made with Phase 1 of the Stroke Improvement Programme now coming to a close. A renewed action plan is currently in development which will include any outstanding actions and introduce new objectives; this will be completed by end of May 2021</p>
University Hospitals of Derby and Burton NHS FT	<p>In relation to mortality reviews, UHDB have actively participated in the LeDeR process. In 20-21 there were 55 deaths recorded Positive learning points from the Structured Judgement Reviews, with areas of improvement identified. This is being taken forward via bi-monthly meetings with the Trust Mortality Lead, Improvement and Development Manager, Adult Safeguarding and MCA Clinical Lead and the Matron for Vulnerable People.</p> <p>It has been identified that compliance with the IRMER regulations in some areas of the Trust is significantly below the standard expected by CQC and could attract an improvement notice. Actions are being taken to address issues, and this is being monitored via CQRG.</p>
Derbyshire Community Health Services FT	<p>Vaccination programme continues to progress with 93.9% staff have had 1st vaccine, 86.6% staff have had 2nd vaccine. This is in line with national figures and will be monitored via the CQRG.</p> <p>The provider reports a decrease in new COVID-19 cases locally and pressures to services have eased. Incidence levels remains higher than the England average and the provider is monitoring this.</p>
Derbyshire Healthcare Foundation Trust	<p>Since March 2021 the number of confirmed cases of COVID-19 in the workforce has remained stable at around a cumulative of 8. The roll-out of vaccination has resulted in a rise in absence for recovery following vaccination. Overall sickness absence for all reasons is the lowest it has been for three years, currently sitting just below the Trust's 5% target at 4.8%.</p>
East Midlands Ambulance Trust	<p>In relation to Regional Handovers, there are currently two local reducing conveyance roles in place, one in Derbyshire and one in Nottinghamshire. A dedicated senior transformation lead is to be jointly appointed by NHSEI and CCGs to support the work in relation to; pre-hospital pathways, reducing crowding and unwarranted variation within UEC, reduce variability of pathway options for the ambulance service and 111 clinicians. A Regional Ambulance Flow Group has now been established working across the Midlands patch, focusing on reducing handovers.</p>

PERFORMANCE OVERVIEW MONTH 2- URGENT CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

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

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%	May-21	↑	82.6%	83.3%	68	96.3%	96.6%	0	75.3%	76.2%	68	85.1%	85.8%	68
		A&E 12 Hour Trolley Waits	0	May-21					0	0	0	4	5	10	694	1217	68
	DToc	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Feb-20	↓	Reporting on this indicator has been suspended due to COVID-19			5.05%	1.95%	1	4.13%	3.61%	2	4.68%	4.22%	11

NHS Derby & Derbyshire CCG Assurance Dashboard

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 2020/21				NHS England		
									Current Month	YTD	consecutive months non-compliance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Current Month	YTD	consecutive months non-compliance	
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	May-21	↓	00:07:55	00:07:39	11	00:07:47	00:07:36	10	00:06:32	00:07:18	00:07:35	00:07:22	00:07:25	00:07:13	1	
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	May-21	↓	00:13:35	00:13:01	0	00:13:54	00:13:34	0	00:11:28	00:12:57	00:13:30	00:12:58	00:13:11	00:12:49	0	
		Ambulance - Category 2 - Average Response Time	00:18:00	May-21	↓	00:28:12	00:25:22	10	00:32:28	00:29:20	11	00:15:36	00:23:12	00:28:19	00:25:56	00:24:35	00:22:25	10	
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	May-21	↓	00:55:32	00:50:16	10	01:06:38	01:00:10	10	00:30:19	00:47:36	00:58:38	00:53:12	00:49:58	00:45:14	2	
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	May-21	↓	03:56:59	03:21:50	10	04:34:26	03:54:56	10	01:40:16	02:38:30	03:31:37	03:06:38	03:19:51	02:49:07	2	
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	May-21	↓	04:05:02	03:55:31	2	04:05:45	04:09:07	2	01:40:16	03:27:52	03:33:06	02:59:42	05:33:19	04:41:03	2	

PERFORMANCE OVERVIEW MONTH 1 – PLANNED CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

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	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	
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Apr-21	↑	61.7%	61.7%	39	65.2%	65.2%	24	55.6%	55.6%	40	64.6%	64.6%	62
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Apr-21	↑	7490	7490	15	1278	1278	13	8605	8605	14	385490	385490	168
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Apr-21	↓	24.84%	24.84%	35	6.77%	6.77%	13	28.88%	28.88%	14	24.03%	24.03%	92
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Apr-21	↓	81.4%	81.4%	8	Cancer 2 Week Wait Pilot Site - not currently reporting			79.4%	79.4%	8	85.4%	85.4%	11
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Apr-21	↓	49.5%	49.5%	6	45.3%	45.3%	5	62.1%	62.1%	11			
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Apr-21	↓	74.2%	74.2%	1	75.5%	75.5%	0	75.7%	75.7%	0	72.9%	72.9%	1
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Apr-21	↓	92.4%	92.4%	4	96.4%	96.4%	0	93.4%	93.4%	9	94.2%	94.2%	4
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Apr-21	↓	70.6%	70.6%	17	86.7%	86.7%	2	83.3%	83.3%	12	84.6%	84.6%	33
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Apr-21	↔	98.8%	98.8%	0	100.0%	100.0%	0	99.3%	99.3%	0	99.0%	99.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Apr-21	↓	95.5%	95.5%	0				93.4%	93.4%	1	96.2%	96.2%	0
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Apr-21	↑	72.5%	72.5%	26	77.6%	77.6%	21	72.9%	72.9%	36	75.4%	75.4%	64
		First Treatment Administered - 104+ Day Waits	0	Apr-21	↓	23	23	61	6	6	36	19	19	61	926	926	64
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Apr-21	↑	76.1%	76.1%	24	66.7%	66.7%	24	82.9%	82.9%	5	74.3%	74.3%	37
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Apr-21	↑	88.1%	88.1%		N/A	N/A		98.0%	98.0%		83.2%	83.2%	
	Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2019/20 Q3	↑	Reporting on this indicator has been suspended due to COVID-19			6.5%	12.1%		6.1%	5.2%		9.1%	8.4%	
Number of Urgent Operations cancelled for the 2nd time		0	Feb-20	↔	Reporting on this indicator has been suspended due to COVID-19			0	0	0	0	0	0	20	163	1	

PERFORMANCE OVERVIEW MONTH 1 – PATIENT SAFETY

NHS Derby & Derbyshire CCG Assurance Dashboard

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	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
Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Apr-21	↔	0	0	0	0	0	0	1	1	1	34	34	25
	Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Apr-21	↑												
		Actual				12	4		0	0		2	1	1018		
	Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Apr-21	↓	74	74		13	13		57	57		74	74	
Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Apr-21	↓	27	27		5	5		20	20		936	936		

PERFORMANCE OVERVIEW MONTH 1 – MENTAL HEALTH

Indicator for NHS Constitution Indicators			Direction of Travel	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure
Indicator Name	Standard	Latest Period	NHS Derby & Derbyshire CCG				Derbyshire Healthcare FT			NHS England								
Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	60.0%	Mar-21	↓	80.0%	85.4%	0	88.9%	86.9%	0				73.4%	74.3%	0			
Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Mar-21	↔	66.7%	83.2%	0	66.7%	85.6%	0				33.6%	30.5%	23			
Dementia Diagnosis Rate	67.0%	Apr-21	↑	65.0%	66.4%	10							61.7%	62.8%	13			
Care Program Approach 7 Day Follow-Up	95.0%	2019/20 Q3	↑	96.1%	96.1%	0	96.1%	96.7%	0				95.5%	95.0%	0			
CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		2020/21 Q4	↑	96.2%	74.6%													
CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		2020/21 Q4	↑	95.1%	83.9%													
Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	2020/21 Q2	↓	3.4%	3.9%	3												
Mental Health - Out Of Area Placements		Mar-21	↑	765	7540													
Physical Health Checks for Patients with Severe Mental Illness	25%	2020/21 Q4	↓	17.9%	29.6%	4												
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)		
IAPT - Number Entering Treatment As Proportion Of Estimated Need In The Population	Plan	Apr-21	↓	2.10%	0.00%													
	Actual			2.41%	0.20%	0												
IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Apr-21	↓	51.5%	51.5%	0	53.2%	53.2%	0	54.6%	54.6%	0	51.6%	51.6%	0	12.1%	12.1%	1
IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Apr-21	↓	98.8%	98.8%	0	97.4%	97.4%	0	99.6%	99.6%	0	97.6%	97.6%	0	99.0%	99.0%	0
IAPT Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of IAPT treatment	95%	Apr-21	↔	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
Indicator Name	Standard	Latest Period	Derbyshire Healthcare FT															
Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Feb-20	↑	1.34%	0.90%	0												
Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Apr-21	↓	96.2%	96.2%	0												
Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Apr-21	↔	0	0	0												

Quality Overview

QUALITY OVERVIEW M1

Trust	Key Issues
Chesterfield Royal Hospital FT	<p>Mortality Review - With regards to mortality there have been no new alerts where potential issues in care had been identified.</p> <p>Congestive Cardiac Failure (CCF) –an area of concern; however the Clinical Lead had confirmed that the Heart Failure Care Bundle is now in use for new CCF patients and it is currently being rolled out more widely in Cardiology. It was noted that the SHMI data was several months behind so did not yet show the impact from the recent improvement work. This continues to be monitored through CQRG</p> <p>Stroke Update - Improvements continue to be made with the governance issues and the processes for caring for patients. Phase 1 of the Stroke Improvement Programme is now coming to a close. A renewed action plan is currently in development which will include any outstanding actions and introduce new objectives; this will be completed by end of May 2021.</p> <p>CRH noted that there remained a significant risk regarding the medical staffing for stroke services at the Trust. The Senior Associate Stroke Specialist was due to retire in July 2021. A locum is currently in place in view of the difficulty to recruit to a substantive post.</p> <p>CQC - Compliance with the MCA/DoLs audit plan continues to improve. There has been an improvement in the quality audits in mental capacity and best interest decisions from 6.2% compliance Q2 and 39% in Q4. 360 Assurance also undertook. There remains challenges related to engagement with patient and family/carers and recording of best interest decision making. Main themes for improvement identified by included; documentation of patient views, consulting with family/carers and completion best interest decisions. Consulting with family / carers has been particularly compromised in view of restricted / no visiting. All areas of improvement have been incorporated into the MCA CQC action plan, which continues to be monitored through the Think Family Committee and Quality Delivery Committee.</p>
University Hospitals of Derby and Burton NHS FT	<p>Mortality Review - Mortality reviews by specialties and business units across the Trust are increasing in number. The Trust HSMR (Covid deaths removed) is within the confidence limits for the peer-group HSMR data. UHDB have actively participated in the LeDeR process. In 20-21 there were 55 deaths recorded Positive learning points from the Structured Judgement Reviews include good End of Life care and good overall documentation. Areas of improvement include communications with primary care colleagues. Bi-monthly meetings have been setup with the Trust Mortality Lead, Improvement and Development Manager, Adult Safeguarding and MCA Clinical Lead and the Matron for Vulnerable People to discuss matters around LD deaths and reviews.</p> <p>Radiation Protection - Compliance with the IRMER regulations in some areas of the Trust is significantly below the standard expected by CQC and if the CQC were to inspect at the current time it is likely that an improvement notice would be issued. A compliance matrix to track the main compliance issues is supporting the achievement of compliance. An independent audit programme has been undertaken for all radiation areas. In most cases the audits are progressing but where departmental compliance was initially assessed as poor the BU's have been supported in developing their systems and processes. A process to identify ageing equipment (mainly imaging and radiotherapy equipment) has been agreed. Progress and escalation is being monitored via CQRG.</p>

QUALITY OVERVIEW M1 continued

Trust	Key Issues
Derbyshire Community Health Services FT	<p>COVID-19 vaccination: Vaccinations: 93.9% staff have had 1st vaccine, 86.6% staff have had 2nd vaccine. This is in line with national figures and will be monitored via the CQRG.</p> <p>Sickness absence: Increased from 4.2% in late April to 5.2% (0.6%, up 0.2% of this being COVID related), but remains better than end of March position and pre-pandemic rate. The COVID sickness rate was 0.5% for the month of April, was 0.4% as at 30th April. The Covid sickness trend is in line with the increase in prevalence seen both locally and nationally.</p> <p>Staff Survey Results: 87% of staff would recommend DCHS as a place to receive care which make the Trust the best performing Community Trust in this area. 75% of staff would recommend DCHS as a place to work.</p> <p>COVID-19 Activity: The provider reports a decrease in new COVID-19 cases locally and pressures to services have eased. Incidence levels remains higher than the England average and the provider is monitoring this.</p>
Derbyshire Healthcare Foundation Trust	<p>COVID-19 vaccination: 38,000 test results have been submitted and of these, the provider has noted 97 positive lateral flows of which 17.5% have been false positives. Staff administer LFT tests every 3 days even if vaccinated. Uptake monitored through the system testing cell.</p> <p>COVID-19 Test and Trace: Since March 2021 the number of confirmed cases of COVID-19 in the workforce has remained stable at around a cumulative of 8. The roll-out of vaccination has resulted in a rise in absence for recovery following vaccination. Overall sickness absence for all reasons is the lowest it has been for three years, currently sitting just below the Trust's 5% target at 4.8%.</p>
East Midlands Ambulance Trust	<p>Regional Handovers: There are currently two local reducing conveyance roles in place, one in Derbyshire and one in Nottinghamshire. A dedicated senior transformation lead is to be jointly appointed by NHSEI and CCGs to support the work in relation to; pre-hospital pathways, reducing crowding and unwarranted variation within UEC, reduce variability of pathway options for the ambulance service and 111 clinicians. A Regional Ambulance Flow Group has now been established working across the Midlands patch, focusing on reducing handovers.</p> <p>Serious Incidents: Four Serious Incidents (SIs) were reported in March 2021 compared to eight reported in March 2020. 43 SIs were reported, five have since been downgraded bringing the year end total to 38, compared to 52 reported in the previous year. The Trust's Q&G Committee has reviewed the reasons for the significant decrease, which is a result of improved identification and categorisation of incidents, a reduction in delayed responses and improvements in clinical care. The main category of incidents in 2020/21 related to the quality of clinical care. This is a change from the previous year when the highest category of SI was delayed response (22 SIs) compared to only one in 2020/21.</p> <p>IPC: As at 19 April 2021 the Trust had no active Covid-19 Outbreaks. The outbreaks identified in February were managed for the mandatory 28 days following a positive SARS-CoV-2 result. This meant that the Trust managed ten outbreaks during the month, the last two were closed on 22 March 2021. By 30 March 2021 all clusters of COVID-19 in ambulance stations or other locations were closed.</p>

QUALITY OVERVIEW M1

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%	2019/20 Q2	↑	2.7%	21.7%	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%	2019/20 Q2	↑	50.4%	70.5%	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%	Feb-20	↑	96.6%	97.7%	Feb-20	↓	97.1%	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%	Feb-20	↓	83.5%	77.8%	Feb-20	↓	85.6%	80.3%	Jul-20	↓	N/A	99.3%				
	Complaints	Number of formal complaints received	N/A	Apr-21	↑	13	13	Apr-21	↓	52	52	Apr-21	↓	5	5	Apr-21	↔	18	18
		% of formal complaints responded to within agreed timescale	N/A	Apr-21	↓	77.0%	77.0%	Apr-21	↑		83.3%	Apr-21	↑	100.0%	100.0%	Apr-21	↓	93.75%	93.75%
		Number of complaints partially or fully upheld by ombudsman	N/A	Apr-21	↔	0	0	19-20 Q2	↔	1	2	Apr-21	↔	0	0	Apr-21	↔	0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Apr-21	↑	1	1	Apr-21	↓	36	36	Apr-21	↑	88	88	Apr-21	↑	0	0
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Apr-21	↓	2	2	Apr-21	↓	14	14	Apr-21	↑	38	38	Apr-21	↔	0	0
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Apr-21	↔	0	0	Apr-21	↔	0	0	Apr-21	↑	5	5	Apr-21	↔	0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Apr-21	↑	3	3	Sep-19	↑	16	94	Apr-21	↓	74	74	Apr-21	↔	0	0
		Medical Device pressure ulcers - numbers developed or deteriorated						Sep-19	↓	4	20	Apr-21	↓	12	12	Apr-21	↔	0	0
		Number of pressure ulcers which meet SI criteria	N/A	Sep-20	↑	0	3	Sep-19	↔	0	4	Apr-21	↑	1	1	Apr-21	↔	0	0
	Falls	Number of falls	N/A	Apr-21	↑	79	79	Data Not Provided in Required Format				Apr-21	↑	18	18	Apr-21	↑	26	26
		Number of falls resulting in SI criteria	N/A	Sep-20	↑	0	8	Sep-19	↑	0	19	Apr-21	↑	0	0	Apr-21	↔	0	0
	Medication	Total number of medication incidents	?	Apr-21	↑	67	67	Data Not Provided in Required Format				Apr-21	↔	0	0	Apr-21	↔	91	91
	Serious Incidents	Never Events	0	Apr-21	↔	0	0	Apr-21	↓	2	2	May-19	↔	0	0	Apr-21	↔	0	0
		Number of SI's reported	0	Sep-20	↑	4	26	Sep-19	↑	7	115	Dec-20	↔	1	34	Apr-21	↓	1	1
		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 M1

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					Apr-21	↔	0	0	
		% Risk Assessments of all inpatients	90%	2019/20 Q3	↓	96.9%	97.4%	2019/20 Q3	↓	95.9%	96.1%	2019/20 Q3	↓	99.5%	99.7%					
	Mortality	Hospital Standardised Mortality Ratio (HSMR)	Not Higher Than Expected	Apr-21	↓	106.5		Nov-20	↔	107.4										
		Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected		Jan-21	↓	0.945		Jan-21	↑	0.902										
		Crude Mortality		Apr-21	↑	1.30%	1.30%	Apr-21	↑	1.30%	1.30%									
Maternity	FFT	Antenatal service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Feb-20	↑	95.5%	98.5%	Feb-20	↓	97.6%	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?		Feb-20	↑	97.8%	98.9%	Feb-20	↓	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?		Feb-20	↓	100.0%	98.4%	Feb-20	↓	99.2%	98.0%									
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Feb-20	↔	N/A	98.8%	Feb-20	↔	100.0%	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												Apr-21	↔	0	0		
Workforce	Staff	Staff turnover (%)		Apr-21	↔	8.0%	8.0%	Apr-21	↑	8.9%	8.9%	Apr-21	↑	8.7%	8.7%	Apr-21	↓	10.42%	10.42%	
		Staff sickness - % WTE lost through staff sickness		Apr-21	↑	4.0%	4.0%	Apr-21	↑	4.8%	4.8%	Apr-21	↔	4.1%	4.1%	Apr-21	↓	5.42%	5.42%	
		Vacancy rate by Trust (%)		Sep-17	↓	1.9%	1.3%	Data Not Provided in Required Format				Apr-21	↓	9.4%	9.4%	Apr-21	↓	14.2%	14.2%	
		Agency usage	Target Actual													Apr-21	↓	2.94%	2.94%	
		Agency nursing spend vs plan (000's)		Apr-21	↑	£157	£157	Oct-18	↑	£723	£4,355	Apr-21	↑	£124	£124					
		Agency spend locum medical vs plan (000's)		Apr-21	↑	£754	£754													
	Training	% of Completed Appraisals	90%	Apr-21	↓	26.1%	26.1%	Apr-21	↓		82.0%	Apr-21	↑	88.5%	88.5%	Apr-21	↑	78.1%	78.1%	
Mandatory Training - % attendance at mandatory training		90%	Apr-21	↑	85.2%	85.2%	Apr-21	↑		87.4%	Apr-21	↑	96.4%	96.4%	Apr-21	↑	83.9%	83.9%		
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																		

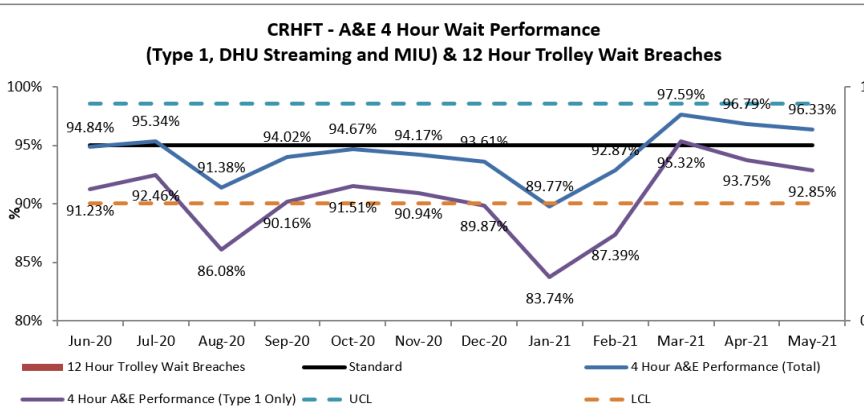
Urgent & Emergency Care

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

Performance Analysis

During May 2021 the trust met the 95% standard, achieving 96.3% and the Type 1 element achieving 92.9%. This is a slight decline but still above target.

There were no 12 hour breaches during May.



What are the next steps?

- The adoption of more Same Day Emergency Care (SDEC) pathways, especially those who can be directed through Assessment Units.
- Continue to implement actions recommended by the Missed Opportunities Audit. These could include other pathway alterations, increased access to diagnostics and alternative streaming options.
- Increased public communications regarding 111First and Urgent Treatment Centres as alternatives to automatic A&E attendances.
- EMAS are undertaking monthly audits on patients that did not need to be conveyed to ED. Data has been collated and a system action plan is being developed to focus on reducing unnecessary conveyances.

What are the issues?

- At the start of the pandemic the volume of Type 1 attendances were much lower but are now approaching pre-pandemic levels, with an average of 184 attendances per day. However, May 2021 volumes were still 11% lower than May 2019 levels.
- Patient flow had been affected by high numbers of confirmed Covid cases, however during May 2021 these were significantly lower with zero confirmed cases on most days.

The trust are still taking precautions against COVID-19 and still have these preventative measures in place:

- Streaming of patients at the physical front door to ensure that patients with COVID19 symptoms are treated in the most appropriate setting.
- Additional time required between seeing patients to turnaround the physical space ensuring increased strict infection control.

What actions have been taken?

- An Urgent Treatment Centre (UTC) pilot model started on 16th February, with initial data indicating that 28% of attendances were seen in the UTC.
- Development of Same Day Emergency Care (SDEC) pathways and speciality improvements, with initial figures showing an increase of direct streaming by 15 per week.
- Established 24 hour access to the Assessment Units for relevant Medical, Surgical and Gynaecological patients.
- The implementation of the 111First project, whereby patients only access ED via 999 calls or booked appointments – to reduce unnecessary attendances.
- The implementation of new urgent care pathways including improved High Peak rapid response access, Dementia, Palliative Care, early pregnancy assessment, Urology, TIA and an additional route into the Mental health Safe Haven.
- Procedures embedded to safely treat Medical patients in the Surgical Assessment Unit (if clinically appropriate) at times of tight capacity.
- Mental Health Liaison Team in place to ensure that all appropriate patients are given an assessment within 24 hours.
- Increased Clinician to Clinician contact availability to assist EMAS clinical decision making and avoid unnecessary conveyances.

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

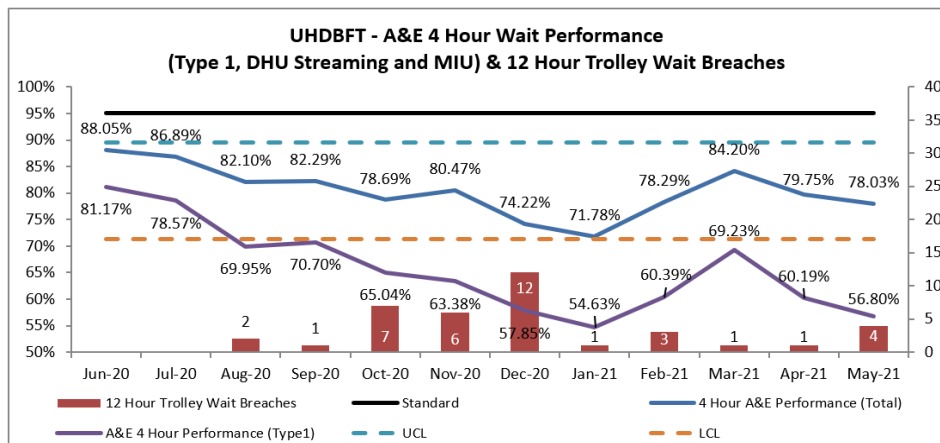
Performance Analysis

During May 2021, performance overall did not meet the 95% standard, achieving 78.0% (Network figure) and 56.8% for Type 1 attendances. This is a dip following last month's improvement.

There were 4x 12 hour breaches during May 2021 due to the availability of suitable Mental Health beds..

What are the issues?

- At the start of the pandemic the volume of Type 1 attendances were much lower but are now approaching pre-pandemic levels, with an average of 342 attendances per day. However, May 2021 volumes were still 10% lower than May 2019 levels.
- The acuity of the attendances was high, with an average of 21 Resuscitation patients and 208 Major patients per day (6% and 61% of the total attendances respectively). The proportions have increased due to the UTC treating most of the Minor patients.
- ED and Assessment areas are still separated in red/green areas according to Covid19 symptoms to ensure infection control. This limits physical space and therefore flexibility of patient flow. In addition, delayed Covid19 results have led to delays in transfers to the appropriate red/green assessment areas.



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

What are the next steps?

- Further development of the Urgent Treatment Centre, with an aspiration to operate until 2am and ultimately to be open 24/7 (they are currently open from 7am until midnight).
- Creating forums to share good practice for the Every Day Counts project, to improve discharges.
- Improving the shared Pitstop area for patients arriving by ambulance.
- Increased public communications regarding 111First and Urgent Treatment Centres as alternatives to automatic A&E attendances.
- Identifying pathways where patients could be transferred to the Derby Urgent Treatment Centre instead of being seen in ED as Minors.

What actions have been taken?

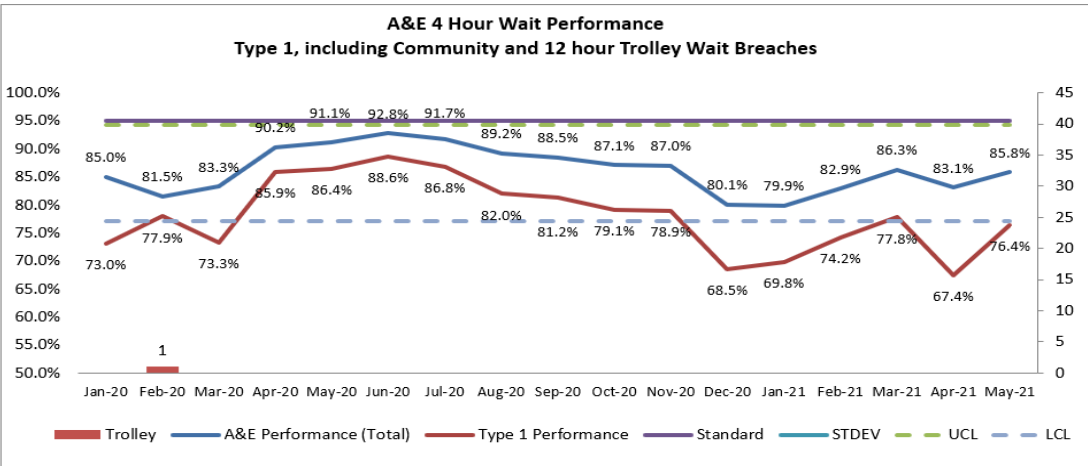
- The opening of a co-located Urgent Treatment Centre (UTC), in collaboration with DHU. As an enhanced form of streaming this has been significant in reducing the number of patients attending the ED department unnecessarily. During May there were usually 130-140 patients seen here per day, who would previously have attended ED as patients with presentations classed as Minor.
- The UTC has established direct access for requesting diagnostic pathology testing which can be done through Lorenzo.
- The implementation of the 111First project, whereby patients only access ED via 999 calls or booked appointments. The booked appointments help to reduce unnecessary attendances and has made capacity much more manageable, with 70% of these patients arriving at expected times.
- A major capital programme expanded physical ED capacity into an adjoining area to provide more physical capacity and to improve patient flow while ensuring infection control.
- Internal Professional Standards were altered in regard to escalation plans and disputes procedures. In addition a Critical Friend Review (peer review) identified longer 'working up' times at the front door rather than further along the patient pathway.

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

Performance Analysis

During May 2021, performance overall did not meet the 95% standard, achieving 76.4% for the Burton A&E and 85.8% including community hospitals. Performance has been fluctuating since winter.

There were no 12 hour breaches during May 2021.



What are the next steps?

- Reviewing the peer review findings and taking forward potential transformations.
- A major capital programme is increasing the number of Assessment Unit beds, increasing Majors bed capacity and establishing a Pitstop area for patients arriving by ambulance.
- The addition of a modular building to house GP Streaming services.
- Continued development of the Every Day Counts programme, focussing on engagement and working behaviours.
- Extending the use of the Meditech IT system to community hospitals to enable improved patient flow processes.
- The Non-Elective Improvement Group (NELIG) continue to work on improvements, currently focussing on overall bed capacity at the Queens Hospital site.

What were the issues?

- The trust had been experiencing a decrease in attendances but now the attendances exceed the previous year by 30%, with an average of 173 Type 1 attendances per day.
- The acuity of the attendances is high, with an average of 113 Resuscitation/Major patients per day (65% of total attendances).

What actions have been taken?

- Implemented a new working model which enables closer consultant working with ED doctors.
- A peer review by Chris Morrow-Frost (Regional Clinical Manager) which will lead to suggestions for transformation. A similar review was conducted at Derby and found to be very productive.
- The implementation of the Staffordshire 111First project, whereby patients only access ED via 999 calls or booked appointments – to reduce unnecessary attendances and improve capacity management for those who do attend.
- Improved data analysis support inform transformation.
- The implementation of revised Same Day Emergency Care (SDEC) pathways for Thunderclap Headaches, Dementia and Palliative Care.
- The GP Connect service now includes Frailty as a condition, whereby GPs can connect with UHDB Geriatricians before deciding whether a patient needs hospital support.
- The Meditech can now flag Medically Fit For Discharge patients, to speed their discharge and improve patient flow.
- The standardisation of discharge processes in inpatient wards.
- Twice-weekly multi-disciplinary team meetings in community hospitals with a focus on patients medically fit for discharge.
- The Every Day Counts project has begun, promoting advanced discharge planning and inpatient ward accreditation to improve flow.

DHU111 Performance Month 1 (April)

Performance Summary

- DHU achieved all six contractual Key Performance Indicators (KPIs) in April 2021. This includes the Patient Experience KPI which is updated on a six monthly basis.
- The monthly national Minimum Data Set (MDS) has now been replaced with the Integrated Urgent Care (IUC) Aggregated Data Collection (ADC) which looks at activity and performance across the urgent care system, as opposed to just 111 information. Therefore the previous calls answered in 60 seconds performance measure against the national benchmarked position is no longer available.

Activity Summary

- Calls offered are 20.5% below plan year to date (October 20 – April 21). This is outside of the +/- 5% threshold, and it is therefore likely that a credit will be due to commissioners at the end of Q3. The credit due to commissioners based on October 2020 – April 2021 data is £1,313,225*.
- Clinical Calls are also below plan for the year to date to April at -10.1%. This again is outside of the +/- 5% threshold, which means a credit to commissioners is likely at the end of Q3. The credit due to commissioners based on October 2020 – April 2021 data is £219,695*.
- There were 12,574 Category 3 Ambulance Validations in April, with an associated cost of £226,709.
- The regional cost of COVID-19 activity for April was £29,434, taking the cumulative cost since October 2020 to £568,037. COVID-19 calls have reduced again and are much lower than has been seen in previous months.

* The credit due is subject to change once actual data for Q3 becomes available.

Regional Performance Year Five - Key Performance Indicators (KPI's)											
			Quarter One (October – December)			Quarter Two (January – March)			Quarter Three (April - June)		
KPI's		Standard	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Contract	Abandonment rate (%)	≤5%	0.50%	0.10%	0.20%	0.20%	0.20%	1.00%	1.00%		
Contract	Average speed of answer (seconds)	≤27s	00:00:09	00:00:06	00:00:06	00:00:10	00:00:09	00:00:18	00:00:15		
Contract	Call Transfer to a Clinician	≥50%	66.00%	66.70%	69.60%	71.60%	70.40%	68.70%	66.5%		
Contract	Self Care	≥17%	26.20%	23.60%	20.90%	20.60%	20.10%	20.40%	17.3%		
Contract	Patient Experience	≥85%	88.00%	This data is updated on a six monthly basis					88.00%		
Contract	C3 Validation	≥50%	98.00%	98.90%	92.00%	98.90%	98.8%	98.4%	95.9%		

DHU111 Performance Month 1 (April)

What are the issues?

- In addition to the planned server migration that took place in March there was also policy changes to the IT infrastructure in April which impacted on service delivery. The result was a delay in call advisers being about to log on to their profile and respond to calls.
- It was reported at the April IUC meeting that the NHSE guidance to maximise the use of booked time slots in A&E with an expectation that at least 70% of all patients referred to an emergency department by NHS111 receive a booked time slot to attend would be challenging.
- At the April Contract Management Board (CMB) meeting a discussion took place about the proposed NHS111 additional funding and how this should be utilised.
- There has been a request from the NHSE National Team with regards national reporting of DHU 111 data, to understand exclusions to the information.

What actions have been taken?

- The DHU111 Assistant Managing Director worked with the IT Service Manager to resolve the IT issues and the learning from this has been shared with the DHU IT Team.
- The Director of Ambulance and 111 Commissioning has been in regular contact with the NHSE National Team for clarification on the NHS111 funding position

What are the next steps?

- DHU have recruited a Director of IT who is working to improve the functional processes and support mechanisms that are currently in place.
- Further work will take place to determine how the NHS111 First funding will be split across commissioners and how it will be utilised.
- A meeting is to take place in June between the Provider and Coordinating Commissioner, along with the national team to discuss the data amendments required.

Activity		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar -21	Apr -21	Year to date (Contract Year Oct 2020-Sep 2021)
Calls Offered	Actual	148,098	146,417	146,590	135,746	119,595	145,732	162,043	1,004,221
	Plan	152,299	153,848	203,460	199,210	177,571	188,612	188,704	1,263,704
	Variance	-2.8%	-4.8%	-28.0%	-31.9%	-32.6%	-22.7%	-14.1%	-20.5%
Clinical Calls	Actual	30,215	30,687	32,894	31,929	27,493	32,072	29,965	215,255
	Plan	29,898	30,333	39,528	36,350	31,639	35,140	36,518	239,407
	Variance	1.1%	1.2%	-16.8%	-12.2%	-13.1%	-8.7%	-18.0%	-10.1%

Covid-19 Activity – Actual	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Non-Clinical	9,371	9,142	7,413	9,122	5,652	2,943	2,322
Clinical (total)	2,208	2,435	2,392	3,259	1,809	995	740

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 M1 (April)

What are the issues?

- The contractual standard is for the division to achieve national performance on a quarterly basis. In Quarter one to date, Derbyshire are achieving one of the six national standards, C1 90th Centile. C1 mean was not achieved by 24 seconds, C2 mean was not achieved by 4 minutes and 32 seconds, C2 90th Centile was not achieved by 4 minutes and 59 seconds, C3 90th Centile was not being achieved by 46 minutes and 1 second and C4 90th Centile was not achieved by 46 minutes and 1 second.
- Average Pre hospital handover times during April 2021 remained above the 15 minute national standard across Derbyshire (19 minutes and 17 seconds), this was a slight improvement when compared to March 2021 (20 minutes and 6 seconds).
- Average Post handover times during April 2021 remained above the 15 minute national standard across Derbyshire with the exception of Stepping Hill (14 minutes and 21 seconds) and Macclesfield District General Hospital (10 minutes and 47 seconds). Overall the post handover time in April 2021 (18 minutes and 54 seconds) was a slight improvement when compared to March 2021 (19 minutes and 14 seconds).
- Incidents in April in Derbyshire were comparable to March (13,550 compared to 13,539). H&T and S&T as a percentage of incidents saw an increase, where S&C as a percentage of incidents saw a decrease. Duplicate calls are comparable in April (16.6%) to March 2021 (16.4%).
- In Derbyshire, the percentage of on scene demand passed through from 111 is the second highest across the East Midlands at 29% of total calls (30% for Leicestershire).
- S&C to ED saw an increase in April 2021, with S&C incidents to ED being 56.2% compared to 55.9% in March 2021. S&C to ED remains “middle of the pack” at 56% when compared to other ICS within the East Midlands footprint, with the lowest ICS area being Leicestershire at 46% and the highest area being North and North East Lincolnshire at 64%.

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 - April	00:07:09	00:12:39	00:23:27	00:48:58	02:37:00	02:42:57
Derbyshire Actual - April	00:07:24	00:12:28	00:22:32	00:44:59	02:46:01	03:46:01
Derbyshire Actual - Quarter One to Date	00:07:24	00:12:28	00:22:32	00:44:59	02:46:01	03:46:01

	Pre Handovers		Post Handovers		Total Turnaround	
	Average Pre Handover Time	Lost Hours	Average Post Handover Time	Lost hours	Average Total Turnaround	Lost hours
April 2021						
Burton Queens	00:20:09	46:46:53	00:17:14	35:54:22	00:37:23	69:30:16
Chesterfield Royal	00:21:00	288:39:06	00:18:02	230:11:35	00:39:02	428:19:01
Macclesfield District General Hospital	00:20:14	5:30:29	00:10:47	0:19:29	00:31:01	4:11:14
Royal Derby	00:18:21	336:36:42	00:20:03	520:02:29	00:38:24	736:27:11
Sheffield Northern General Hospital	00:26:24	26:40:13	00:16:34	9:39:40	00:42:57	31:11:55
Stepping Hill	00:15:05	15:45:42	00:14:21	15:15:54	00:29:26	22:54:37
Derbyshire TOTAL	00:19:17	719:59:05	00:18:54	811:23:29	00:38:11	1292:34:14

AMBULANCE – EMAS PERFORMANCE M1 (April)

What actions have been taken?

- Work continues locally between EMAS, Commissioners and the Acute Trusts to look at how pre hospital handover delays can be reduced and how handover processes can be improved.
- Royal Derby Hospital held a 'Perfect week' w/c 19th April. This is part of a wider ambulance turnaround programme which aims to reduce handover delays at Royal Derby Hospital by 5 minutes by October 2021, through performing walk arounds, obtaining staff feedback from reception staff, ED staff and EMAS staff. Specific actions that were targeted in this perfect week were; having a Health Care Advisor (HCA) receiver in the red pit stop area to enable faster handovers, and a nurse in Green ED to specifically take SBAR handovers. SBAR being a recognised standardised handover model to facilitate safer care through precise communication, each communication should convey; Situation. Background. Assessment. Recommendation.
- Derbyshire continues to roll out SDEC pathways and two hour community response teams and are developing the use of the JRCalc App which will allow crews to access alternative pathways when on scene.
- Work continues nationally to ensure the most commonly referred into pathways by Ambulance services are profiled on the DoS so that ambulance crews can access available alternatives consistently across the Country.

What are the next steps

- The outputs of the Perfect Week held at Royal Derby Hospital showed a significant improvement, however there are more improvements and a number of further PDSA cycles to complete before a decrease in turnaround time can be considered stable.
- Discussions continue regarding the implementation of a CAD upgrade which will automatically call clear at 15 minutes unless overwritten. Although this may help reduce post hospital delays, work would need to take place to understand how this would impact on other areas of efficiency such as Vehicle Off Road times. Lincolnshire will be the first county to pilot this initiative from June 2021.
- A deep dive into demand from 111 into EMAS will be undertaken and presented back to the Strategic Delivery Board in July.
- EMAS are aiming to host an Urgent Treatment Centre (UTC) Education week roadshow w/c 21st June 2021. There will be a joint presence at various places throughout Derbyshire including the acutes with the aim of increasing education/awareness and therefore usage around UTC rather than conveyance to ED where appropriate.
- Continue to work with Trusts to roll out more Same Day Emergency Care (SDEC) pathways for EMAS to directly refer into.

Derbyshire	January	February	March	April	Quarter Four	Quarter One to Date
Calls (Total)	19,880	15,932	17,478	17,643	53,290	17,643
Total Incidents	14,396	12,687	13,539	13,550	40,622	13,550
Total Responses	12,953	11,544	12,408	12,321	36,905	12,321
Duplicate Calls	3,832	2,330	2,856	2,936	9,018	2,936
Hear & Treat (Total)	3,095	2,058	2,214	2,386	7,367	2,386
See & Treat	4,869	4,242	4,195	4,134	13,306	4,134
See & Convey	8,084	7,302	8,213	8,187	23,599	8,187
Duplicates as % Calls	19.3%	14.6%	16.4%	16.6%	16.9%	16.6%
H&T ASI as % Incidents	10.0%	9.0%	8.4%	9.4%	9.2%	9.4%
S&T as % Incidents	33.8%	33.4%	31.0%	31.9%	32.8%	31.9%
S&C as % Incidents	56.2%	57.6%	60.7%	58.7%	58.1%	58.7%
S&C to ED as % of incidents	52.4%	53.5%	55.9%	56.2%	53.9%	56.2%

Planned Care

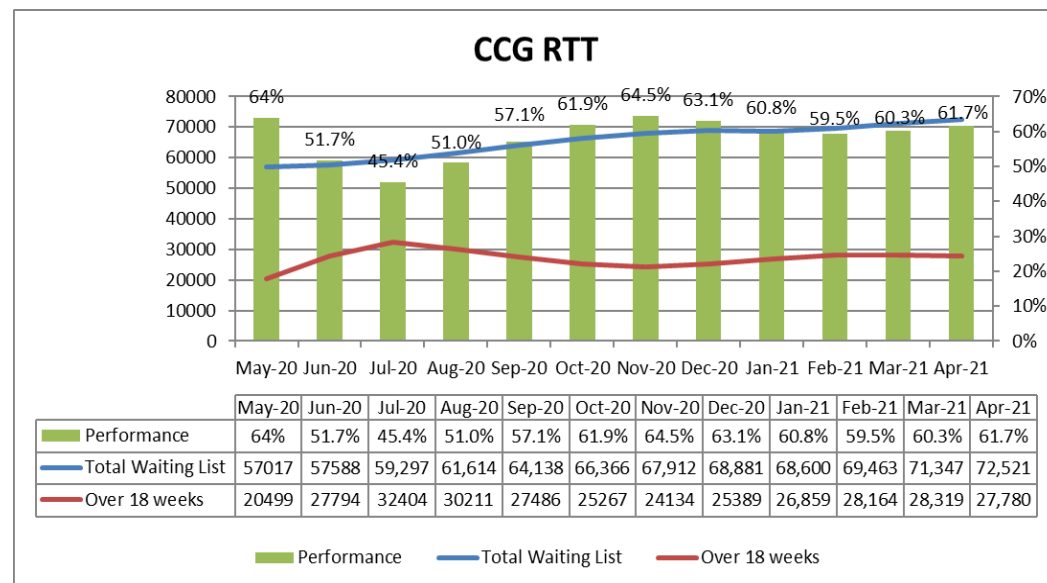
DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

Performance Analysis

Performance for April 2021 was 61.7%, against a figure of 60.3% for March and 59.5% for February 2021.

The total incomplete waiting list for DDCCG was 72,521 at the end of April. The number of referrals across Derbyshire April showed an increase of 7% of urgent referrals and a reduction of 20% for routine referrals when compared with the average weekly referral of the previous 51 weeks.

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,451	2,009	45.1%	693
Urology Service	3,509	2,438	69.5%	291
Trauma and Orthopaedic Service	12,136	5,061	41.7%	2,607
Ear Nose and Throat Service	4,811	2,413	50.2%	701
Ophthalmology Service	10,801	5,941	55.0%	1,123
Oral Surgery Service	126	51	40.5%	8
Neurosurgical Service	410	251	61.2%	35
Plastic Surgery Service	589	341	57.9%	94
Cardiothoracic Surgery Service	170	113	66.5%	12
General Internal Medicine Service	375	297	79.2%	1
Gastroenterology Service	4,818	3,697	76.7%	147
Cardiology Service	2,297	1,786	77.8%	51
Dermatology Service	3,429	2,655	77.4%	121
Respiratory Medicine Service	1,154	879	76.2%	4
Neurology Service	1,302	936	71.9%	23
Rheumatology Service	1,406	1,010	71.8%	12
Elderly Medicine Service	233	204	87.6%	1
Gynaecology Service	4,493	2,793	62.2%	375
Other - Medical Services	4,987	4,247	85.2%	65
Other - Mental Health Services	332	301	90.7%	0
Other - Paediatric Services	4,022	2,820	70.1%	480
Other - Surgical Services	5,851	3,830	65.5%	596
Other - Other Services	819	668	81.6%	50
Total	72,521	44,741	61.7%	7,490

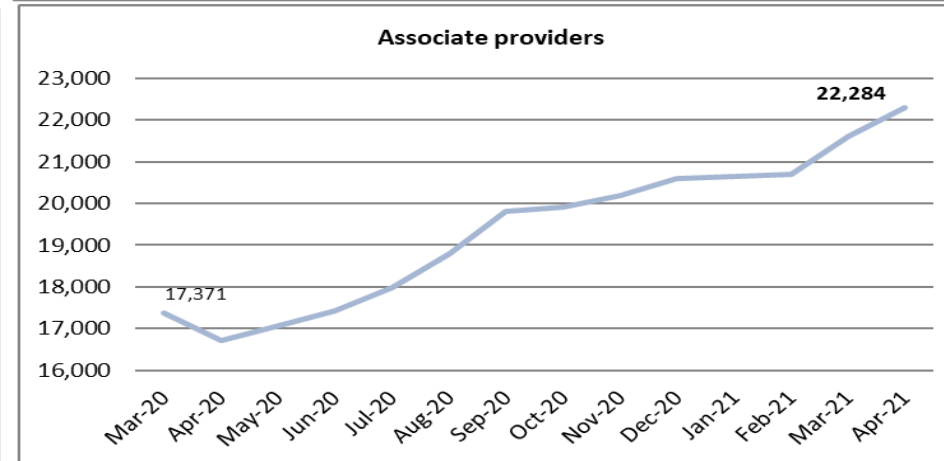
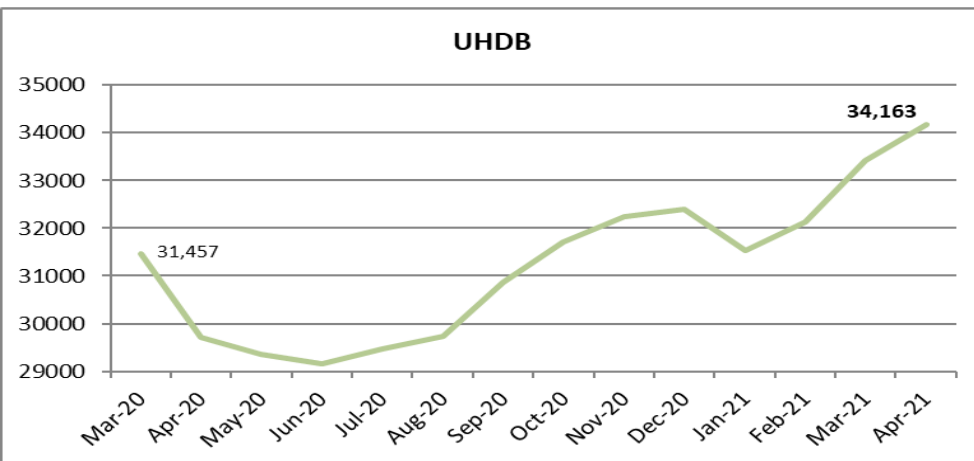
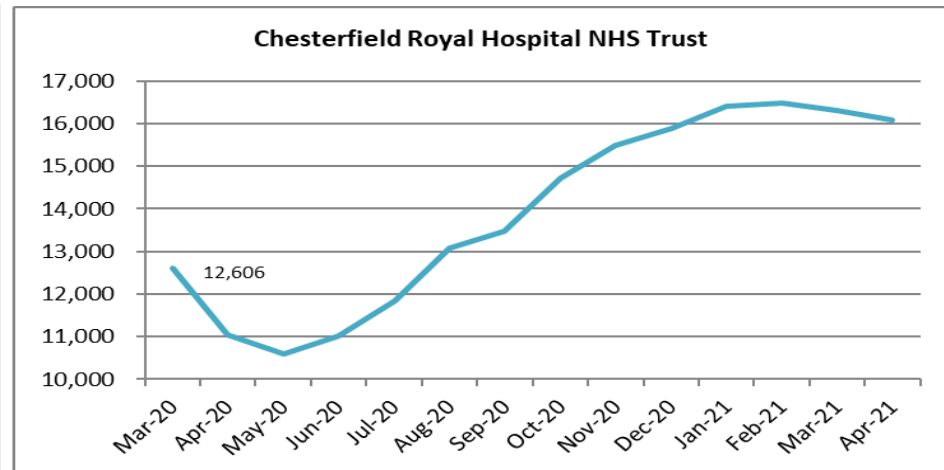
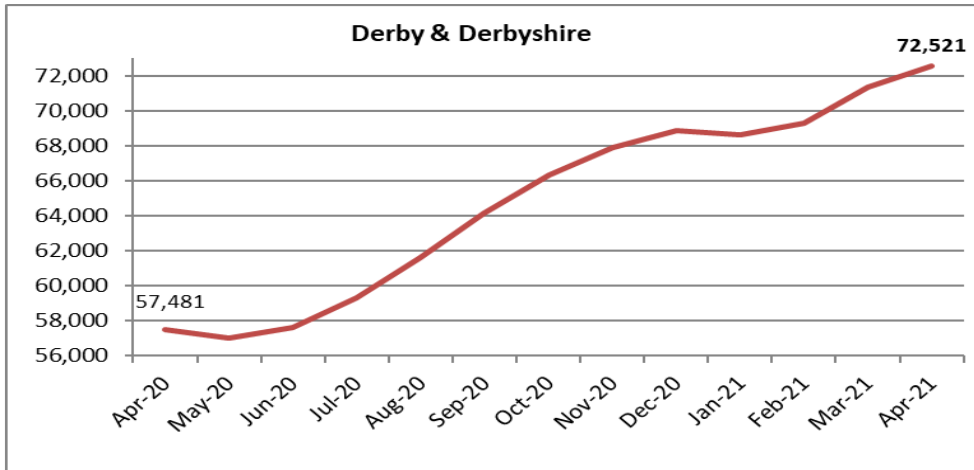


- The Derbyshire CCG position is representative of all of the patients registered within the CCG area attending any provider nationally.
- 70% of Derbyshire patients attend either CRHFT (25%) or UHDB (45%). The RTT position is measured at both CCG and provider level.
- The RTT standard of 92% was not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

ELECTIVE CARE – DDCCG Incomplete Pathways

Derbyshire CCG incomplete waiting list at the end of April 2021 is 72,521.

Of this number 50,237 Derbyshire patients are currently awaiting are at our two main acute providers CRH (16,074) and UHDB (34,163). The remaining. The remaining 22,284 Derbyshire residents are on an incomplete pathways at other trusts out of Derbyshire. The graphs below show the current position and how this has changed over the last few months.



Referral to Treatment – Incomplete Pathways (92%).

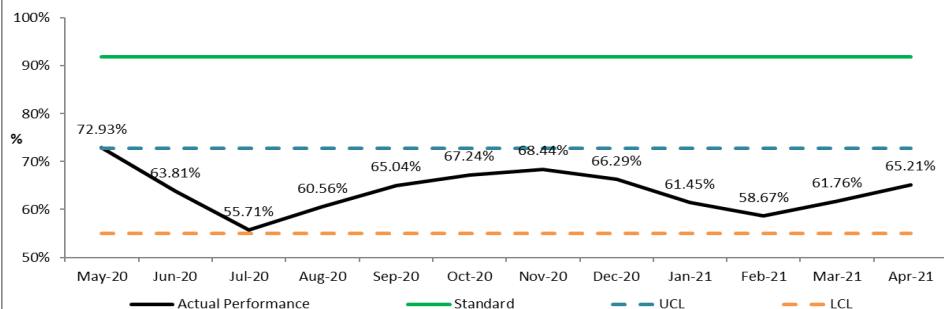
CRH

During April 2021 the trust achieved performance of 65.2%, an improvement of the March and February performance (61.8% and 58.7%). The waiting list at the end of April stands at 17,648, a reduction of 212 on the March figure.

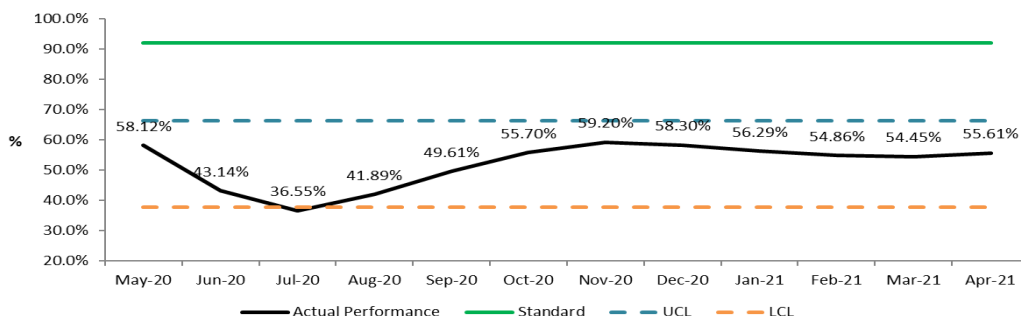
UHDB

During April the trust achieved a standard of 55.6%, a slight increase on the March and February figures (54.5% and 54.9%). The waiting list at the end of April is 65,157 an increase on the March figure of 63,064.

18 Weeks Incomplete RTT Performance - CRHFT



18 Weeks Incomplete RTT Performance - UHDBFT



Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	Total 52 plus weeks
General Surgery Service	1,319	489	37.1%	26.1	81
Urology Service	1,081	897	83.0%	8.6	29
Trauma and Orthopaedic Service	1,598	822	51.4%	16.8	182
Ear Nose and Throat Service	1,533	995	64.9%	10.4	119
Ophthalmology Service	2,093	1,045	49.9%	18.1	161
Oral Surgery Service	1,079	648	60.1%	11.9	88
General Internal Medicine Service	241	171	71.0%	9.2	0
Gastroenterology Service	1,451	935	64.4%	12.1	25
Cardiology Service	581	424	73.0%	8.3	5
Dermatology Service	1,084	1,005	92.7%	5.1	22
Respiratory Medicine Service	371	313	84.4%	8.0	0
Rheumatology Service	466	308	66.1%	10.5	3
Gynaecology Service	1,438	882	61.3%	11.3	92
Other - Medical Services	881	716	81.3%	7.7	5
Other - Paediatric Services	821	740	90.1%	5.3	18
Other - Surgical Services	1,611	1,118	69.4%	9.2	102
Total	17,648	11,508	65.2%	10.3	932

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	Total 52 plus weeks
General Surgery Service	3,724	1,903	51.1%	16.8	670
Urology Service	2,874	1,584	55.1%	14.6	404
Trauma and Orthopaedic Service	12,848	4,763	37.1%	25.0	3,092
Ear Nose and Throat Service	4,974	2,206	44.4%	21.4	589
Ophthalmology Service	9,258	4,323	46.7%	19.6	1,312
Oral Surgery Service	3,057	1,539	50.3%	17.2	565
Neurosurgical Service	64	28	43.8%	22.5	4
Plastic Surgery Service	359	180	50.1%	17.0	76
Cardiothoracic Surgery Service	11	9	81.8%	-	1
General Internal Medicine Service	577	547	94.8%	7.6	1
Gastroenterology Service	3,225	2,927	90.8%	7.3	12
Cardiology Service	1,777	1,583	89.1%	5.6	19
Dermatology Service	3,234	1,954	60.4%	11.2	132
Respiratory Medicine Service	430	329	76.5%	7.6	3
Neurology Service	1,052	631	60.0%	12.3	26
Rheumatology Service	1,121	869	77.5%	8.3	7
Elderly Medicine Service	297	232	78.1%	5.7	2
Gynaecology Service	4,438	2,514	56.6%	14.8	381
Other - Medical Services	4,586	3,908	85.2%	6.9	55
Other - Mental Health Services	2	2	100.0%	-	0
Other - Paediatric Services	2,063	931	45.1%	20.8	534
Other - Surgical Services	4,469	2,744	61.4%	11.5	645
Other - Other Services	717	526	73.4%	7.9	75
Total	65,157	36,232	55.6%	14.4	8,605

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

52 Week Waits

April performance shows that there are 7,490 Derbyshire patients waiting over 52 weeks for treatment. Of these 5,989 are waiting for treatment at our two main providers UHDB and CRH, the remaining 1,501 are waiting at various trusts around the country as outlined in the table on the following slide.

Although the number of patients waiting has decreased this month it is expected that numbers will increase as the decrease is reflective of the reduction in referrals during March and April of last year.

CCG Patients – Trend – 52 weeks

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
DDCCG	0	1	27	103	242	527	934	1,519	2,107	2,658	3,388	4,245	5,903	7,554	8,261	7,490

Main Providers:

In terms of Derbyshire's the two main acute providers the 52ww position for April at UHDB and CRH is as follows:

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
UHDB	0	0	45	138	298	580	1,011	1,667	2,367	2,968	3,751	4,706	6,629	8,767	9,728	8,605
CRH	0	0	0	4	17	53	117	212	308	438	594	797	1,202	1,475	1,471	1,278

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

Main Provider Actions:

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. As well as priority levels 1-4 there are a further two - 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.

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

Associate Providers – Derbyshire Patients waiting over 52 weeks in April 2021 at associate providers are as follows:

Associate Provider	Total	Associate Provider	Total
AIREDALE NHS FOUNDATION TRUST	1	SALFORD ROYAL NHS FOUNDATION TRUST	17
ASHFORD AND ST PETER'S HOSPITALS NHS FT	1	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	64
ASPEN - CLAREMONT HOSPITAL	51	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	62
BARTS HEALTH NHS TRUST	4	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	168
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FT	5	SPIRE BRISTOL HOSPITAL	1
BMI - THE ALEXANDRA HOSPITAL	10	SPIRE NOTTINGHAM HOSPITAL	3
BMI - THE PARK HOSPITAL	1	SPIRE REGENCY HOSPITAL	14
CAMBRIDGE UNIVERSITY HOSPITALS NHS FT	3	STOCKPORT NHS FOUNDATION TRUST	400
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FT	15	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FT	3
EAST CHESHIRE NHS TRUST	41	THE ONE HEALTH GROUP LTD	12
FRIMLEY HEALTH NHS FOUNDATION TRUST	1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FT	3
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	1	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1
LEEDS TEACHING HOSPITALS NHS TRUST	8	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	19
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	3	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	3
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	20	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	66
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	6
NEWMEDICA COMMUNITY OPHTHALMOLOGY - BARLBOROUGH	3	WOODTHORPE HOSPITAL	10
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FT	1	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	4
NORTH BRISTOL NHS TRUST	2	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	10
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	306	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	1
NUFFIELD HEALTH, DERBY HOSPITAL	98	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6
NUFFIELD HEALTH, LEICESTER HOSPITAL	1	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	2
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	PORTSMOUTH HOSPITALS UNIVERSITY NATIONAL HEALTH SERVICE TRUST	1
PENNINE ACUTE HOSPITALS NHS TRUST	1	PRACTICE PLUS GROUP HOSPITAL - BARLBOROUGH	36
QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	1	THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	1
ROYAL FREE LONDON NHS FOUNDATION TRUST	4	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	1
		Total	1501

Actions:

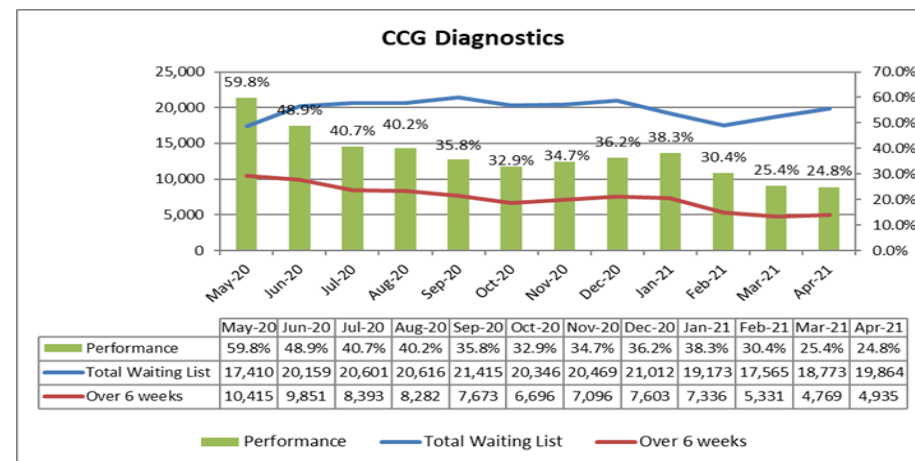
- The performance team make enquiries of the relevant CCGs and responses received back are that these patients are not clinically urgent but are being reviewed. We have not been informed of any TCI dates.

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

Performance Analysis

Derbyshire CCG Diagnostic performance at the end of April was 24.87% waiting over six weeks, a slight improvement on the March position of 25.4%.

The total number of Derbyshire patients waiting for diagnostic procedures has decreased during April. The number of patients waiting over six weeks has also decreased but the number waiting over 13 weeks has increased. All of our associates are showing non compliance for the diagnostic standard.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	3,109	592	296	19.0%
Computed Tomography	2,400	312	131	13.0%
Non-obstetric Ultrasound	7,875	2,441	344	31.0%
DEXA Scan	562	108	32	19.2%
Audiology - Audiology Assessments	771	151	38	19.6%
Cardiology - Echocardiography	1,914	292	101	15.3%
Peripheral Neurophysiology	263	6	1	2.3%
Respiratory physiology - Sleep Studies	78	6	3	7.7%
Urodynamics - Pressures & Flows	138	69	35	50.0%
Colonoscopy	962	344	262	35.8%
Flexi Sigmoidoscopy	362	90	52	24.9%
Cystoscopy	249	70	35	28.1%
Gastroscopy	1,181	454	281	38.4%
Total	19,864	4,935	1,611	24.8%

Test	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport	Sheffield Teaching Hospitals	Sherwood Forest Hospitals	Nottingham University Hospitals	East Cheshire
Audiology - Audiology Assessments	17.4%	21.3%	35.5%	27.2%	1.4%	11.2%	43.9%
Cardiology - Echocardiography	2.6%	3.9%	14.9%	14.5%	58.6%	0.3%	68.7%
Colonoscopy	4.6%	15.8%	85.1%	33.6%	43.7%	1.9%	50.0%
Computed Tomography	19.7%	0.9%	17.4%	3.5%	25.6%	4.4%	7.2%
Cystoscopy	34.1%	7.8%	0.0%	6.5%	47.4%	5.3%	0.0%
DEXA Scan	12.5%	1.1%	65.3%	63.2%	4.4%	56.2%	
Flexi Sigmoidoscopy	4.1%	23.0%	84.2%	27.6%	23.3%	0.0%	63.1%
Gastroscopy	7.0%	45.5%	81.6%	31.7%	36.9%	4.5%	59.8%
Magnetic Resonance Imaging	14.4%	0.8%	12.3%	5.9%	1.8%	62.5%	0.0%
Peripheral Neurophysiology	0.6%		0.0%	7.7%		3.4%	
Non-obstetric Ultrasound	44.4%	0.1%	28.1%	0.1%	1.1%	56.0%	3.0%
Respiratory physiology - Sleep Studies	0.0%		9.5%	4.8%	22.4%	3.0%	5.3%
Urodynamics - Pressures & Flows	58.3%	44.4%	36.7%	73.2%	5.1%	11.5%	
Total	28.9%	6.8%	47.4%	12.1%	25.4%	44.2%	39.4%

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

Performance Analysis

Performance during April was 6.8%, an improvement on the March figure of 11.3%.

The numbers on the waiting list have increased during April as have the number waiting over six weeks. However, the number waiting over 13 weeks has decreased.

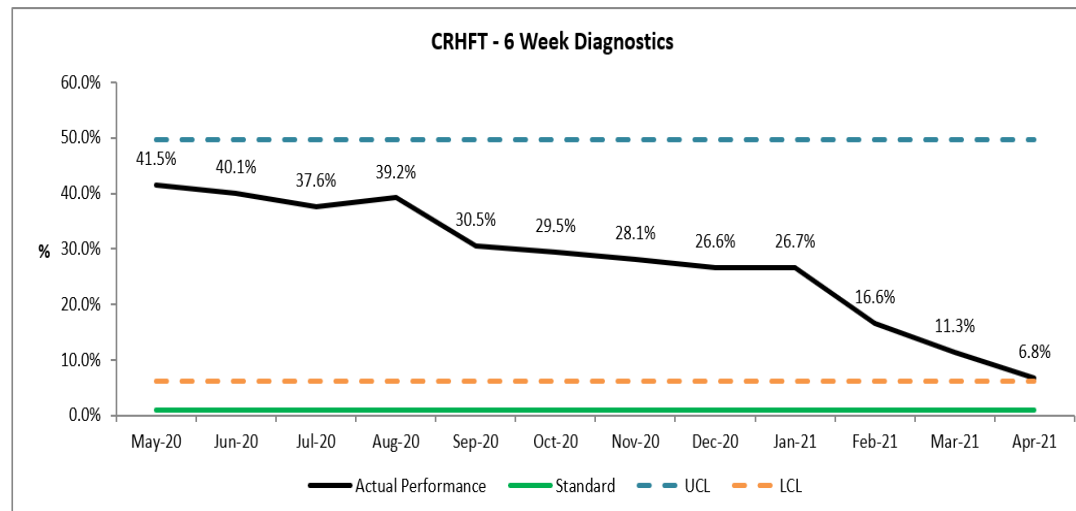
What are the issues?

Issues

- Endoscopy capacity has been an ongoing issue, which was exacerbated when booking issues led to further delays of 2-3 days.

Actions

- Endoscopy dates are now booked immediately to prevent recurrence of the booking issues.
- Imaging and Endoscopy activity for those patients on a cancer pathway is prioritised.
- Further development of the clinical triage set and CAB.
- Roll out of the Attend Anywhere scheme, utilising phone and video. This approach also included patients being allowed the choice of how they receive diagnostic results.
- Local diagnostic departments continue to validate waiting lists to ensure data quality.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	637	5	0	0.8%
Computed Tomography	676	6	1	0.9%
Non-obstetric Ultrasound	1,704	1	0	0.1%
DEXA Scan	179	2	1	1.1%
Audiology - Audiology Assessments	300	64	29	21.3%
Cardiology - Echocardiography	516	20	1	3.9%
Urodynamics - Pressures & Flows	27	12	8	44.4%
Colonoscopy	284	45	13	15.8%
Flexi Sigmoidoscopy	122	28	6	23.0%
Cystoscopy	64	5	0	7.8%
Gastroscopy	303	138	41	45.5%
Total	4,812	326	100	6.8%

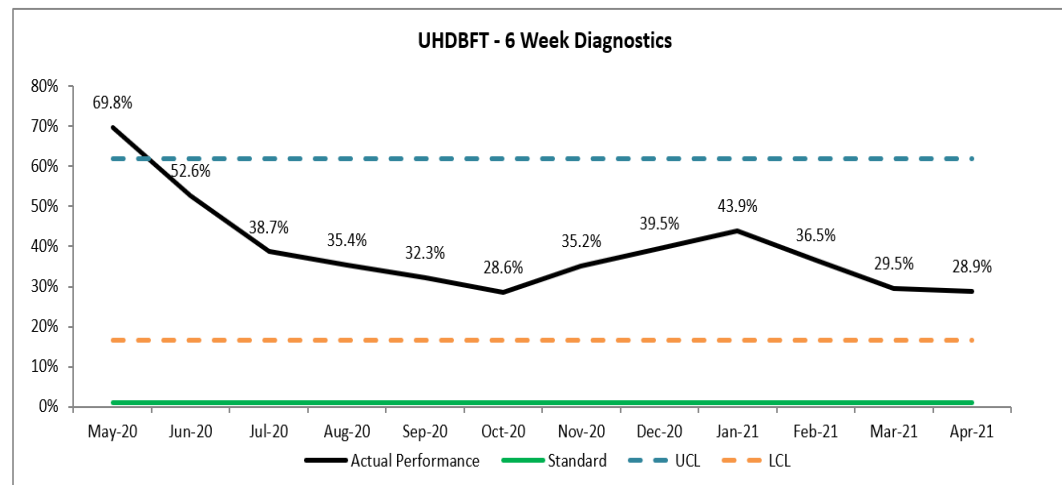
UHDB DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis

Performance during April was 29.5% an improvement on the March figure of 29.5%.

The numbers on the waiting list have increased during April, as have the number waiting over six weeks. However, the number waiting over 13 weeks has decreased.

Non Obstetric ultrasounds, urodynamics and cystoscopy are experiencing the highest waits.



Issues

- MRI are experiencing staffing issues that have affected their capacity.
- More intense cleaning of CT Scans between patients has reduced CT capacity from 4 per hour to 3 per hour.
- Issues with bank staff pay rates are affecting capacity in several areas.

Actions

- The Derby Urology Day Case Unit reopened during April with a focus on reducing the backlogs for the relevant tests.
- A 2nd Ultrasound Room is due to open during May/June.
- MRI are attempting to recruit locums to address the staffing issues.
- A bid has been submitted to host a Rapid Diagnostics Site at the Trust.

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	2,580	372	77	14.4%
Computed Tomography	1,801	354	161	19.7%
Non-obstetric Ultrasound	8,489	3,772	510	44.4%
Barium Enema	15	0	0	0.0%
DEXA Scan	305	38	20	12.5%
Audiology - Audiology Assessments	562	98	16	17.4%
Cardiology - Echocardiography	1,272	33	2	2.6%
Peripheral Neurophysiology	337	2	0	0.6%
Respiratory physiology - Sleep Studies	87	0	0	0.0%
Urodynamics - Pressures & Flows	127	74	34	58.3%
Colonoscopy	391	18	8	4.6%
Flexi Sigmoidoscopy	196	8	0	4.1%
Cystoscopy	211	72	29	34.1%
Gastroscopy	514	36	16	7.0%
Total	16,887	4,877	873	28.9%

DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

During April 2021, Derbyshire was compliant in 2 of the 8 Cancer standards:

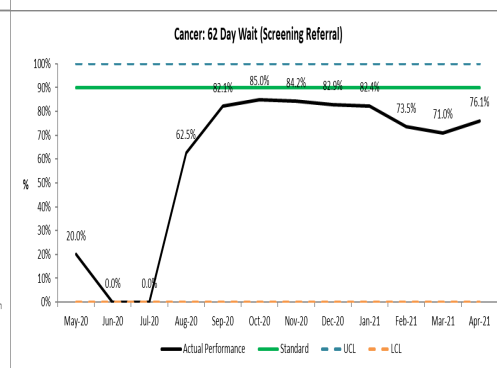
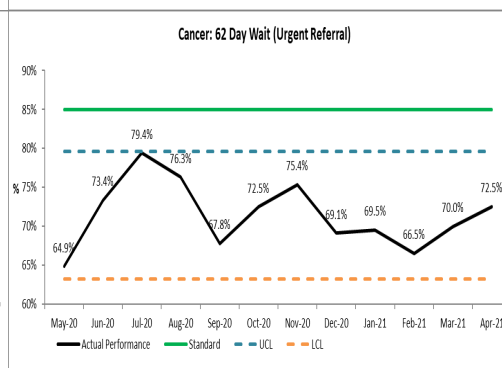
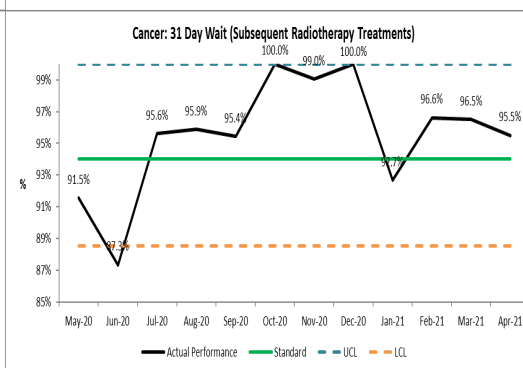
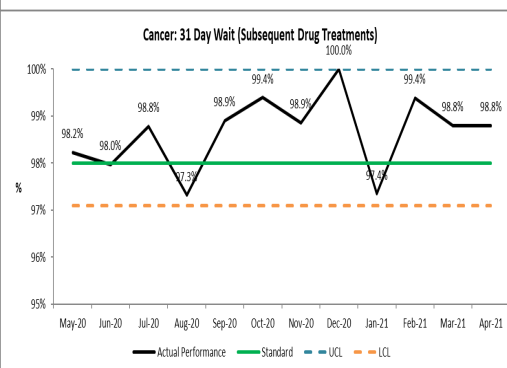
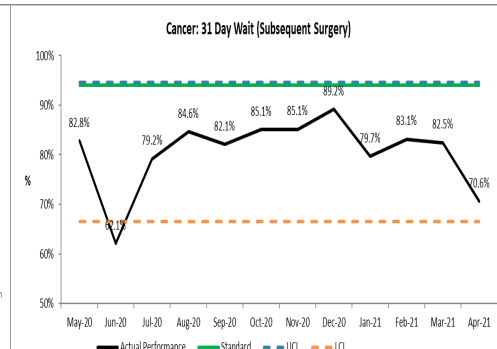
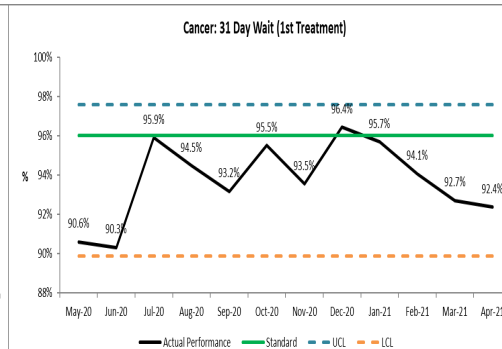
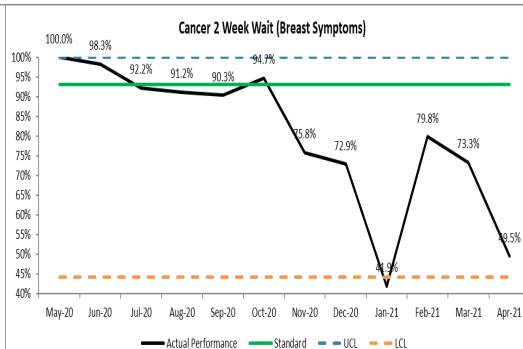
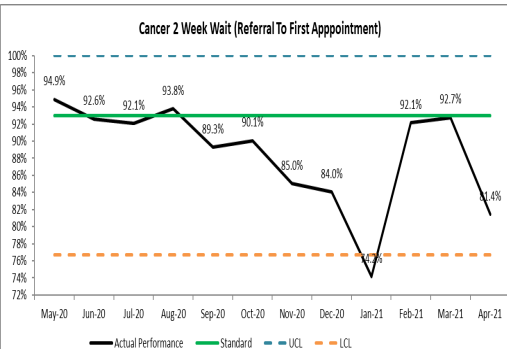
- **31 day Subsequent Drugs** – 98.8% (98% standard) – Compliant all Trusts except Sherwood Forest.
- **31 day Subsequent Radiotherapy** – 95.5% (94% standard) – Compliant for Nottingham and Sheffield, but not for Derby.

During April 2021, Derbyshire was non-compliant in 6 of the 8 Cancer standards:

- **2 week Urgent GP Referral** – 81.4% (93% standard) – Compliant for Sherwood Forest and Stockport.
- **2 week Exhibited Breast Symptoms** – 49.5% (93% standard) - Compliant for Sherwood Forest and Stockport.
- **31 day from Diagnosis** – 92.4% (96% standard) – Compliant for Chesterfield and Stockport.
- **31 day Subsequent Surgery** – 70.6% (94% standard) - Compliant for Stockport.
- **62 day Urgent GP Referral** – 72.5% (85% standard) – Non compliant for all trusts.
- **62 day Screening Referral** – 76.1% (90% standard) – Non compliant for all trusts.

Additional standards include:

- **28 day Diagnosis or Decision To Treat** – 74.2% (75% standard) – Compliant for Derby & Burton, Chesterfield, Nottingham & Sherwood Forest.
- **104 day wait** – 23 CCG patients waited over 104 days for treatment.



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

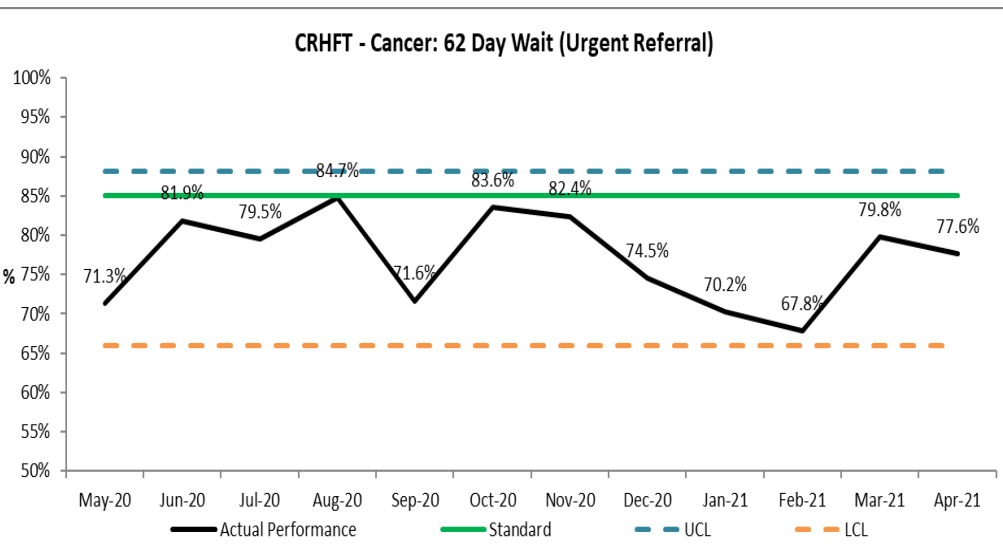
CRHFT - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

CRH performance during April for first treatment within 62 days of urgent referral has decreased to 77.6%, remaining non-compliant against the standard of 85%.

Breaches related to hospital delays and patient choice and complex pathways.

Out of the 16 breaches 3 patients were treated on day 64, just missing compliance and 6 patients were treated after day 104. (2 delays due to COVID, 2 hospital delays and 2 patient choice to delay pathway.



Current Issues

- Breast Outpatient Capacity.
- Theatre Capacity to accommodate demand.
- Lower GI Backlog due to endoscopy delays. .
- Long appointment waits for Template Biopsies.
- Recent increase of referrals in Head and Neck.
- Treatments booked after breach date.

Actions Being Taken

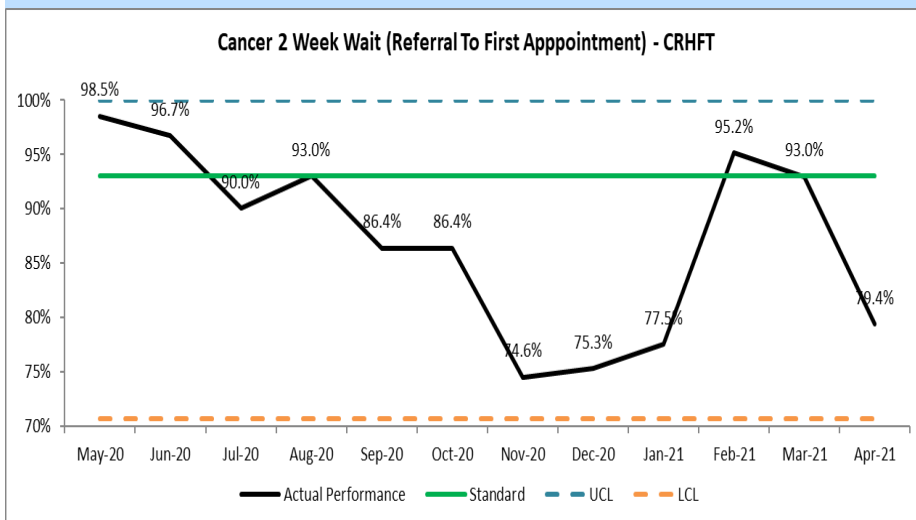
- Derbyshire Breast Pain Clinic going live in June which is expected to help alleviate demand on the breast cancer pathway.
- Increasing theatre capacity to help reduce theatre waiting times.
- Additional clinics in place to support the bladder pathway and alleviate the backlog to support lower GI.
- Consultant undertaking Template Biopsy training and once complete will help with capacity issues.
- Change to DTT process – once a patient is booked for treatment and it is going to breach all options reviewed to prevent the delay.

What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL. The H1 Operational Plan for 21/22 requires trust to reduce their PTL of patients over 63 days who have not yet been treated to the February 2020 figure or lower.

Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	8.5	4.5	4	52.94%
Gynaecological	2.5	1.5	1	60.00%
Haematological (Excl. Acute Leukaemia)	4	3	1	75.00%
Head and Neck	3	3	0	100.00%
Lower Gastrointestinal	8	6	2	75.00%
Lung	4	4	0	100.00%
Other	1	0	1	0.00%
Skin	24	23	1	95.83%
Upper Gastrointestinal	2	2	0	100.00%
Urological (Excluding Testicular)	14.5	8.5	6	58.62%
Totals	71.5	55.5	16	77.62%

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



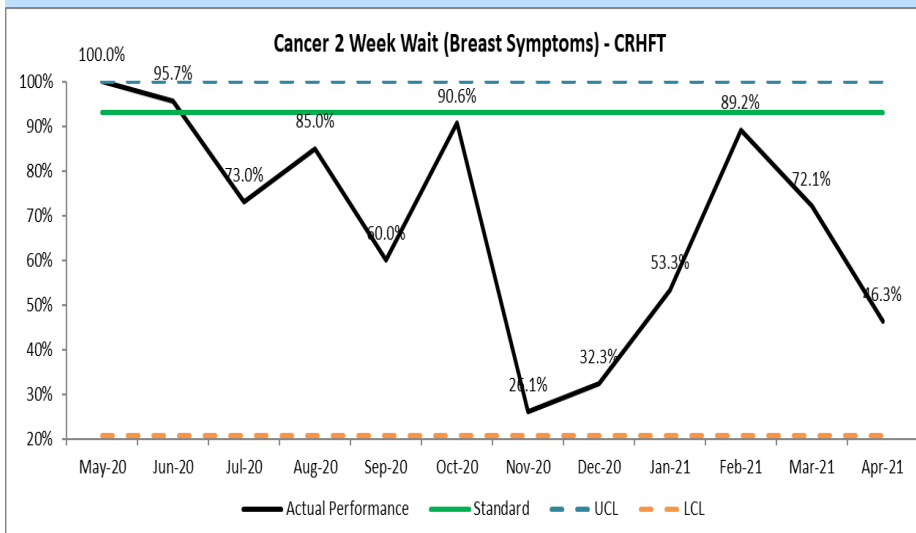
Performance Analysis

April performance was 79.41% against the standard of 93%. This was largely due to failed performance in breast. The polling range was taken away on the choose and book system to enable all patients to be able to book an appointment which meant that patients could book after day 14. There were 304 patients seen during the month, an increase on 70 from the previous month. Of these 162 breached with 121 of those patients seen by day 21.

The trust are not able to increase clinic slots for breast patients because of room capacity due to social distancing.

In lower and Upper GI straight to test capacity was affected due to staffing problems around the booking which was causing delays. Staff has now increased and once referrals are received into the trust dates for endoscopy procedures are booked straight away.

CRHFT - CANCER WAITING TIMES – 2 Week Wait Breast Symptomatic



Performance Analysis

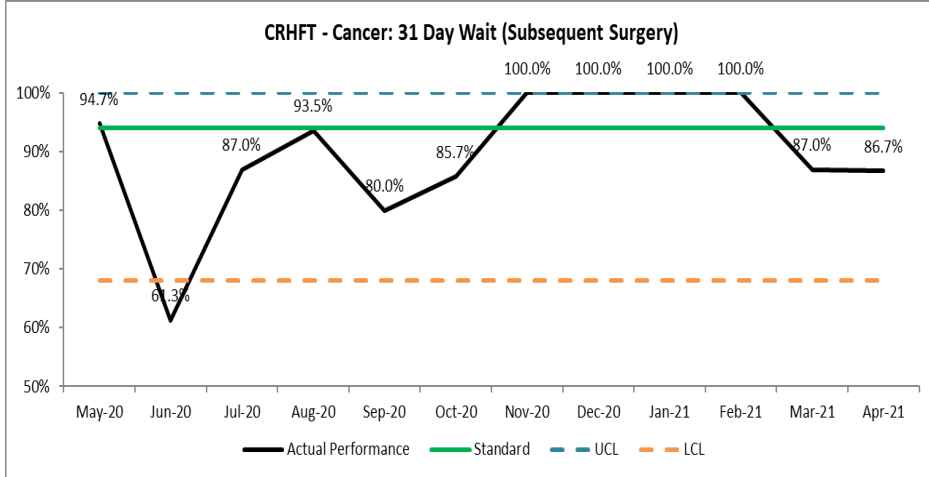
April performance at CRH for 2 Week Wait Breast Symptomatic has decreased since the month prior to 46.30%, remaining non-compliant against the standard of 93%. Breast referrals continue to increase.

During March and April referrals increased, particularly around the time a well known celebrity stated that she had got advanced breast cancer. This is a national issue.

The total number of patients seen under this standard during April was 54, an increase on the previous month. Of these 29 patients breached the 14 day standard with 21 of these patients seen before day 21.

The same issues highlighted above regarding 2WW for breast applies to this cohort of patients also.

CRHFT - CANCER WAITING TIMES – 31 Day Wait – Subsequent Surgery



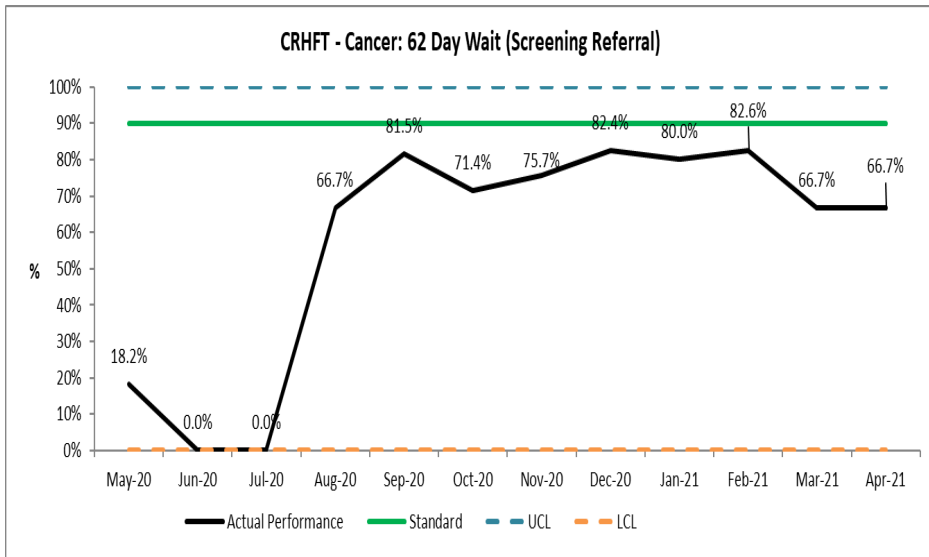
Performance Analysis

April Performance at CRH for 31 day for Subsequent Surgery Treatment has remained fairly static at 86.67%.

There were 15 patients who received subsequent surgery this months with 13 of those patients meeting the standard.

The two breaches were at day 34 and day 57 and were both due to elective capacity.

CRHFT - CANCER WAITING TIMES – 62day Screening Referral



Performance Analysis

Performance in April remained static at 66.67% although there were 18 patients treated during April who had been referred through screening compared to 12 in March.

There were 6 breaches of the standard (3 x Lower GI, 3 x breast).

Reasons were complex diagnostic pathway (2), Delay to diagnostic test (1), Elective capacity (1) and Medical reasons (2).

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

Performance Analysis

April Performance for first treatment within 62 days has significantly improved to 72.93%, however, continues to remain non-compliant against the standard of 85%.

There was a total of 175.5 patients treated on this pathway which is a decrease from the 206 patients treated in March, due to the Easter holidays. Of the 175.5 patients treated in April there were 128 treated within the 62 day standard, resulting in 47.5 breaches.

The main reasons for the breaches were outpatient capacity (18) and complex diagnostics(11), with the remaining being due to varied reasons such as patient choice and administrative delay.

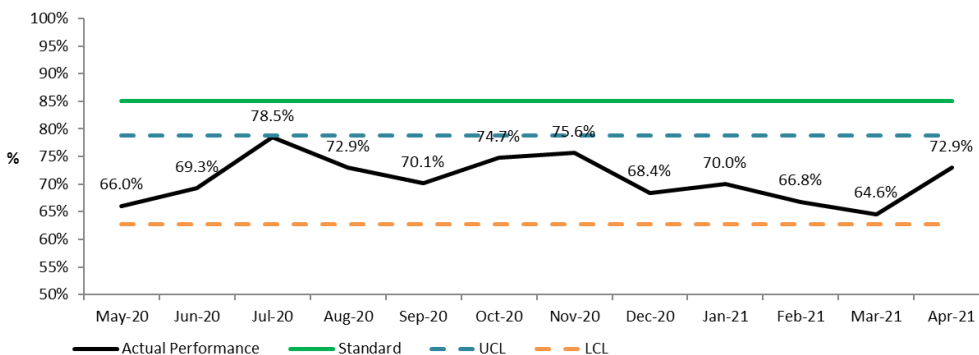
Actions Being Taken

- Community Breast Pain Pathway went 'live' in June and is expected to help manage the level of referrals. The impact of this is under close review.
- Weekend appointment lists implemented to support Trust Biopsies.
- Inappropriate referrals under review.

What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL. The H1 Operational Plan are requiring Trusts to reduce their PTL to the February 2020 figure or lower.

UHDBFT - Cancer: 62 Day Wait (Urgent Referral)



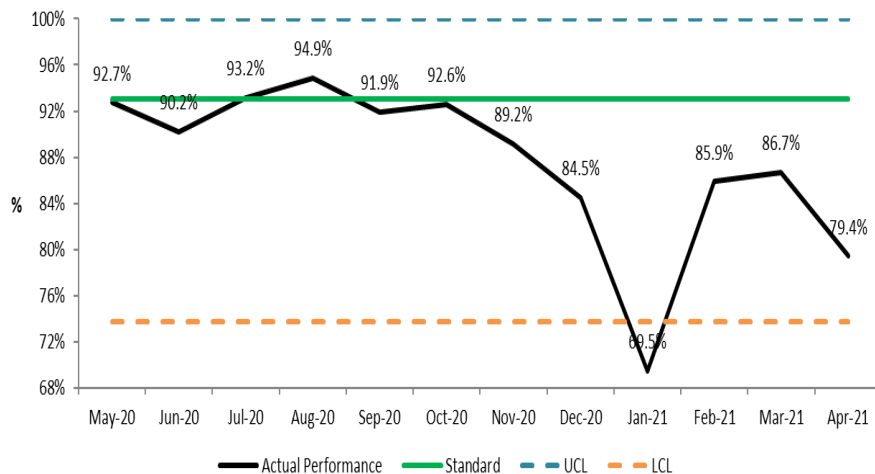
Current Issues

- Outpatient Capacity due to increasing referrals, particularly in Breast, and loss of capacity as a result of government restrictions such as social distancing and infection control procedures.
- Template Biopsies capacity.
- Inappropriate GP referrals.
- Patient Choice continues to be a reason for the breaches however, the patient choice is returning to pre-covid reasons such as work, holidays in oppose to being as a result of Covid.

Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	27	26	1	96.30%
Gynaecological	11	4	7	36.36%
Haematological (Excl. Acute Leukaemia)	8	6	2	75.00%
Head and Neck	14	11	3	78.57%
Lower Gastrointestinal	21	11	10	52.38%
Lung	7.5	6	1.5	80.00%
Other	2	2	0	100.00%
Sarcoma	3	3	0	100.00%
Skin	40	37	3	92.50%
Testicular	2	2	0	100.00%
Upper Gastrointestinal	15	8	7	53.33%
Urological (Excluding Testicular)	25	12	13	48.00%
Totals	175.5	128	47.5	72.93%

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

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



Performance Analysis

April performance at UHDB for 2 week wait has reduced slightly to 79.4%, and continues to be non-compliant against the standard of 93%. The main challenges for 2ww performance have been associated with Breast and Lower GI.

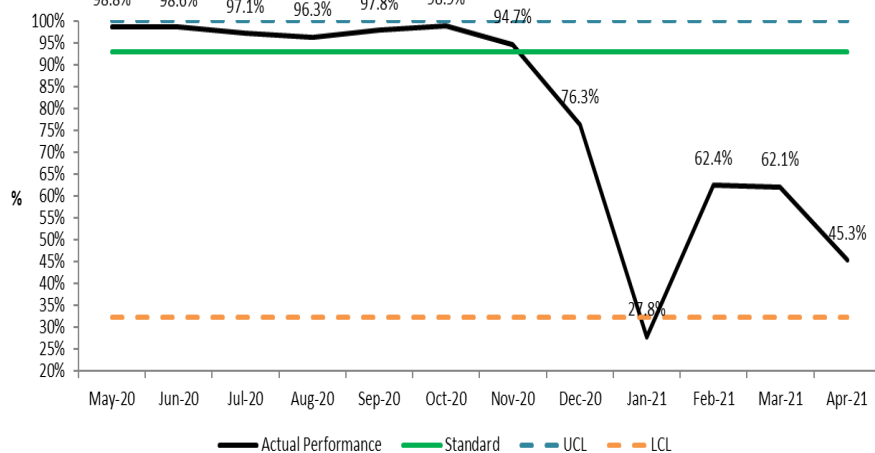
There were a total number of 3040 patients seen this month by way of GP Urgent referral to first appointment which is a slight reduction on the 3407 reported in March. This is the second month where referrals have exceeded 3000 since July 2019. Nearly 60% of the referrals were within Breast, Lower GI and Skin.

Out of the 3040 patients referred in April, 2414 of these patients were seen within the 2 week wait standard, resulting in 626 breaches compared to the 453 reported in March.

The 626 breaches occurred in Breast(227), Gynaecology(89), Head and Neck(16), Lower GI (154), Skin(21), Upper GI(107) and Urology(12). The majority of the breach reasons were due to Outpatient Capacity and Patient Choice.

UHDB - CANCER WAITING TIMES – 2 Week Wait – Breast Symptoms

Cancer 2 Week Wait (Breast Symptoms) - UHDBFT



Performance Analysis

April performance at UHDB for 2 week wait Breast Symptomatic has deteriorated to 45.3%, remaining non-compliant against the standard of 96%.

For all breast referrals, both 2WW and symptomatic, the polling range on Choose and Book was extended to more than 14 days to enable patients to book, even though the appointment would be after 14 days.

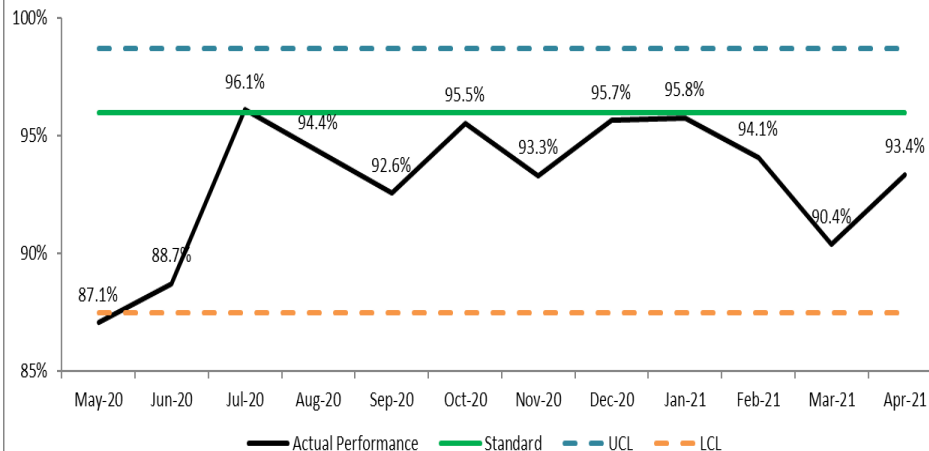
The total number of patients seen this month by way of referral to Breast Symptomatic was 192 with 87 of those patients being seen within 2 weeks, resulting in 105 breaches.

Out of the 105 breaches 42 of the patients were seen within 21 days, 50 waiting up to 28 days and 13 waiting over 28days. The majority of the breach reasons were due to outpatient capacity, with the remaining being as a result of Patient Choice.

** Breast Referrals increased rapidly once a news story about a celebrity was featured in many newspapers who is being treated for advanced breast cancer.*

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

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



Performance Analysis

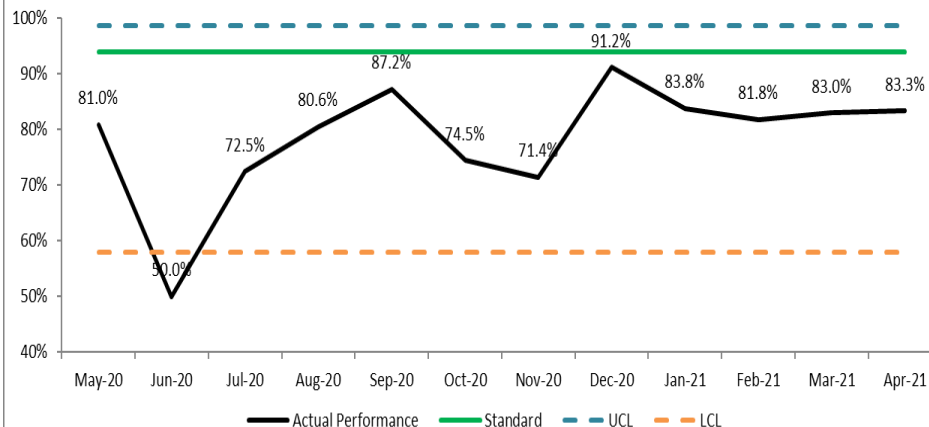
April performance at UHDB for 31 day from diagnosis to first treatment has increased on the previous month to 93.4%, continuing to be non-compliant against the standard of 96%.

There were a total number of 346 patients treated along this pathway. With 323 of the patients being treated within 31 days, resulting in 23 breaches.

The 23 breaches occurred in Gynaecology(4), Lower GI (7), Skin(4), and Urology(8). The majority of the breach reasons were due to Elective Capacity.

UHDB - CANCER WAITING TIMES – 31 Day Wait – Subsequent Surgery

UHDBFT - Cancer: 31 Day Wait (Subsequent Surgery)



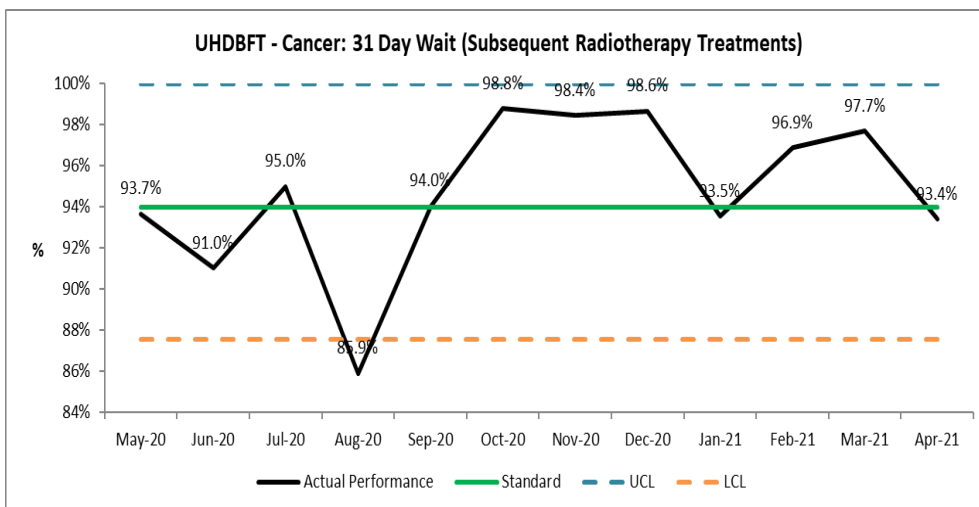
Performance Analysis

Performance of 31 day for Subsequent Surgery Treatment at UHDB in April has marginally improved slightly to 83.3%, remaining non-compliant against the standard of 94%.

There were 48 patients who received subsequent surgery this month with 40 of those patients having surgery within the 31 day standard, resulting in 8 breaches.

The reasons for these breaches were mainly due to Elective Capacity with just 1 out of the 8 being due to Administrative delay. The number of days the patients breached ranged between 35 to 44 days with just one reporting at 81 days.

UHDB - CANCER WAITING TIMES – 31 day – Subsequent Radiotherapy



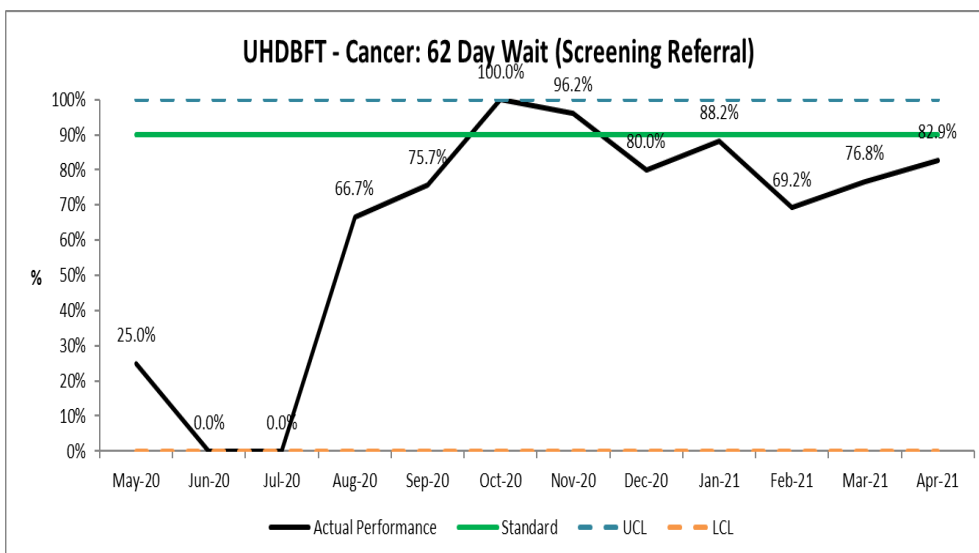
Performance Analysis

Performance of 31 day for Subsequent Radiotherapy Treatment at UHDB in April has reduced to 93.4%, being marginally non-compliant against the standard of 94%.

There were 91 patients who received subsequent surgery this month with 85 of those patients having surgery within the 31 day standard, resulting in 6 breaches.

The reasons for these breaches varied between Elective Capacity, Diagnostics and Administrative delay. The number of days the patients breached ranged between 33 to 49 days.

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



Performance Analysis

Performance in April at UHDB has improved to 82.9%, remaining non-compliant against the standard of 90%.

There were a total of 35 patients treated this month who were referred from a screening service with 29 of those patients being treated within 62 days, resulting in 6 breaches.

Out of the 6 breaches, 4 occurred in Lower GI and 2 occurred in Gynaecology. The breaches occurred as a result of Elective Capacity(4), Outpatient Capacity(1) and Complex Diagnostics(1).

The number of days the patients breached ranged between 77 and 132 days.

Appendix

APPENDIX 1: PERFORMANCE OVERVIEW M1 – 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			
	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	May-21	↓	68.2%	67.4%	35	A&E pilot site - not currently reporting 4 hour breaches				↑	75.8%	76.2%	61	↑	91.6%	92.6%	7	↑	77.9%	77.9%	12
A&E 12 Hour Trolley Waits		0	May-21	↑	5	13	2	↓	5	5	1	↑	1	4	3	↔	1	2	6	↓	1	1	1	
DToc	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Feb-20	↓	7.15%	5.91%	10	↑	4.13%	3.61%	2	↑	4.37%	3.18%	3	↑	5.29%	4.75%	9	↑	7.18%	4.49%	6	
Planned Care	Referral to Treatment for non-urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Apr-21	↓	55.1%	56.4%	44	↓	65.4%	65.4%	19	↑	81.0%	81.0%	15	↑	63.9%	63.9%	44	↑	56.3%	56.3%	39
		Number of 52 Week+ Referral to Treatment Pathways - Incomplete Pathways	0	Apr-21	↓	661	3770	16	↓	3772	3772	13	↓	1010	1010	13	↓	1497	1497	13	↓	4271	4271	36
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Apr-21	↓	39.38%	53.82%	14	↑	44.23%	44.23%	14	↑	12.10%	12.10%	14	↓	25.36%	25.36%	16	↑	47.42%	47.42%	22
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Apr-21	↓	62.7%	90.1%	2	↓	82.6%	82.6%	1	↓	79.9%	79.9%	1	↓	95.2%	95.2%	0	↓	97.5%	97.5%	0
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Apr-21	↓	4.4%	76.4%	2	↓	45.7%	45.7%	1	↓	41.3%	41.3%	1	↔	100.0%	100.0%	0	↔	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%	Apr-21	↓	67.0%	67.0%	1	↓	79.7%	79.7%	0	↓	61.2%	61.2%	1	↓	78.3%	78.3%	0	↓	56.9%	56.9%	1
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Apr-21	↓	71.7%	92.1%	4	↓	90.1%	90.1%	25	↓	92.6%	92.6%	1	↓	95.9%	95.9%	1	↑	96.2%	96.2%	0
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Apr-21	↓	42.9%	92.3%	3	↓	64.8%	64.8%	36	↓	83.5%	83.5%	5	↔	80.0%	80.0%	2	↑	100.0%	100.0%	0
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Apr-21	↓	100.0%	100.0%	0	↓	98.3%	98.3%	0	↓	98.7%	98.7%	0	↓	90.0%	90.0%	1	↔	100.0%	100.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Apr-21					↓	95.2%	95.2%	0	↓	96.8%	96.8%	0								
62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Apr-21	↑	69.2%	63.0%	19	↑	74.5%	74.5%	13	↓	60.8%	60.8%	68	↑	73.6%	73.6%	16	↑	80.4%	80.4%	24	
	First Treatment Administered - 104+ Day Waits	0	Apr-21	↓	3.0	32.0	8	↑	16.5	16.5	61	↑	22.0	22.0	61	↑	8.0	8.0	36	↑	4.0	4.0	24	
	First Treatment Administered Within 62 Days Of Screening Referral	90%	Apr-21	↓	33.3%	75.8%	5	↓	67.4%	67.4%	5	↑	76.9%	76.9%	5	↑	81.3%	81.3%	3	↑	50%	50.0%	4	
	First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Apr-21	↓	83.3%	86.9%		↓	76.2%	76.2%		↓	75.4%	75.4%		↑	75.9%	75.9%		↑	92.9%	92.9%		
Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2019/20 Q3	↔	0.0%	0.0%		↓	9.5%	7.5%		↓	2.3%	2.0%		↑	2.3%	3.2%		↓	2.9%	2.3%		
	Number of Urgent Operations cancelled for the 2nd time	0	Feb-20	↔	0	0		↔	0	0		↔	0	2		↔	0	0		↔	0	0		
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Feb-20	↑	13	393	11	↔	0	0	0	↔	0	0	0	↔	0	0	0	↔	0	6	0
		Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Apr-21	↔	0	2	0	↔	0	0	0	↔	0	0	0	↑	0	0	0	↔	0	0	0
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Apr-21	↑				↑				↓				↑				↓			
			Actual	Apr-21		0	0	↑	3	1	↓	11	1	↑	4	1	↓	5	1					
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Apr-21	↓	17	123		↓	68	68		↓	42	42		↓	30	30		↓	17	17	
Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Apr-21	↓	4	41		↑	16	16		↑	13	13		↑	8	8		↔	5	5			

Governing Body Meeting in Public

1st July 2021

Item No: 088

Report Title	Governing Body Assurance Framework 2021/22 Quarter 1
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager Suzanne Pickering, Head of Governance
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	Decision	x	Assurance	x	Discussion		Information	
Recommendations								
The Governing Body are requested to AGREE the 2021/22 Quarter 1 (April to June 2021) Governing Body Assurance Framework.								
Report Summary								
<p>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.</p> <p><u>Strategic Objectives 2021/22</u></p> <p>On the 6th May 2021, the Governing Body reviewed and agreed the 2021/22 CCG Strategic Objectives. These are managed through the GBAF to support the delivery and management of organisational risk.</p> <p>Further work was undertaken on the objective descriptions following feedback from Governing Body. The final 2021/22 strategic objectives are reflective of our final year of operation as a CCG and recognises the transition into the ICS and are as follows:</p> <ol style="list-style-type: none"> 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. 								

Governing Body Assurance Framework Quarter 1

The majority of the 2020/21 strategic risks remain for 2021/22, however we have identified three new strategic risks as follows:

Strategic Risk 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. The responsible Committee is the Quality and Performance Committee.

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. The responsible Committee is the Governance Committee.

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. The responsible Committee is the Governance Committee.

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.

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 2021.

The 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.

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

The paper provides Governing Body with the 2021/22 Quarter 1 GBAF.

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. Strategic.
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.	8	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.	20	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	GBAF Risk 1												Date reviewed	June 2021				
Initial	3	3	9													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. 					
Current	5	3	15																		
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																	
Internal <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 QIA 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. 				External <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. 				Internal <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. 							External <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 System Transition Assurance Committee, agenda, papers and minutes 						

<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. • 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. • Dr Robyn Dewis, Director of Public Health Derby City is Chair of Health Inequalities Group across the System. 	<p>and operational issues being fully managed by the System Operational Resilience Group (SORG)</p> <ul style="list-style-type: none"> • 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 	<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 • System Transition Assurance Committee, agenda, papers and minutes • CCG ICS Transition Working Group agenda, papers and minutes 	
GAPS IN CONTROL		GAPS IN ASSURANCE	
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • Commissioning the specific needs to meet the demands of the Covid Pandemic 	<p style="text-align: center;"><u>External</u></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 style="text-align: center;"><u>Internal</u></p>	<p style="text-align: center;"><u>External</u></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.
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"> • 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. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Ongoing, monthly 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • Long Term Conditions Strategy. • Long Term Conditions Board to identify groups for focus (prioritisation work started) 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • June 2021 • June 2021

<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 2021
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 System Transition Assurance Committee, agenda, papers and minutes 											

<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. 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 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. 	<ul style="list-style-type: none"> 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 	<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 System Transition Assurance Committee, agenda, papers and minutes CCG ICS Transition Working Group agenda, papers and minutes 	
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GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> CCG unable to identify priorities for variation reduction due to the impact of the Covid pandemic. 	<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. 	<ul style="list-style-type: none"> Development of STP planning and refresh. 	<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.

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"> Establishment of Quality & Performance Committee Task & Finish Group to provide scrutiny and challenge. 	<ul style="list-style-type: none"> Ongoing monthly 	<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 at System Event. Working with the LTC Board to agree Strategic Long Term Conditions Programme Board to agree dataset measurement. 	<ul style="list-style-type: none"> Ongoing Monthly System Quality & Performance Group June 2021 June 2021 TBC June 2021

<p align="center">Strategic Objective: 6</p> <p>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 align="center">Risk Description</p> <p>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>											
Risk rating	Likelihood	Consequence	Total	<p align="center">GBAF Risk 3</p>				Date reviewed	June 2021						
Initial	3	4	12					<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. 							
Current	3	4	12												
Risk Appetite	Level	Category	Target Score	<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>											
	Moderate	Collaborative working	8												
	2	4													
KEY CONTROLS TO MITIGATE RISK				SOURCES OF ASSURANCE											
<p align="center">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 				<p align="center">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 align="center">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 				<p align="center">External</p> <ul style="list-style-type: none"> JUCD Board System Forums incl.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 			

<p>issues, Steve Lloyd Medical Director is the lead 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 . 	<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. 	<p>COVID-19.</p> <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 	<p>a work in progress plan.</p> <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
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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 	<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. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Monthly review • Ongoing • Ongoing • Ongoing • Ongoing • Ongoing • Since March 2020 and ongoing 	<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 • June 2021 • Ongoing • Ongoing

<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 2021</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 			

<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. • 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. 	<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. • 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. 	<p>SORG.</p> <ul style="list-style-type: none"> • 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 	
GAPS IN CONTROL		GAPS IN ASSURANCE	
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	<p style="text-align: center;"><u>External</u></p> <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. 	<p style="text-align: center;"><u>Internal</u></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 style="text-align: center;"><u>External</u></p> <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. • Development of an integrated Activity Finance & Savings report in place 	<ul style="list-style-type: none"> • Ongoing • Ongoing 	<ul style="list-style-type: none"> • Transparency of open book reporting through System Savings Group • Output from Demand & Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms. 	<ul style="list-style-type: none"> • Ongoing • May 2021

<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>											
Risk rating		Likelihood	Consequence	Total		<div style="text-align: center;"> <p>GBAF Risk 4B</p> </div>						Date reviewed		June 2021	
Initial		5	4	20								<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. 			
Current		4	4	16											
Risk Appetite		Level	Category	Target Score		<p>Link to Derby and Derbyshire Risk Register 11,30</p>									
		Low	Financial Statutory Duties	10											
		2	5												
KEY CONTROLS TO MITIGATE RISK						SOURCES OF ASSURANCE									

<p style="text-align: center;"><u>Internal</u></p> <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. 	<p style="text-align: center;"><u>External</u></p> <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. 	<p style="text-align: center;"><u>Internal</u></p> <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. 	<p style="text-align: center;"><u>External</u></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
GAPS IN CONTROL		GAPS IN ASSURANCE	

<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	<p style="text-align: center;"><u>External</u></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 style="text-align: center;"><u>Internal</u></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 style="text-align: center;"><u>External</u></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
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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"> Development of new System Activity Finance & Savings report 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> Ongoing 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> Establish greater system working across finance teams Transparency of open book reporting through System Savings Group System Escalation Cell/ SORG meetings established to support the management of COVID 19 across the Derbyshire System Output from Demand & Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> Ongoing Ongoing Ongoing May 2021
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<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>GBAF Risk 5</p> <table border="1"> <caption>GBAF Risk 5 Score History</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <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>9</td></tr> <tr><td>August</td><td>9</td></tr> <tr><td>September</td><td>9</td></tr> <tr><td>October</td><td>9</td></tr> <tr><td>November</td><td>9</td></tr> <tr><td>December</td><td>9</td></tr> <tr><td>January</td><td>9</td></tr> <tr><td>February</td><td>9</td></tr> <tr><td>March</td><td>9</td></tr> </tbody> </table>				Month	Score	April	12	May	12	June	12	July	9	August	9	September	9	October	9	November	9	December	9	January	9	February	9	March	9	<p>Date reviewed</p> <p>June 2021</p>	
Month	Score																																			
April	12																																			
May	12																																			
June	12																																			
July	9																																			
August	9																																			
September	9																																			
October	9																																			
November	9																																			
December	9																																			
January	9																																			
February	9																																			
March	9																																			
<p>Initial</p>		<p>4</p>	<p>3</p>	<p>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>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>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 																													

<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. Communications and Engagement Strategy-outline proposal of the strategy ready for January 2021 and final version in March 2021 asserting ambition for measuring success. 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. 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 	<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 	
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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. 			
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. • Communications and Engagement Strategy- outline proposal of the strategy ready for January 2021 and final version in April 2021 asserting ambition for measuring success. • 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 2021/22 (paused during Level 4 Business Continuity arrangements) • Ongoing • Q1 2021/22 • Q1 2021/22 (in line with national and system financial planning processes for 21/22) 	<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 • Communications and Engagement Strategy- outline proposal of the strategy ready for January 2021 and final version in April 2021 asserting ambition for measuring success • 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 2021/22 • Q1 2021/22 • Q1 2021/22 • Q1 2021/22 (in line with national and system financial planning processes for 21/22)

<p align="center">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 align="center">GBAF RISK 6</p>				<p align="center">Executive Lead: Steve Lloyd Assigned to Committee: Quality and Performance Committee</p>			
<p align="center">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 align="center">Risk Description</p> <p align="center">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>							
Risk rating	Likelihood	Consequence	Total	<p align="center">GBAF Risk 6</p>				Date reviewed	June 2021		
Initial	4	5	20					<p align="center">Rationale for risk rating (and any change in score):</p> <p>VOC on the rise within Derbyshire requiring significant surge planning amidst workforce shortages and constrained vaccine supply.</p>			
Current	4	5	20								
Risk Appetite	Level	Category	Target Score	<p align="center">Link to Derby and Derbyshire Risk Register</p>							
	5	Clinical Quality & Patient Safety	5								
KEY CONTROLS TO MITIGATE RISK						SOURCES OF ASSURANCE					
<p align="center">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 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. Linda Syson-Nibbs is Chair of 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. 			<p align="center">External</p> <ul style="list-style-type: none"> System Escalation Cell System Operational Resilience Group System Demand and Capacity Group 			<p align="center">Internal</p> <ul style="list-style-type: none"> VOC email inbox and dedicated phone line Standing Operating Procedure (SOP) for the VOC Fully established Governance cycle of vaccination meeting to support delivery of the programme 2021/22 JUCD Operational Plan VOC Risk register Gold report Health Protection Board Development of the vaccine programme as a strategic delivery board within the ICS structure, signed off by JUCD leadership 			<p align="center">External</p> <ul style="list-style-type: none"> 2021/22 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 		

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 	<ul style="list-style-type: none"> Vaccine supply Community Pharmacy contracting National guidance including JCVI and Green Book publications Flu letter (to be published) 	<ul style="list-style-type: none"> Do not have access to booking information for local booking services 	
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. Surge planning being undertaken in areas with variants of concern (VOC) delta variant, in partnership with PH. Call to arms for staffing shortages Reviewing allocation at site level to make best use of Pfizer allocations to under achieving areas 	<ul style="list-style-type: none"> Ongoing Immediate, cop 21st June 21 completed Ongoing Ongoing 	<ul style="list-style-type: none"> Escalating to NHSE regional team regarding vaccine supply and surge planning issues with supply 	<ul style="list-style-type: none"> Weekly and daily as required

<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>				<p>Date reviewed</p>		<p>June 2021</p>		
<p>Initial</p>		<p>2</p>	<p>4</p>	<p>8</p>					<p>Rationale for risk rating (and any change in score):</p> <p>The CCG has strong HR and communications processes, as reflected by the staff survey. Likelihood of this changing during transition is relatively low.</p>				
<p>Current</p>		<p>2</p>	<p>4</p>	<p>8</p>					<p>Link to Derby and Derbyshire Risk Register</p>				
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</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. 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. 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"> System Transition Assurance Committee established and inaugural meeting took place end April and meeting monthly 			<p>Internal</p> <ul style="list-style-type: none"> 'People Matter' HR newsletter emailed to all CCG staff. 2021/22 JUCD 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 				<p>External</p> <ul style="list-style-type: none"> 2021/22 JUCD Operational Plan ICS Transition Plan System Transition Assurance Committee, agenda, papers and minutes 		

GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> HR Framework not Published ICS Guidance not published 	<ul style="list-style-type: none"> ICS Bill has not been published by Government 	<ul style="list-style-type: none"> Communications content limited in detail while awaiting HR Framework and ICS guidance and Bill. 	
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"> Communications and Engagement Plan to be finalised Attendance at all national ICS communications briefings to keep track of timescales and emerging guidance. 	<p>June 21</p> <p>Ongoing</p>		

<p>Strategic Objective: 1 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 Assigned to Committee: Governance Committee</p>				
<p>What would success look like and how would we measure it? 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>Risk Description 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>								
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>	<p style="text-align: center;">GBAF Risk 8</p>				<p>Date reviewed</p>		<p>June 2021</p>	
<p>Initial</p>		<p>4</p>	<p>5</p>	<p>20</p>					<p>Rationale for risk rating (and any change in score): The national guidance and HR framework has not yet been released and the White Paper has not yet been through Parliament. The guidance is likely to include particular timescales which are not yet known, but it is anticipated at this stage they will be tight with the target for ICS establishment remaining as April 2022. The risk likelihood may reduce when the guidance is received and aligned to the programme plan.</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 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"> Chris Clayton CCG CEO is the interim Chief Executive of JUCD 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 represented. 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. 			<p>External</p> <ul style="list-style-type: none"> System Transition Assurance Committee 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 People and Culture Committee in place White Paper consultation published in November 2020 		<p>Internal</p> <ul style="list-style-type: none"> 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. Governing Body public and confidential minutes Governing Body ICS Development session notes ICS Programme Group minutes and meeting papers ICS Risk Register 			<p>External</p> <ul style="list-style-type: none"> 2021/22 JUCD Operational Plan ICS Transition Plan System Transition Assurance Committee, 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 Committee 				

<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 System Transition Assurance Committee. 		<ul style="list-style-type: none"> Mapping of CCG Functions PMO system to support ICS Transition Derbyshire Engagement Committee Minutes 	
GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> Potential planning gaps due to delays in passing the bill through Parliament and publication of guidance materials. 	<ul style="list-style-type: none"> ICS Bill has not been published by Government HR Framework not Published ICS Guidance not published 		
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"> Project Team will review guidance and HR framework on release to assess risks to delivery and ensure alignment to programme plan. 	<ul style="list-style-type: none"> Monthly, ongoing 		

Governing Body Meeting in Public

1st July 2021

ITEM NO: 089

Report Title	CCG Risk Register Report at 30 th June 2021
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?				Engagement Committee – 15.6.2021 Primary Care Commissioning Committee – 23.6.2021 Quality and Performance Committee – 24.6.2021 Finance Committee – 24.6.2021			
Recommendations							
The Governing Body is requested to RECEIVE and NOTE : <ul style="list-style-type: none"> • The Risk Register Report; • Appendix 1 as a reflection of the risks facing the organisation as at 30th June 2021; • Appendix 2 which summarises the movement of all risks in June 2021; • The decrease in score for two risks: <ul style="list-style-type: none"> ○ <u>Risk 24</u> relating to relating to patients deferring seeking medical advice; ○ <u>Risk 30</u> relating to the risk of fraud and cybercrime. • The new risk 38 relating to Individual Patient Activity /Continuing Health Care (CHC) services. <p>APPROVE:</p> <ul style="list-style-type: none"> • Closure of risk 29 relating to current contract management arrangements. 							
Report Summary							
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 30 th June 2021.							

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.

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.

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.

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 30th June 2021 detailed in Appendix 1.

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEETING

RISK REPORT AS AT 30TH JUNE 2021

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 **red** within the Risk Register in Appendix 1.

2. RISK PROFILE – JUNE 2021

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

Risk Register as at 30th June 2021

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 June 2021	6	16	5	0	27
New Risks	0	1	0	0	1
Increased Risks	0	0	0	0	0
Decreased Risks	0	0	2	0	2
Closed Risks	0	1	0	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, the movement in score and the rationale for the movement.

3. **COMMITTEES – JUNE VERY HIGH RISKS OVERVIEW**

3.1 **Quality & Performance Committee**

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

1. Risk 001: *The Acute providers may breach thresholds in respect of the A&E operational standards.*

The current risk score is 20.

May performance:

- CRH reported 96.3% (YTD 96.6%) and UHDB reported 75.3% (YTD 76.2%).
- CRH - At the start of the pandemic the volume of Type 1 attendances were much lower but are now approaching pre-pandemic levels, with an average of 184 attendances per day. However, May 2021 volumes were still 11% lower than May 2019 levels.
- UHDB - At the start of the pandemic the volume of Type 1 attendances were much lower but are now approaching pre-pandemic levels, with an average of 342 attendances per day. However, May 2021 volumes were still 10% lower than May 2019 levels. In addition the infection control measures required result in a longer turnaround time needed for patients. Measures include Red/Green streaming of patients, non-streaming of Paediatric patients or 111 patients and increased infection control procedures.
- At Derby the acuity of the attendances was high, with an average of 21 Resuscitation patients and 208 Major patients per day (6% and 61% of the total attendances respectively). The proportions have increased due to the UTC treating most of the Minor patients. The acuity at Burton is also high, with an average of 113 Resuscitation/Major patients per day (65% of total attendances).
- COVID-19 preparations had an effect on the system with increased pressure on 111 services and ED departments devoting physical capacity to isolation areas.
- SORG manages operational escalations and issues if required.

June update:

- Meeting frequency has been stepped down from twice a week to weekly.
 - GP Connect roll out complete enabling direct booking of GP appointments via 111.
2. Risk 003: *TCP Unable to maintain and sustain performance, pace and change required to meet national TCP requirements. The Adult TCP is on a recovery trajectory and rated amber with confidence, whilst CYP TCP is rated green. The 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.

May update:

Current bed position:

- CCG beds = 31 (Q1 2021/22 target 29).
- Adult Specialised Commissioning = 17 (Q1 2021/22 target 17).
- Children and Young People (CYP) specialised commissioning = 4 (Q1 2021/22 target 3).
- The Transforming Care Partnership (TCP) and Learning Disabilities Mortality Review (LeDeR) Annual Reports have been ratified through the Derby and Derbyshire CCG governance processes and approved by the Governing Body.
- As part of the 3-year road map, the enhanced Intensive Support Service (IST) specifically for individuals with Autism Disorder (AD) is due to commence in quarter 2 of 2021.
- The TCP summit took place on 7th April with 16 commitments agreed. Senior leaders for all partners were present, along with operational managers and Experts by Experience. A follow up summit is planned for 22nd June 2021 to review the achievements, co-produced with the Experts by Experience.
- The three year road map was submitted and reflects the issues from the diagnostics (Admissions for Autism Spectrum Disorder (ASD) patients in crisis and creating complex packages of care for long stay patients). The Senior Joint Commissioning Manager

(Learning Disabilities/Autism) has developed a reporting tool for the Delivery group, based on the 3 year road map and logic tool.

- NHSE Offer of Support is planned for 25th June. Confirm and Challenge session of the Adult Specialised Commissioning Cases arranged to review progress.
- The TCP Programme Lead post out to advert. Interviews are to be held 25th June 2020. Interim agency cover agreed for post to cover long term sickness.
- An NHSE Escalation meeting was held on 17th May.
- TCP remains on national escalation with regular calls with NHSE.
- Whilst much work is being carried out, the significant impact will be when the Intensive Support Teams (IST) are recruited into for the revised autism offer. This is due to commence in August this year. Therefore the risk score will remain the same.

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.

June update:

- Waiting lists remain a system issue and there continue to be significant numbers of patients on them, therefore the risk remains the same.

3.2 Primary Care Commissioning Committee – Very High Risks

Two Primary Care Commissioning Committee risks are rated as very high.

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 current risk score is 16.

June update:

- There are no changes to the existing levels of risk for this month.

Previous updates:

- NHSE/I have advised that the COVID capacity expansion fund will continue until the end of September 2021.
- QOF income protection is withdrawn with effect from April 2021.

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

The current risk score is 20.

June update:

- There are no changes to the existing levels of risk for this month.

Previous updates:

- Primary Care Performance and Quality Committee and monthly Primary Care Hub meetings re-starting from June 2021.
- Practice Quality Visits re-commencing from July 2021.
- Clinical Governance Leads Meetings re-starting from July/August 2021.
- CQC inspections commenced from April 2021.

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 16.

June update:

May 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 long term financial position and deliver a balanced in-year position.
- As at Month 2 the CCG are not seeing any major financial pressures against planned expenditure with the exception of CHC fast track packages and a review is underway to understand the cause of this pressure.

- We are reporting at Month 2 a year to date (YTD) deficit of £2.728m and have used £0.451m contingencies along with anticipated allocations for retrospective Covid and Elective Recovery Fund, the CCG is reporting a surplus of £0.478m.
- The forecast position is a deficit of £7.455m and we have used £0.905m contingencies along with anticipated allocations for retrospective Covid and Elective Recovery Fund, the CCG is reporting a surplus of £1.870m.
- The CCG is also working with system partners to understand the recurrent underlying position and early work suggests there is a £150m recurrent deficit.

4. JUNE OVERVIEW

4.2 Decreased risk since last month

Two risks have decreased in score:

1. *Risk 24: Patients deferring seeking medical advice for non-COVID issues due to the belief that COVID takes precedence. This may impact on health issues outside of COVID 19, long term conditions, cancer patients etc.*

This risk was proposed to be decreased in score from a high 9 (probability 3 x impact 3) to a moderate score of 6 (probability 2 x impact 3).

This decrease was approved at Quality & Performance Committee held on 25th June 2021.

- Vaccinations for people aged between 25 and 29 are commencing, which will add to the 1.2 million vaccinations delivered in Derbyshire so far.
- GP practices have seen an increase in appointments of between 10% and 20% than before the pandemic. March 2021 saw an average 9% increase or 40,000 more GP appointments than the same month in 2020 and 2019. There is an increasing expectation for more face to face appointments. A balance of face to face and other channels for delivering consultations which works for both patients and practices is planned moving forward, but this will require a process of adjustment.
- The CCG is delivering a campaign to raise awareness on how all can help to support practices as readjustment to new ways of working is engaged. The core purpose of the campaign is to inform patients and the overriding message is that “your GP is open for business and we are here when you need us”.

- Evidence and data across the Health system identifies that patients '*in the main*' are no longer deferring medical advice due to the belief that COVID takes precedence.
 - The risk should remain on the risk register due to forthcoming winter pressures and the spread of COVID variants.
2. Risk 30: *There is an ever present risk of fraud and cybercrime; the likelihood of which may increase during the COVID emergency response period.*

This risk was recommended to be decreased in score from a high score of 8 (probability 2 x impact 4) to a moderate score of 4 (probability 1 x impact 4).

This decrease was approved at Finance Committee held on 25th June 2021.

- The CCG recently worked with NHS Digital to run a simulated phishing attack on 471 CCG email addresses with the result that only 1% of those contacted opened the email, clicked the link and attempted to enter credentials to access the document. We are assured by this result and the 84% of people that ignored the email entirely.
- There has also been work undertaken between Information Governance, Human Resources and Digital regarding the leavers/joiners process and ensuring appropriate closure of all aspects of a user account when an individual leaves the CCG's employment or moves roles.
- The probability of this risk has been reduced as there is no evidence of an active threat and additional risk analysis has been undertaken and work done to address these.

4.3 New risk

One new risk has been identified.

1. Risk 38: *The quality of care could be impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic and the requirement for some of the Midland and Lancashire Commissioning Support Unit (MLCSU) Individual Patient Activity /Continuing Health Care (CHC) services to redirect service delivery to support system wide pressures. This has had an impact on core CHC and Funded Nursing Care (FNC) service delivery in relation to care needs reviews.*

This new risk has been scored at a high score of 8 (probability 4 x impact 2) and was approved at Quality & Performance Committee on 25th June 2021.

4.4 Closed risk

One risk is recommended to be closed.

1. Risk 29: *There is a risk of significant reputational damage to the CCG where contracts have been in place and the current contract management arrangements do not provide assurance that providers are compliant with the Data Security and Protection Toolkit.*

This risk is recommended to be closed due to significant assurance being received with no recommendations from the audit that has taken place on our compliance with the Data Security and Protection Toolkit. Work to compile and complete an up to date register is ongoing.

Closure of this risk was approved virtually by Governance Committee members in June 2021.

5. **RECOMMENDATION**

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

- The Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 30th June 2021;
- Appendix 2 which summarises the movement of all risks in June 2021;
- The decrease in score for two risks:
 - Risk 24 relating to relating to patients deferring seeking medical advice;
 - Risk 30 relating to the risk of fraud and cybercrime.
- The new risk 38 relating to Individual Patient Activity /Continuing Health Care (CHC) services.

APPROVE:

- Closure of risk 29 relating to current contract management arrangements.

Derby and Derbyshire CCG Risk Register - as at June 2021

Risk ID	Risk Title	Risk Category	Risk Rating	Risk Level	Risk Description	Mitigation	Action/Responsible	Critical Path	Status	Start Date	End Date	Responsible Lead	Action Owner
201
202
203
204
205
206
207
208
209
210

ID	Title	Description	Initial Risk Rating	Current Risk Rating	Status	Milestone	Action Items	Owner	Review Date	Review Lead	Prevention			Mitigation			Final Risk Rating	Review Date	Review Lead	Action Owner
											Prevention	Mitigation	Final Risk Rating	Prevention	Mitigation	Final Risk Rating				
10	2016	Finalize the new emergency response plan (ERP) and ensure it is implemented. This includes reviewing the current ERP, conducting a risk assessment, and developing a new ERP that addresses the current and potential risks. The new ERP should be implemented by the end of the year.	High	Medium	Completed	Finalize the new ERP and ensure it is implemented.	Review the current ERP and conduct a risk assessment. Develop a new ERP that addresses the current and potential risks. Implement the new ERP by the end of the year.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
11	2016	Conduct a safety audit of all major projects and ensure that all safety requirements are met. This includes reviewing the current safety standards, conducting a risk assessment, and implementing corrective actions where necessary.	High	Medium	In Progress	Conduct a safety audit of all major projects.	Review the current safety standards and conduct a risk assessment. Implement corrective actions where necessary. Report the results of the audit to the relevant stakeholders.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
12	2016	Develop a comprehensive training program for all employees to ensure they are equipped with the necessary skills and knowledge to perform their roles effectively. This includes identifying the training needs, developing the training content, and implementing the training program.	High	Medium	In Progress	Develop a comprehensive training program.	Identify the training needs and develop the training content. Implement the training program. Evaluate the effectiveness of the training program and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
13	2016	Implement a new financial reporting system to improve the accuracy and efficiency of financial reporting. This includes selecting the system, configuring it to meet the organization's needs, and training the staff on how to use it.	High	Medium	In Progress	Implement a new financial reporting system.	Select the system and configure it to meet the organization's needs. Train the staff on how to use the system. Monitor the performance of the system and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
14	2016	Conduct a thorough review of the current operational procedures and identify areas for improvement. This includes reviewing the current procedures, conducting a risk assessment, and implementing corrective actions where necessary.	High	Medium	In Progress	Conduct a thorough review of the current operational procedures.	Review the current procedures and conduct a risk assessment. Implement corrective actions where necessary. Report the results of the review to the relevant stakeholders.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
15	2016	Develop a new marketing strategy to increase the organization's visibility and attract new customers. This includes identifying the target market, developing the marketing mix, and implementing the marketing program.	High	Medium	In Progress	Develop a new marketing strategy.	Identify the target market and develop the marketing mix. Implement the marketing program. Monitor the performance of the marketing program and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
16	2016	Implement a new customer service program to improve the customer experience and increase customer loyalty. This includes identifying the customer service needs, developing the customer service program, and implementing the program.	High	Medium	In Progress	Implement a new customer service program.	Identify the customer service needs and develop the customer service program. Implement the program. Monitor the performance of the program and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
17	2016	Conduct a thorough review of the current financial performance and identify areas for improvement. This includes reviewing the current financial performance, conducting a risk assessment, and implementing corrective actions where necessary.	High	Medium	In Progress	Conduct a thorough review of the current financial performance.	Review the current financial performance and conduct a risk assessment. Implement corrective actions where necessary. Report the results of the review to the relevant stakeholders.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
18	2016	Develop a new human resources strategy to attract and retain top talent. This includes identifying the talent needs, developing the talent acquisition strategy, and implementing the strategy.	High	Medium	In Progress	Develop a new human resources strategy.	Identify the talent needs and develop the talent acquisition strategy. Implement the strategy. Monitor the performance of the strategy and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
19	2016	Implement a new information security program to protect the organization's data and information from cyber threats. This includes identifying the information security needs, developing the information security program, and implementing the program.	High	Medium	In Progress	Implement a new information security program.	Identify the information security needs and develop the information security program. Implement the program. Monitor the performance of the program and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
20	2016	Conduct a thorough review of the current legal and regulatory environment and identify areas for improvement. This includes reviewing the current legal and regulatory environment, conducting a risk assessment, and implementing corrective actions where necessary.	High	Medium	In Progress	Conduct a thorough review of the current legal and regulatory environment.	Review the current legal and regulatory environment and conduct a risk assessment. Implement corrective actions where necessary. Report the results of the review to the relevant stakeholders.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
21	2016	Develop a new sustainability strategy to reduce the organization's carbon footprint and improve its environmental performance. This includes identifying the sustainability needs, developing the sustainability strategy, and implementing the strategy.	High	Medium	In Progress	Develop a new sustainability strategy.	Identify the sustainability needs and develop the sustainability strategy. Implement the strategy. Monitor the performance of the strategy and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
22	2016	Implement a new quality management system to improve the quality of the organization's products and services. This includes identifying the quality management needs, developing the quality management system, and implementing the system.	High	Medium	In Progress	Implement a new quality management system.	Identify the quality management needs and develop the quality management system. Implement the system. Monitor the performance of the system and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
23	2016	Conduct a thorough review of the current intellectual property portfolio and identify areas for improvement. This includes reviewing the current intellectual property portfolio, conducting a risk assessment, and implementing corrective actions where necessary.	High	Medium	In Progress	Conduct a thorough review of the current intellectual property portfolio.	Review the current intellectual property portfolio and conduct a risk assessment. Implement corrective actions where necessary. Report the results of the review to the relevant stakeholders.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe
24	2016	Develop a new corporate governance strategy to improve the organization's transparency and accountability. This includes identifying the corporate governance needs, developing the corporate governance strategy, and implementing the strategy.	High	Medium	In Progress	Develop a new corporate governance strategy.	Identify the corporate governance needs and develop the corporate governance strategy. Implement the strategy. Monitor the performance of the strategy and make improvements where necessary.	John Doe	2016-12-31	John Doe	2	3	4	1	2	3	4	2017-01-31	John Doe	John Doe

Appendix 2 - Movement during June 2021

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	21/22	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	↔	At the start of the pandemic the volume of Type 1 attendances were much lower but are now approaching pre-pandemic levels.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carfile Claire Hinchley Dan Merrison Senior Performance & Assurance Manager
02	21/22	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	↔	There is no change to the risk grading the rationale being that it is an ongoing piece of work.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
03	21/22	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	5	4	20	↔	Whilst a lot of work is being done there won't be a significant impact until the IST teams are recruited into for the revised autism offer. This is due to commence August this year. Therefore the risk score will remain the same.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A	21/22	<u>Contracting:</u> 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	4	4	16	4	4	16	↔	NHSE/I advised that Covid capacity expansion fund to continue until end of September 2021. QOF income protection is withdrawn from April 2021. No changes to the existing levels of risk for this month.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
04B	21/22	<p><u>Quality:</u> 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.</p> <p>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</p>	4	5	20	4	5	20	↔	Primary Care Performance and Quality Committee and monthly PC Hub meetings re starting June. Practice Quality Visits re commencing July. Clinical Governance Leads Meetings re starting July / August. CQC Inspections commenced April.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Judy Derricott, Head of Primary Care Quality
05	21/22	Wait times for psychological therapies for adults and for children are excessive. For children there are growing waits from assessment to psychological treatment. All services in third sector and in NHS are experiencing significantly higher demand in the context of 75% unmet need (right Care). COVID 19 restrictions in face to face treatment has worsened the position.	4	3	12	4	3	12	↔	Helios initiative has started , significant investment in CYP crisis developments agreed in financial return. Workforce will be a significant issue in delivery.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
06	21/22	Demand for Psychiatric intensive Care Unit beds (PICU) has grown substantially over the last five years. This has a significant impact financially with budget forecast overspend, in terms of poor patient experience , Quality and Governance arrangements for uncommissioned independent sector beds. The CCG cannot currently meet the KPI from the Five year forward view which require no out of area beds to be used from 2021.	3	2	6	3	2	6	↔	Remains a risk against delivery of no beds by last quarter 2022 which is revised objective -for delivery from NHSE&I	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
09	21/22	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	↔	Deployment of Office 365 continues	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	21/22	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	↔	Current review of business continuity levels and the triggers for each level	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
11	21/22	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. The CCG is working with system partners to establish a sustainable a long term financial position and deliver a balanced in-Year position	Richard Chapman, Chief Finance Officer	Finance	Darran Green- Assistant Chief Finance Officer
12	21/22	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	↔	The CCG Strategic Commissioners are writing a paper for GB which will provide an update and options. Therefore the risk remains the same at present.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning, Helen Hipkiss, Deputy Director of Quality /Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
14	21/22	On-going non-compliance of completion of initial health assessments (IHA's) within statutory timescales for Children in Care due to the increasing numbers of children/young people entering the care system. This may have an impact on Children in Care not receiving their initial health assessment as per statutory framework.	4	3	12	4	3	12	↔	The score remains the same as the percentage of compliance has not improved overall due to the added pressures of sickness within CRHFT, the complexities surrounding CIC, impact of Covid (particularly on external Health Providers) and timely notifications from LA (SW workload capacity).	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Alison Robinson, Designated Nurse for Looked After Children
16	21/22	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	4	8	2	4	8	↔	The risk will remain the same this month as we continue to seek to embed the processes within the organisation and ensure these are embedded into the ICS delivery too.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
17	21/22	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	3	3	9	3	3	9	↔	Risk score unchanged pending completion of case load review	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance
20	21/22	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	↔	No further update due to continued home working.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Sam Robinson, Service Development Manager
22	21/22	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	↔	Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions, Thrive app etc.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	21/22	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.	1	4	4	1	4	4	↔	Continuing review of existing redeployments and consideration of alternative solutions, including back filling roles via recruitment and/or interim/agency	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
24	21/22	Patients deferring seeking medical advice for non COVID issues due to the belief that COVID takes precedence. This may impact on health issues outside of COVID 19, long term conditions, cancer patients etc.	3	3	9	2	3	6	↓	Evidence and data across the Health system identifies that patients 'in the main' are no longer deferring medical advice due to the belief that COVID takes precedence.	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
25	21/22	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	↔	PCS Workforce model has been agreed.	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

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
26	21/22	New mental health issues and deterioration of existing mental health conditions for adults, young people and children due to isolation and social distancing measures implemented during COVID 19.	4	3	12	4	3	12	↔	Road map Strategy for LD/ASD approved.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Mick Burrows, Director of Commissioning for MH, LD, ASD, and CYP Helen O'Higgins, Head of All Age Mental Health Tracy Lee, Head of Mental Health - Clinical Lead
27	21/22	Increase in the number of safeguarding referrals linked to self neglect related to those who are not in touch with services. These initially increased immediately following COVID lockdown. The adult safeguarding processes and policy are able to respond to this type of enquiry once an adult at risk has been identified. Numbers are difficult to predict but numbers are predicted to increase as COVID restrictions ease.	4	3	12	4	3	12	↔	The risks regarding safeguarding adults remain an unknown quantity.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
28	21/22	Increase in safeguarding referrals once the lockdown is lifted and children and parents are seen and disclosures / injuries / evidence of abuse are seen / disclosed.	3	3	9	3	3	9	↔	Risk rating to remain the same until next month to re-evaluate with the new variant and lifting of further lockdown restrictions .	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Michelina Racioppi, Assistant Director for Safeguarding Children / Lead Designated Nurse for Safeguarding Children
29	21/22	There is a risk of significant reputational damage to the CCG where contracts have been in place and the current contract management arrangements do not provide assurance that providers are compliant with the Data Security and Protection Toolkit.	3	3	9	3	3	9	Recommended for closure	Recommend that this risk be closed	Zara Jones Executive Director of Commissioning Operations	Governance	Helen Wilson, Deputy Director of Contracting & Performance Chrissy Tucker, Director of Corporate Delivery
30	21/22	There is an ever present risk of fraud and cybercrime; the likelihood of which may increase during the COVID emergency response period.	2	4	8	1	4	4	↓	The probability of this risk has been reduced as there is no evidence of an active threat and additional risk analysis has been undertaken and work done to address these.	Richard Chapman, Chief Finance Officer	Finance	Darran Green- Assistant Chief Finance Officer / Ged Connolly-Thompson, Head of Digital Development
32	21/22	Risk of exploitation by malevolent third parties If vulnerability is identified within any of the Microsoft Office 2010 applications after October 14th 2020 and not patched, due to support for Microsoft Office 2010 officially ending, after which point Microsoft will cease to issue updates and patches for vulnerabilities found within this suite of applications	3	4	12	3	4	12	↔	NECS Engineers are continuing to upgrade devices to the latest version of Windows 10 to ensure that all devices are appropriately supported when this temporary extension ends.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
33	21/22	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	↔	Waiting lists remain a system issue and there continue to be significant numbers of patients on them, therefore the risk remains the same.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Laura Moore, Deputy Chief Nurse
37	21/22	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	↔	HASU service review is on-going.	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
NEW RISK 38	21/22	The quality of care could be impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic and the requirement for some of the Midland and Lancashire Commissioning Support Unit (MLCSU) Individual Patient Activity /Continuing Health Care (CHC) services to redirect service delivery to support system wide pressures. This has had an impact on core CHC and Funded Nursing Care (FNC) service delivery in relation to care needs reviews.	4	2	8	4	2	8	NEW RISK	NEW RISK	Brigid Stacey Chief Nursing Officer	Quality & Performance	Nicola MacPhail Assistant Director of Quality

**MINUTES OF DERBYSHIRE ENGAGEMENT COMMITTEE MEETING HELD ON
18 MAY 2021 VIA MICROSOFT TEAMS
11:15 TO 13:15**

Present:		
Martin Whittle – Chair	MW	Governing Body Lay Member DDCCG
Beverley Smith	BSm	Director Corporate Strategy & Development DDCCG
Helen Dillistone	HD	Executive Director Corporate Strategy and Delivery DDCCG
Ian Shaw	IS	Governing Body Lay Member DDCCG
Jocelyn Street	JS	Lay Representative
Karen Lloyd	KL	Head of Engagement Joined Up Care Derbyshire
Kevin Richards	KR	Public Governor Derbyshire Healthcare NHS Foundation Trust
Lynn Walshaw	LW	Deputy Lead Governor DCHS
Margaret Rotchell	MR	Public Governor CRH
Roger Cann	RC	Lay Representative
Sean Thornton	ST	Assistant Director Communications and Engagement DDCCG and JUCD
Laura Moore	LM	DDCCG
Ruth Grice	RG	Lay Representative
Simon McCandlish	SMc	Governing Body Lay Member DDCCG (Deputy Chair)
Steven Bramley	SB	Lay Representative
Tim Peacock	TP	Lay Representative
Vikki Taylor	VT	ICS Director Lead Joined Up Care Derbyshire
In Attendance:		
Lisa Walton	LW	Personal Assistant DDCCG
Clare Haynes	CH	DDCCG
Beth Soraka	BSO	Healthwatch
Sukhi Mahil	SM	UHDB
Apologies:		
Maura Teager	MT	Lead Governor University Hospitals of Derby and Burton NHS Foundation Trust
Vikki Taylor	VT	ICS Director Lead Joined Up Care Derbyshire

Item No.	Item	Action
EC/21/22-01	<p>WELCOME APOLOGIES AND QUORACY</p> <p>MW welcomed everyone to the meeting and noted apologies as above.</p> <p>MW declared the meeting quorate.</p> <p>MW explained the protocol of virtual meetings.</p> <p>Thanks were given to Ilona Davies who will no longer be present at these meetings, and MW noted the sterling work that Ilona Davies had inputted.</p> <p>The meeting was recorded for the purpose of the minutes and the recording will be deleted once the minutes are approved at the next meeting.</p>	MW

<p>EC/21/22-02</p>	<p>Standing Item: 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 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 or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made.</p>	
<p>EC/21/22-03</p>	<p>DRAFT JUCD COMMUNICATIONS AND ENGAGEMENT STRATEGY – UPDATE</p> <p>ST presented from the shared paper.</p> <p>There have been several variations of this paper, which goes to JUCD Derbyshire Board on Thursday, so this is a chance to have any final comments. This is a live document and will adapt and change as time goes on.</p> <p>There is now an executive summary included and a full chapter on digital communications. The addition of the executive summary was felt to be particularly useful.</p> <p>The Engagement Committee Discussed and Approved the submission of the strategy to the JUCD Board.</p>	<p>ST</p>
<p>EC/21/22-04</p>	<p>SYSTEM INSIGHT GROUP UPDATE FEBRUARY 2021</p> <p>KL verbally updated on the system insight group. KL noted that there was little new information to update on due to some stalling for the group due to the Pandemic when engagement leads for the system were redeployed.</p> <p>Work is restarting now that those roles are being returned to.</p> <p>Work on the Remote Access report which gathered together all the insight from the system into one report and summarised findings and considerations, now has a checklist to ensure that, as we come out of the second wave, services are being inclusive of everyone.</p> <p>This has been sent to the Digital Board, which is part of JUCD and they are now incorporating that in to their best practice, guidance and expectations.</p> <p>This will help to ensure that all service transformation is digitally inclusive and will help to promote that checklist across all services that are going to be doing remote access going forward.</p> <p>Additional work ongoing is a Public Insight Hub which is gathering together all of the insight in the system on to a database that could then be searched.</p>	<p>KL</p>

	<p>It is hoped to get that launched by the beginning of June, however there have been delays due to getting all of the tagging right to make sure that it was searchable, appropriately searchable and easily searchable. Secondly, it is a huge task to get all of the insight on in the first place.</p> <p>Dean Wallace will be attending the next System Insight group from Public Health to highlight an excellent presentation about the negative impacts of Covid. This will be presented to engagement leads in the system so that they can use that in their in their work.</p> <p>KL noted that, once this is up and running, it could perhaps be brought back to the Engagement Committee again for a review and a demonstration of the capabilities for further discussion.</p> <p>It was agreed to bring this back in July. Action.</p> <p>BS stated that in regards to the Insight Group, she has been hugely impressed by KL's insight. It has brought the whole system together as well and obviously everybody's comments. Whilst, there is always room for improvement, BS felt it was a good initiative, and has been spoken about at Healthwatch meetings, which viewed this as good practice as well.</p>	
<p>EC/21/22-05</p>	<p>Waiting Time Stratification – March 2021</p> <p>LM presented from the shared paper.</p> <p>When the paper was last brought to the Committee in November, there was an increase in waiting lists. Work was being done with JUCD to look at how we made sure that there was no harm coming to the patients on those waiting lists. Advice at that time was that we could not give assurance that there was no harm coming to anybody and a draft overarching minimum standard was created.</p> <p>The draft was discussed with Planned Care Delivery Board, but it was not yet agreed.</p> <p>It was agreed with PC DB to use the minimum standard document to create a set of assurance questions which would go out to every provider for them to work through and respond with their position against the standard to evidence if the minimum standard was correct.</p> <p>The results of that work are within the paper, broken down into various sections such as communication to patients and GPS, looking at the actual capture of data around harm or potential harms, and looking at how to set up a point of access for patients.</p> <p>Due to the ongoing Covid situation however, the waiting list continued to grow, and what had seemed to be a good standard document in June/July when work commenced on this, was felt now felt to be almost a gold standard which was not possible to achieve.</p>	<p>LM</p>

	<p>Conversations went back to Planned Care Delivery Board and the minimum standard document was adapted with some guidance that came through from NHS England at the beginning of January, on Good Communication with Patients.</p> <p>It was agreed with Planned Care Delivery Board that the small task and finish group set up, was not now robust or big enough and that it was important to recognize the information more widely. It was therefore suggested to set up a wider group with proper terms of reference. That has been actioned and the group is now up and running.</p> <p>The Assurance framework document has gone out to all providers and was due back last week. Work will be done in looking at the progression against the framework so we can understand where providers are.</p> <p>It is clear this is a work in progress and the top priority is to work on what can be shared and learnt across the system.</p> <p>LM stated that, one of the main concerns all the way through this work has been about how to pull clinicians from the frontline to look at assessing and stratifying patients.</p> <p>Work is ongoing and there is a long way to go.</p> <p>ACTION: Bring back in three months' time</p> <p>The Engagement Committee NOTED the update.</p>	
<p>EC/21/22-06</p>	<p>INTEGRATION INDEX – MARCH 2021</p> <p>KL gave a verbal update on the integration index, which is a way of understanding the user experience of integration. Currently, we measure people's experiences of each individual service, and not the way that they navigate their way through, and that is probably where the problems can arise.</p> <p>Work for this was also paused due to the pandemic difficulties from the second wave and is starting to move again.</p> <p>KL stated there is backing from Tracy Allen and Penny Blackwell who are part of the senior leadership team for this work and this is now moving to Place. Dan Wellings from The Kings Fund has given 9 days time for this who will be an expert.</p> <p>KL will now be able to give much more regular updates because of all of this.</p> <p>It was agreed to bring this back to The Engagement Committee regularly commencing in 3 months' time.</p> <p>The Engagement Committee</p> <ul style="list-style-type: none"> • NOTED the contents of the report and the actions for Recovery and Restoration described; • PROVIDED comments as noted above. 	<p>KL</p>

	The Meeting was adjourned for a ten-minute break.	
EC/21/22-07	<p>DORMITORIES</p> <p>CH introduced herself and updated on a positive service change. Funds have been received from the Government to change some of our estates for mental health services.</p> <p>Currently, some of our services are delivered in dormitories', which is not the best standard, and should ideally be providing health care in separate rooms with en-suites, which we have not been able to achieve in Derbyshire.</p> <p>There is an expectation that these services have to be in place by 2024, which will be a huge effort to achieve given that some of these projects will be new builds.</p> <p>There will be two new builds, one on the current Mental Health Hospital site, and one in the Chesterfield area which will be on an existing site and will therefore not be a change for the public as they already access services.</p> <p>Refurbishment will be undertaken at the Radbourn site which is on the London Road community Site, There will be no change in bed numbers, but may have extra beds to be honest so no controversy around.</p> <p>The work has been undertaken as a piece of engagement rather than a formal consultation and has been taken through health and overviews committees, at a very early stage to explain why engagement is appropriate rather than consultation, and they have been very supportive. There is an issue in having just been through Purdah, which is through the local elections.</p> <p>We cannot go out publicly to talk about specific engagement pieces of work around the politics that could be mistreated from that kind of process and so we have gone to them formally at the very early stage and informally as well.</p> <p>Work has been undertaken with people with lived experience of mental health conditions. We are working as a system, and very closely with the Mental Health Trust. CH felt it was an exciting opportunity, but in terms of the engagement we are working with the trust to deliver that through their service receivers.</p> <p>HD noted that, this is really good news for Derby and Derbyshire mental health patients.</p> <p>The Engagement Committee NOTED the verbal update.</p>	CH
EC/21/22-08	<p>LONDON ROAD WARDS 1 AND 2</p> <p>ST Presented from the shared papers.</p> <p>The Engagement Committee began conversations in March last year about starting a consultation on moving services that are currently provided by Derbyshire Healthcare in Wards one and two in London Road Community Hospital, to a ward on the Kingsway site.</p>	

	<p>It was agreed at the time that there would be a 60-day consultation, however, the pandemic scuppered those plans. Discussions are taking place with Derbyshire County Council about recommencing those discussions under the original plans.</p> <p>University Hospitals of Derby and Burton had some of their services for cancer patients being provided at the Royal Derby Hospital, which had been temporarily stood down and which now need to be recovered.</p> <p>The proposal is to temporarily move the remaining patients from London Road wards one and two to the Tissington Ward at Titterton House Kingsway to accommodate the temporary move for the cancer services.</p> <p>ST noted that it was very important to stand those services back up as quickly as possible, but still do a full formal consultation on a permanent change to that facility.</p> <p>ST briefed the Committee, as mentioned earlier about the Purdah issue which has meant that formal talks with the scrutiny committees have not been actioned, however there have been informal discussions.</p> <p>Once this has been done formally, ST will bring back to the Committee in July.</p> <p>The Engagement Committee CONSIDERED the paper and recognised that further work was taking place and feedback will be reviewed as it comes back.</p>	
<p>EC/21/22-09</p>	<p>S14Z2</p> <p>ST updated on the arrangement with the Committee to complete the engagement assessment forms, known as S14Z2 form.</p> <p>The forms are for each project that proposes any kind of transformation or change who are obliged to complete as part of their quality impact assessment process.</p> <p>A log of the assessments was previously brought to the Engagement Committee, however, due to the pandemic, this has not happened for a long time now. During the pandemic, many changes made were in an emergency, and now that things start to settle, it was felt beneficial to bring the log back to the Committee for oversight.</p> <p>The log records the project, who is involved, whether a form has been received, and how to communicate the changes.</p> <p>ST stated that, of the projects listed, there was only one which had not been brought to the Engagement Committee, but was happy to do so.</p> <p>The project was in relation to extended access where some of the primary care network for footprints in North East Derbyshire were changing the way in which they offered extended access to services which affected their boundaries slightly.</p>	

	<p>This meant that if someone accessed an extended access service in a particular practice, it might move to a different practice. It was determined that was an engagement process which has been done through the PPG networks to understand views on that and to feedback to the PCN's.</p> <p>The group agreed this should be a standing Item each month in case there is a need for a deep dive and assurance for the JUCD Board.</p> <p>There is a request to put this online which ST will look in to.</p> <p>The Engagement Committee AGREED to add the item as a standing agenda item.</p>	
EC/21/22/10	<p>STANDING ITEM – DDCCG EXCEPTION RISK REPORT</p> <ul style="list-style-type: none"> • S14Z2 forms log to be presented to Engagement Committee for assurance. • Business Continuity Level 4 is not preventing other projects from being commenced; this will need to be reviewed in the context of capacity to deliver. <p>The Committee AGREED to keep the current risk through the transition process and REVIEWED and ACCEPTED the proposed risks and rationale for 2021/22.</p>	
EC/2021/11	<p>MINUTES OF THE MEETING HELD ON 16/03/2021</p> <p>The Committee accepted the minutes as a true and accurate record of the meeting.</p>	MW
EC/2021/12	<p>ACTION LOG FROM THE MEETING HELD ON 16/03/2021</p> <p>The Committee reviewed the action log and updated accordingly.</p>	ALL
EC/2021/13	<p>Engagement Committee Forward Planner 2021/22 for review and agreement.</p> <p>The Engagement Committee REVIEWED and AGREED the Forward Planner.</p>	ALL
EC/2021/14	<p>ANY OTHER BUSINESS</p> <p>MW raised the issue of the monthly meetings, which had been on a Formal/informal alternating basis and enquired if we now needed to have formal sessions monthly.</p> <p>It was agreed to have formal sessions monthly from now on.</p>	

	<p>Place Partnership will become a standing agenda item and the Integration Index will come back to the Engagement Committee in July.</p> <p>ST will bring to the next meeting an Engagement Plan.</p> <p>HD updated the Committee on a recent development in Derbyshire relating to the development of the ICS to review their boundaries and to consider coterminosity with the local authorities. Recently one of our strategy partners in Derbyshire has asked that question and is keen to seek views on the question of the boundary in Derbyshire to include Glossop.</p> <p>Glossop is part of sort of the Tameside Manchester ICS, and the decision will be taken by the Secretary of State and he will take a decision on the 11th of June, which does not give us very much time to seek views.</p>	
<p>EC/2021/15</p>	<p>FUTURE MEETINGS IN 2021/22 Time: 11:15 – 13:15 Meetings will be held as virtual meetings until further notice</p> <p>Tuesday 15 June 2021 Tuesday 20 July 2021 Tuesday 17 August 2021 Tuesday 21 September 2021 Tuesday 19 October 2021 Tuesday 16 November 2021 Tuesday 21 December 2021 Tuesday 18 January 2022 Tuesday 15 February 2022 Tuesday 15 March 2022</p>	
<p>EC/2021/16</p>	<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. Is the Committee assured on progress regarding actions assigned to it within the Recovery & Restoration plan? Yes 7. 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 8. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? The Committee gives assurances on the way they engage noting however, that today's meeting was about receiving updates rather than doing the assurance job which is the key role of the Committee. 	

DATE AND TIME OF NEXT MEETING		
Date: Tuesday 15 June 2021		
Time: 11:15 – 13:15		

Ratified

MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

HELD ON

Wednesday 26th May 2021

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

PRESENT

Ian Shaw (Chair)	IS	Lay Member Derby & Derbyshire CCG
Kath Bagshaw	KB	Deputy Medical Director (for Executive Medical Director)
Richard Chapman	RC	Chief Finance Officer Derby & Derbyshire CCG
Jill Dentith	JeD	Lay Member Derby & Derbyshire CCG
Simon McCandlish	SMc	Deputy Chair, Lay Member, Derby & Derbyshire CCG

IN ATTENDANCE

Hannah Belcher	HB	AD GP Commissioning & Development Derby DDCCG
Judy Derricott	JDe	Head of Primary Care Quality Derby & Derbyshire CCG
Kath Markus	KM	Chief Executive Derby & Derbyshire LMC
Abid Mumtaz	AM	Derbyshire County Council
Jean Richards	JR	Senior GP Commissioning Manager DDCCG
Pauline Innes	PI	Executive Assistant to Dr Steven Lloyd

APOLOGIES

Niki Bridge	NB	Deputy Chief Finance Officer, DDCCG (for CFO)
Steve Lloyd	SL	Executive Medical Director Derby & Derbyshire CCG
Clive Newman	CN	Director of GP Development Derby & Derbyshire CCG
Adam Norris	AN	Service Commissioning Manager Public Health, Derbyshire County Council
Marie Scouse	MS	AD of Nursing & Quality Derby & Derbyshire CCG (for CNO)
Brigid Stacey	BS	Chief Nurse Derby & Derbyshire CCG

ITEM NO.	ITEM	ACTION
PCCC/2021/94	<p>WELCOME AND APOLOGIES</p> <p>The Chair (IS) welcomed Committee Members to the meeting and introductions took place. Apologies were received and noted as above.</p> <p>The Chair confirmed that the meeting was quorate.</p>	
PCCC/2021/95	<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 CCG.</p> <p>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests and included within</p>	

	<p>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:</p> <p style="text-align: center;">www.derbyandderbyshireccg.nhs.uk</p> <p>There were no Declarations of Interest made.</p> <p>The Chair declared that the meeting was quorate.</p>	
FOR DECISION		
PCCC/2021/96	<p>PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE</p> <p>Hannah Belcher (HB) provided an update from the shared paper.</p> <p>As part of the Governing Body's six-month review of all Committee Terms of Reference, the PCCC Terms of Reference are presented to the committee for approval and to suggest any amendments or additions to the document.</p> <p>The Primary Care Commissioning Committee NOTED, RECEIVED and APPROVED the Primary Care Commissioning Committee Terms of reference.</p>	
FOR DISCUSSION		
	No Items for Discussion	
FOR ASSURANCE		
PCCC/2021/97	<p>FINANCE UPDATE</p> <p>Richard Chapman (RC) presented an update from the shared paper. This Finance Report for M12 was presented at the May 2021 Governing Body meeting.</p> <p>The Primary Care Commissioning Committee is asked to NOTE the following key points in the Governing Body report:</p> <ul style="list-style-type: none"> • The month 12 year to date position • The temporary financial regime in place • The scenario model showing ongoing work in respect of full year outturn positions • The highlighted risks and mitigations <p>The M1 financial position has not yet been reported to the Governing Body and so will be reported to the public session of the PCCC at the next 2021 meeting.</p> <p>The Primary Care Commissioning Committee RECEIVED and NOTED the update on the CCGs financial position for Month 12.</p>	
PCCC/2021/98	RISK REGISTER EXCEPTION REPORT	

	<p>Hannah Belcher (HB) presented an update from the shared paper.</p> <p>As of May 2021, Primary Care Commissioning Committee are responsible for 2 Primary Care Commissioning risks, with both of these risks rated as very high (red).</p> <ol style="list-style-type: none"> <u>Risk 04A: Contracting:</u> Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. The current risk score is 16. <p><u>May update:</u></p> <ul style="list-style-type: none"> • There are no changes to the existing levels of risk for this month. • NHSE/I have advised that the COVID capacity expansion fund will continue until the end of September 2021. • QOF income protection is withdrawn with effect from April 2021. <ol style="list-style-type: none"> <u>Risk 04B: Quality:</u> Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. The current risk score is 20. <p><u>May update:</u></p> <ul style="list-style-type: none"> • Primary Care Performance and Quality Committee and monthly Primary Care Hub meetings re-starting from June 2021. • Practice Quality Visits re-commencing from July 2021. • Clinical Governance Leads Meetings re-starting from July/August 2021. • CQC inspections commenced from April 2021. <p>The Primary Care Commissioning Committee RECEIVED and NOTED the update on the two outstanding risks.</p>	
PCCC/2021/99	<p>PRIMARY CARE QUALITY & PERFORMANCE PUBLIC ASSURANCE REPORT – QUARTER 4</p> <p>Judy Derricott (JDe) provided an update from the shared paper.</p> <p>The report covers the period 1st January to 31st March 2021 (Quarter 4) and is intended to provide the Primary Care Commissioning Committee with assurance that the Derby and Derbyshire Clinical Commissioning Group is fulfilling its statutory responsibility under delegated authority to monitor and support primary care quality and performance.</p> <p>In January 2021 the Primary Care Quality & Performance Review Sub-Committee (PCQPRSC) and Hub Assurance meetings were stood down whilst the CCG and wider system were still working to Business Continuity Level 4 to support the Covid-19 vaccination efforts across the patch. In the interim period it was agreed for the Primary Care Quality & Performance Exception Assurance Group (PCQ&PEAG) to meet monthly to allow any urgent matters to be discussed.</p> <p>The report covers the work undertaken or supported by the Primary Care Quality and Contracts/ Performance team and provides an overview of the areas monitored through the Primary Care Quality & Performance Exception Assurance Group where representatives from the related work areas attend if applicable. Monthly verbal escalation actions from this meeting are submitted to the Primary Care Commissioning Committee for information and assurance.</p>	

	<p>The Public Facing Dashboard included in this report details practice list size, CQC rating, QOF results, Patient Survey Experience Overall and Patient Online uptake. This has been included to develop an initial report which can be further developed to add additional areas as requested as new information becomes available which may be felt to reflect a quality summary of primary care more accurately. All these indicators have been agreed by the Patient Engagement Committee in 2019 which will be reviewed accordingly.</p> <p>The Primary Care Commissioning Committee NOTED and RECEIVED the update on the Primary Care Quality & Performance Public Assurance Report – Quarter 4</p>	
FOR INFORMATION		
	No items for information	
MINUTES AND MATTERS ARISING		
PCCC/2021/100	<p>Minutes of the Primary Care Commissioning Committee meeting held on 28th April 2021</p> <p>The minutes from the meeting held on 28th April 2021 were agreed to be an accurate record of the meeting.</p>	
PCCC/2021/101	<p>MATTERS ARISING MATRIX</p> <p>There are no outstanding actions on the Action Matrix.</p>	
PCCC/2021/102	<p>ANY OTHER BUSINESS</p> <p>There were no items of any other business</p>	
PCCC/2021/103	<p>ASSURANCE QUESTIONS</p> <p>Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes</p> <p>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</p> <p>Were papers that have already been reported on at another committee presented to you in a summary form? Yes</p> <p>Was the content of the papers suitable and appropriate for the public domain? Yes</p> <p>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</p> <p>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</p> <p>Is the Committee assured on progress regarding actions assigned to it within the Recovery & Restoration plan? N/A</p> <p>What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None</p>	

	DATE AND TIME OF NEXT MEETING	
	Wednesday 23 rd June 2021, 10:00-10:30am via Microsoft Teams Meeting	

**MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON 27th MAY 2021, 9.00AM TO 10.30AM
MS TEAMS**

Present:		
Andrew Middleton (Chair)	AM	Lay Member, Finance
Alison Cargill	AC	Asst Director of Quality, DDCCG
Simon McCalandish	SMcC	Lay Member, Patient Experience
Dan Merrison	DM	Senior Performance & Assurance Manager, DDCCG
Bill Nicol	BN	Assistant Director - Safeguarding Adults
Jackie Jones	JJ	Director of Ambulance & 111 Commissioning
Temi Omorinoye	TO	Head of Medicines Management; Safety & Quality
Suzanne Pickering	SP	Head of Governance-DDCCG
Dr Emma Pizzey	EP	GP South
Michelina Racioppi	MR	Assist Director Safeguarding Children/Lead Designated Nurse
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Laura Moore	LM	Deputy Chief Nurse, DDCCG
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG
In Attendance:		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
Apologies:		
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
Zara Jones	ZJ	Executive Director of Commissioning Operations, DDCCG
Helen Hipkiss	HH	Deputy Director of Quality - DDCCG
Hannah Morton	HM	Healthwatch
Dr Steve Lloyd	SL	Medical Director - DDCCG
Dr Bruce Braithwaite	BB	Secondary Care GP
Dr Buk Dhadha (Chair)	BD	Chair, Governing Body GP, DDCCG
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG

Item No.	Item	Action
QP2122 /020	<p>WELCOME, APOLOGIES & QUORACY</p> <p>Apologies were received as above. AM declared the meeting quorate.</p>	
QP2122 /021	<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>	
QP2122 /022	<p>INTEGRATED REPORT</p> <p>Performance</p> <p>The report was taken as read. DM highlighted the report shows A&E performance is improving at CRHFT and levelling at UHDBFT. At the recent OPIG (Operational Performance Improvement Group) meeting there was a discussion around the actions being taken to manage waiting lists. GS asked if the improvement in diagnostics can be sustained. DM confirmed that the figures are on the right trajectory despite there being staffing issues in areas such as MRI and Ultrasound. Derby & Burton Hospitals are bidding for a rapid diagnostic site, but no further</p>	

	<p>details are available. AM noted the longstanding variance in performance between CRHFT and UHDBFT. DM responded, stating there are far more specialist services at UHDBFT such as hand surgery, bariatrics as well as a different population and the fact that it covers a much wider area including Burton. Data is available segregated by site and it was felt that this would be a useful inclusion in the report.</p> <p>MWa highlighted the number of patients contacting general practice who are not happy with the length of the waiting time. Another issue is the amount of requests practices are receiving from hospital consultants for tests to be carried following a remote consultation. This increases the workload in terms of arranging the tests and also processing the results. Subsequently the relationship between GP's and Consultants is deteriorating. ACTION – The issue of test requests following a remote consultation will be picked with the Trusts at the CQRG meetings which have been reinstated. A response will be brought back to Quality and Performance Committee.</p> <p>EP asked for figures which compare the current non urgent referral rates to pre pandemic figures. HW responded to say cancer referrals have largely restored with breast referrals being above pre pandemic levels. Elective referrals are generally below pre pandemic levels and this is due to actions to reduce inappropriate referrals. Patient Initiated Follow Up (PIFU) which is a national target, is a big programme of development this year and both trusts are on trajectory. AM referred to the question raised prior to the Committee for which responses had been provided.</p> <p>Quality</p> <p>The paper was taken as read. AC noted that the CQRG meetings will move to a quarterly meeting starting in May and June.</p> <p>Activity</p> <p>The paper was taken as read with activity almost being restored to pre pandemic levels. A&E attendances are slightly below at both trusts. Capacity constraints were caused by a significant number of major presentations in April. Covid is down to almost zero at both trusts now and they are currently coping well. Both trusts are bringing additional capacity back online this month with more theatres open at CRHFT and targets for electives being increased.</p> <p>AM APPROVED the Integrated Report.</p>	
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<p>QP2122 /023</p>	<p>GBAF Q1</p> <p>The paper was taken as read. SP noted the paper is for the period of Q1 of 21/22 and not Q4.</p> <p>The strategic objectives which were agreed for 2021-22 at the governing body on 6th May and these are listed in the report. In terms of the new strategic objectives a new strategic risk for the Quality and Performance Committee has been identified in relation to strategic objective 3 around the vaccination program, so again, that will be the responsibility of quality and Performance Committee. The full populated narrative for risk 3 will be developed ready for discussion at the Quality and Performance GBAF TFG and for approval at the June Quality and Performance Committee meeting and the July Governing Body meeting.</p> <p>the following proposals were made from the GBAF TFG meeting on 18th May:</p> <p>Risk 1 – increase from 12 to 15 due to the nature of health inequalities and the position of where we are in terms of moving to the ICS .</p> <p>Risk 2 - increase from 15 to 20.</p> <p>The Committee agreed to the proposed increases of Risk 1 and Risk 2.</p>	
<p>QP2122 /024</p>	<p>RISK REGISTER</p> <p>The paper was taken as read. The Quality and Performance Committee are responsible for 15 risks, 3 of which are very high. It is proposed to reduce risk 28 from 12 to 9. This risk is in relation to a possible increase in safeguarding referrals once the lockdown is lifted.</p> <p>Committee agreed to the reduction of Risk 28.</p>	
<p>QP2122 /025</p>	<p>SAFEGUARDING ADULTS UPDATE</p> <p>The paper was taken as read. There is still some uncertainty on how the easing of lockdown will impact on the public, however it is thought there will be a fairly sharp increase. Particularly with cases of self-neglect and domestic abuse. The CCG are taking action around domestic abuse in the form of staff training and changes to policy. Following a recent team talk 14 members of staff offered to be volunteers as a point of contact for staff experiencing domestic abuse.</p> <p>Interagency work with safeguarding boards, case file audits and quality assurance work have all continued during the pandemic.</p>	

	<p>Even though there has been a spike in referral rates the system has managed this well. It is hoped that by the end of the year the numbers will plateau or slightly decrease.</p> <p>The committee noted their assurance in the management and resilience of the safeguarding team during this unique level of demand.</p>	
<p>QP2122 /026</p>	<p>SAFEGUARDING CHILDRENS UPDATE</p> <p>The paper was taken as read.</p> <p>MR noted the amount of work that the safeguarding team have carried out within the CCG and also multi agency activity since the last meeting. There have been a number of serious cases where rapid reviews have been carried out and a small number have resulted in child deaths. Serious case reviews and child practise reviews are progressing actively and are almost complete. Assurance processes around commissioned services and section 11 requirements have progressed. The joint safeguarding assurance for general practice and independent contractors has been circulated and responses are being received.</p> <p>The Annual Safeguarding Conference was a success and Level 3 training has been delivered virtually with 580 GP's trained over this period.</p> <p>MR highlighted the activity around the keeping babies safe strategy and action plan that has been developed with the safeguarding children partnership.</p> <p>There are a number of cases awaiting discussion at child death overview panel which are subject to a coroner's inquest. Despite this CDOP has been particularly busy.</p> <p>Set number of looked after children coming into care is increasing and despite this both providers have been seeing children whenever possible either virtually or face to face. The safeguarding team continued to work on the initial health assessment compliance which is currently on the nursing and quality risk register.</p> <p>MW highlighted the increase, in teenage girls in particular, with mental health issues taking overdoses and questioned whether this was related to the pandemic. MR confirmed that this is a priority and concern of the Safeguarding partnership and an area that needs to be focused on. At a recent CDOP meeting there was a themed panel on self-harm and suicide to review cases and identify whether the suicide was intentional. The acute trusts are finding there are more and more young people coming through the door off A&E due to placements breaking down and family issues. A system wide approach to resolve this is needed.</p>	

	<p>MR acknowledged the commitment and support that both the Adult and Childrens Safeguarding teams receive from the CCG.</p>	
<p>QP2122 /027</p>	<p>EMAS</p> <p>The paper was taken as read.</p> <p>JJ noted the report covers Q4. The CCG continued to meet with EMAS during last year to continue to monitor and have oversight. The CQRG meetings are recommenced.</p> <p>The CCG continue to look at the 4 areas of impact: Demand, Pre-hospital handover delays, Internal efficiencies and Workforce.</p> <p>Drops in demand previously reported have reversed in April and May and increase are now being seen. There is a deep dive taking place to look at the increase in 111 demand and into the 999 service, this a joint review between EMAS and DHU 111 and will go to the Strategic Delivery Board in July.</p> <p>There is an ongoing challenge with hospital handover delays which will be one of the integrated care standards once approved. EMAS are doing all they can to not convey if at all avoidable by looking at pathways in community settings. There has been an increase in conveyance into Urgent Treatment Centres (UTC). The CCG is working closely with the acute trusts to give EMAS and 111 access to more same day emergency care pathways or other specialty pathways.</p> <p>EMAS undertook a harm review to look at the impact of handover delays to patients. This was for patients waiting outside hospital and those waiting for a response from the ambulance service. There has been a harm review across all ambulance sectors through the National Quality Group for ambulance services. The final report will go back to CQRG once it's been complete.</p> <p>The regional team have drafted some professional standards which include minimum care safety standards. it is hoped they will be launched across the region in the near future.</p> <p>The CCG are looking at variation in performance to understand the factors and the actions that need to be in place to improve the dashboard.</p> <p>A deep dive was carried out recently in Lincolnshire and LLR will be looked at in June.</p> <p>AM asked if there is scope for enhancement in the See & Treat approach. JJ responded to say the EMAS have been focusing on how to care for patient in a different way rather than conveying to a hospital. This could be through Hear & Treat telephone</p>	

	<p>assessment by clinicians. EMAS have been part of a national pilot to identify how they can increase the number of Hear & Treat calls. The next phase of this is to explore the use of video conferencing. A number of specialist paramedics have been recruited who have a higher skill level and capability which will be sent via car to certain categories of patients. The results have been good in terms of patient being discharged at scene.</p> <p>EP asked for an update on the option to have a clinician call back which was reducing hospital admission significantly. JJ replied to say the 111 First initiative gives the option to book patient into an ED or Primary Care slot. Derbyshire has the highest number of GP bookings from 111 than anywhere in the country which is commendable.</p> <p>MWa referred to the calls that are being received by her GP Practice and highlight that approx. 2-3% are clinically appropriate with a significant amount of the others being used to bypass the appointment system. There is no quick way for the GP to feedback that the appointment was inappropriate. JJ will ask her team to look into this issue in more depth. EP added that whilst some of the referrals are valid most do not require a same day appointment. This could be resolved by reviewing protocols and messaging.</p>	
<p>QP2122 /028</p>	<p>MEDICINES MANAGEMENT</p> <p>The paper was taken as read.</p> <p>TO highlighted to the Committee the inauguration of the system AMR and IPC Committee. The members met early in year pre pandemic and the purpose of Committee to pull together the work on reducing AMR in the system. It will align with the targets of the national plan (UK 20-year Plan and a 5yr Strategy) for AMR. The aim of the Committee is to localise both documents and their implementation. In addition to this report being presented to the CCG Quality and Performance Committee it will also be presented at the System Quality Committee.</p> <p>The safety report covering January to March 2021 notes that certain areas of work had been stood down and only business critical functions were carried out such as controlled drugs monitoring. Data on this area is still being collated however neither the CCG nor Primary Care have had capacity to work with the outliers. A deep dive of controlled drugs monitoring with GP Practices is planned for the near future.</p> <p>In terms of the national patient safety alert around steroid cards, the CCG have supported Primary Care with resource to carry out this work. The CCG aim to get further involved in this work once capacity allows.</p>	

<p>QP2122 /029</p>	<p>NEW QUALITY ARCHITECTURE FOR JUCD</p> <p>BS shared the Interim operating Model with the Committee and then proceeded to speak about the national architecture for quality and quality assurance. BS is part of a working group for the National Quality Board for NHSEI who are looking at new structure for quality in the ICS along with the relationship between the ICS, the regional team, and the national team. The reinstatement of the quality surveillance groups is being explored. The national team have requested there is a system quality group which takes on the function of QSG. The national team have also issued a refreshed Commitment to quality, a quality toolkit and refreshed QSG guidance.</p> <p>BS explained that JUCD System Quality Group is already in place, the TOR reflect the suggestions from the national QSG by taking on the role of the previous QSG and looking at quality assurance across the system, quality improvement and transformation. The QSG is chaired by BS and feeding into QSG are 3 sub-groups: Planned Care, MH LDA and Urgent Care. Any issues coming out of the sub-groups will be escalated to QSG. The QSG reports into JUCD Senior Leadership Team of which BS is a member.</p> <p>BS then explained that the System Quality Assurance Committee is chaired by Dr Kathy McClean, Chair of UHDBFT, the Committee met recently to review its role and TOR.</p> <p>The regional teams are meeting with quality leads to review progress on the quality architecture and assurance levels. The regional team met with BS and Dr Avi Bhatia and were impressed with the progress made so far by JUCD in terms of the architecture, clinical leadership and actions taken. Their involvement will be linking partnering JUCD with systems who are less developed as a "buddy".</p> <p>BS confirmed that Dr Andy Mott is representing the GP providers at the SQG.</p> <p>AM noted the need for a smooth transition from the CCG into the ICS and BS confirmed that there has been a formal handover of all actions from the System Quality & Performance Committee to the system quality Group.</p>	
<p>QP2122 /030</p>	<p>UHDBFT STROKE SERVICE UPDATE</p> <p>The paper was taken as read</p> <p>AC explained that this paper was requested following notification that the SSNAP (Sentinel Stroke National Audit Programme) rating for UHDBFT had dropped from a C to D . The paper is part of the usual governance process and the paper is being presented at the</p>	

	<p>trust CQRG on 10th June however it was important that the Quality and Performance Committee had early sight of the paper.</p> <p>The SSNAP looks at outcomes such as processing times to scan, time to Thrombolysis, time to being seen by a clinician and therefore the drop in ratings was a concern. A pathway review was undertaken to identify bottlenecks, and this will be continually monitored through the CQRG meetings. The Trust has set up an implementation group to monitor the actions taken. AM asked if the root cause was around staffing and consultant level staffing. AC confirmed that there are consultant staffing issues with UHDBFT being two WTE down. There is a national shortage of stroke physicians along with difficulties recruiting into specialist nurse roles.</p>	
QP2122 /031	<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>	
QP2122 /032	<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>	
QP2122 /033	<p>CARE HOMES</p> <p>The paper was taken as read. The Committee noted the contents of the report and there were no questions raised.</p>	
QP2122 /034	<p>MINUTES FROM SUB COMMITTEES</p> <p>The Committee noted the minutes from the following sub-Committees.</p> <ul style="list-style-type: none"> • DPG 01.04.21 <p>Update reports from CQRG meetings for information</p> <ul style="list-style-type: none"> • DHU CQRG 02.11.20 • DCHS CQRG 11.05.21 • UHDBFT CQRG • CRHFT CQRG • DHCFT CQRG 	

<p>QP2122 /035</p>	<p>MINUTES FROM THE MEETING HELD ON 29th April 2021.</p> <p>The minutes from the meeting on 29th April 2021 were approved as a true and accurate record.</p>	
<p>QP2122 /036</p>	<p>MATTERS ARISING AND ACTION LOG</p> <p>The action log was reviewed and updated.</p>	
<p>QP2122 /037</p>	<p>AOB</p> <p>No other business matters raised.</p>	
<p>QP2122 /038</p>	<p>FORWARD PLANNER</p> <p>The Forward Planner was reviewed. No updates were made.</p>	
<p>QP2122 /039</p>	<p>ANY SIGNIFICANT SAFETY CONCERNS TO NOTE</p> <p>AM noted that the HSJ had reported there has been 121 never events in 57 acute trusts around staff mixing up airflow and oxygen meters. It is thought UHDBFT were one of the hospitals listed. BS confirmed that this was an area of concern around 18 months ago. It related to new build hospitals (2008 and 2010 builds) and how the airflow and oxygen supplies had been constructed. The Royal Derby site of UHDBFT was where the incidents were occurring, and work was done with the trust to resolve the issue. UHDBFT were the first trust to raise the issue on a national level. LM confirmed the system went to a huge amount of effort to change systems and processes and the training of Junior Doctors and nurses. LM also confirmed that there were no incidents of patient harm as a result.</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 • Was the content of the papers suitable and appropriate for the public domain? Yes 	

	<ul style="list-style-type: none"> • 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: 24 th June 2021		
Time: 9am to 10.30am		
Venue: MS Teams		

Approved



Chief Executive Report

Health Executive Group

8th June 2021

Author(s)	Andrew Cash	
Sponsor		
Is your report for Approval / Consideration / Noting		
For noting and discussion		
Links to the ICS Five Year Plan (please tick)		
<p>Developing a population health system</p> <p><input checked="" type="checkbox"/> Understanding health in SYB including prevention, health inequalities and population health management</p> <p><input checked="" type="checkbox"/> Getting the best start in life</p> <p><input checked="" type="checkbox"/> Better care for major health conditions</p> <p><input checked="" type="checkbox"/> Reshaping and rethinking how we flex resources</p> <p>Building a sustainable health and care system</p> <p><input checked="" type="checkbox"/> Delivering a new service model</p> <p><input checked="" type="checkbox"/> Transforming</p> <p><input checked="" type="checkbox"/> Making the best use of resources</p>	<p>Strengthening our foundations</p> <p><input checked="" type="checkbox"/> Working with patients and the public</p> <p><input checked="" type="checkbox"/> Empowering our workforce</p> <p><input checked="" type="checkbox"/> Digitally enabling our system</p> <p><input checked="" type="checkbox"/> Innovation and improvement</p> <p>Broadening and strengthening our partnerships to increase our opportunity</p> <p><input checked="" type="checkbox"/> Partnership with the Sheffield City Region</p> <p><input checked="" type="checkbox"/> Anchor institutions and wider contributions</p> <p><input checked="" type="checkbox"/> Partnership with the voluntary sector</p> <p><input checked="" type="checkbox"/> Commitment to work together</p>	

Where has the paper already been discussed?

Sub groups reporting to the HEG:	System governance groups:
<input type="checkbox"/> Quality Group	<input type="checkbox"/> Joint Committee CCGs
<input type="checkbox"/> Strategic Workforce Group	<input type="checkbox"/> Acute Federation
<input type="checkbox"/> Performance Group	<input type="checkbox"/> Mental Health Alliance
<input type="checkbox"/> Finance and Activity Group	<input type="checkbox"/> Place Partnership
<input type="checkbox"/> Transformation and Delivery Group	

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of May 2021.

Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

Paper Title

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

Health Executive Group

8th June 2021

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) System Lead provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of May 2021.

2. Summary update for activity during May

2.1 Coronavirus (COVID-19): The South Yorkshire and Bassetlaw position

There continues to be a flattening of COVID-19 (Covid) cases in South Yorkshire and Bassetlaw, with small, nominal increases in new cases since the most recent easing of lockdown restrictions (Phase Three on May 17th) according to the Government's roadmap.

Hospitalisations and deaths from Covid remain low and the number of positive Covid cases in schools and colleges are low and not rising. The case rate across South Yorkshire is around 30 cases per 100,000, with occasional spikes. Teams are now tracking individual outbreaks rather than community prevalence.

SYB is currently seeing low numbers of the B.1.617.2 (the so-called Indian variant) variant across communities though the situation is being very closely monitored. Covid variants are of course a key area of public health interest and public health teams in Yorkshire and the Humber continue to review and take appropriate action according to the latest data.

During May, the millionth vaccination was administered in SYB and excellent progress continues with the SYB programme with people aged 30-and-over now being called. Nationally, over 38 million have now received their first vaccine dose and over 23 million have had their second.

2.2 Regional update

2.2.1 Leaders meeting

The North East and Humber Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During April, discussions focused on the ongoing Covid response and vaccination programme, planning and recovery, health inequalities and ICS development.

2.2.2 ICS Focus Planning Meeting

A routine planning meeting with the NHS North East and Yorkshire executive team took place on 25th May. The session covered SYB's latest Covid position (including an overview of prevalence, impact on services and a vaccination programme update), plans for elective services recovery, a focus on mental health and cancer services and workforce and finance.

2.3 National update

The Prime Minister has announced that the government will establish a full statutory inquiry into the Covid Pandemic. It will have full powers under the Inquiries Act 2005, including the ability to compel the production of all relevant materials and take oral evidence in public under oath.

The scope will cover all four nations and focus on the government's response to the Pandemic, which will include health, the economy, education etc. It is expected to start in spring 2022. The terms of reference for the inquiry are still to be decided and a Chair will be appointed in due course.

2.4 SYB announced as pilot for national Accelerator programme (more detail in Appendix 2)

South Yorkshire and Bassetlaw Integrated Care System has been chosen as one of the thirteen systems to receive a share of £160m in funding and extra support to implement and evaluate innovative ways to increase the number of elective operations they deliver.

The plans include:

- Working with clinicians to improve capacity and streamline pathways, particularly using national care pathway blueprints that highlight best practice transformation ideas for theatres, outpatients and endoscopy services.
- Offering advice and guidance from clinical specialists to support primary care colleagues.
- Developing plans for even more joined up work across SYB, particularly for orthopaedics, ophthalmology and paediatric surgery.
- Making best use of a wide range of providers.

Learning from what works well in South Yorkshire and Bassetlaw and the other 'elective accelerator' sites will help form approaches for elective recovery to be used across the country.

2.5 Children and young people's (CYP) transformation workshop

The South Yorkshire and Bassetlaw Children's Network welcomed over 120 colleagues to a virtual workshop on 11th May to discuss a draft Children and Young People's (CYP) Transformation Strategy. The event brought together colleagues across the NHS, local authorities, education, the voluntary and community sector and social care teams. All health and care systems in England have been asked by NHS England and NHS Improvement (NHS E/I) to produce a system-wide Transformation Strategy for children and young people.

I would like to thank Ruth Brown, Acting Chief Executive, Sheffield Children's NHS Foundation Trust, for leading the workshop.

2.6 Nurses receive Silver Award from NHS England and Improvement

A team of nurses from NHS Sheffield Clinical Commissioning Group (CCG) was given a Chief Nursing Officer Silver Award by NHS England and Improvement on 5th May.

The primary care development nurse (PCDN) team from Sheffield CCG was nominated for the range of skills, expertise and clinical leadership they demonstrate, in addition to their role in setting up a Covid testing service last year. The team was presented their award by Hilary Garratt CBE, Deputy Chief Nursing Officer at NHS England and Improvement, on behalf of Ruth May, Chief Nursing Officer, at a virtual staff event.

2.7 Suicide Prevention workshops

To support our commitment to reducing suicides by at least ten per cent (as set out in our Five Year Plan), the SYB Suicide Prevention Steering Group has put together a five-day event schedule to support colleagues across the system.

Between 14-18th June, a series of workshops and events will enable wider partners to share good practice, examples of success and to learn from exemplars across the system. Some of the key areas of discussion will include real-time surveillance systems, locality-based projects and the importance of voluntary sector organisations in suicide prevention.

2.8 Interim Chief Executive arrangement in West Yorkshire and Harrogate Integrated Care System

The South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) Board has agreed in principle to support the secondment of its Chief Executive, Rob Webster, to become the full time interim Chief Executive for the West Yorkshire and Harrogate ICS. This will involve him leaving the Trust for this interim period, which will take effect from 1 July 2021. This was agreed in principle by the Trust Board and, following agreement at the West Yorkshire and Harrogate Chairs and Leaders Reference Group and is now subject to ratification by the wider ICS membership.

During the period of Rob's secondment, Mark Brooks, SWYPFT's current director of finance, will take up the position of interim chief executive.

3. Finance

There is no financial reporting in Month 1 due to finalising year end accounts. The draft ICS and Cancer budgets for 2021/22 have been submitted to HEG for approval at a value of £9.3m and £5m respectively. The risks and opportunities to these budgets are highlighted in the report together with some principles around how the risks and opportunities will be managed.

Andrew Cash
System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 2nd June 2021

Appendix 1

Community and Diagnostic Hub for South Yorkshire and Bassetlaw - Update

1. Background

Community Diagnostic Hubs (CDHs) are a key recommendation of the in Sir Mike Richard's review, *Diagnostics: Recovery and Renewal* published in October 2020. CDHs are proposed as a new service model that will contribute to the expansion of diagnostic services, separating planned and unplanned diagnostics. There was an expectation in the planning guidance that we initiate planning this year and £23.28M capital was allocated to North East and Yorkshire (NEY) for 2021/22.

A NEY CDH group was established in April as a subgroup of the Regional Diagnostics Programme Board to lead the development of a regional CDH Design Plan for submission to the National CDH Programme on 24th May 2021.

2. Primary Aims of Community Diagnostic Hubs

The CDH guidance shared with systems in April sets out the following primary aims for CDHs:

- To improve population health outcomes
- To increase diagnostic capacity, by investing in new facilities, equipment and new staff
- To improve productivity and efficiency of diagnostics by streaming acute & elective
- To contribute to reducing health inequalities
- To deliver better, personalised patient experience
- Promote primary and secondary care integration

3. Community Diagnostic Hub Model

The expectation is that CDHs provide a broad range of diagnostic services away from acute sites. As a minimum the following is expected:

- Imaging: CT, MRI, Ultrasound, Plain X-Ray
- Physiological measurement: Electrocardiogram (ECG), ambulatory blood pressure monitoring, echocardiography (ECHO), oximetry, spirometry, full lung function tests, blood gas analysis via Point of Care Testing (POCT), simple field tests (e.g. six min walk test)
- Pathology: phlebotomy, PoC Testing, simple biopsies, NT-Pro BNP, urine & D-dimer testing
- For larger CDHs - Endoscopy services, gastroscopy, colonoscopy, flexi sigmoidoscopy.

4. South Yorkshire and Bassetlaw Approach

An SYB CDH Task and Finish Group was established in April sourcing nominees from each place via Chief Operating Officers, Directors of Commissioning and representation from established SYB Networks, including Imaging, Pathology and the Gastroenterology Hosted Networks.

There was an initial request from the region to identify early adopters nationally described as already operational diagnostic hubs in the community that could increase activity using revenue funding from July onwards. No early adopters were identified in SYB.

There was a subsequent ask for year 1 options to be put forward to the region by 14th May. A pragmatic and rapid process was undertaken through the SYB CDH Task and Finish Group to identify potential CDH options for SYB in year 1 and a number of potential sites were identified by places.

A further review of the SYB proposals took place in May and the modified proposals were put forward on 21st May and have been included in the regional CDH Design Plan submitted to the National CDH Programme Team on 24th May. We currently await feedback. It is understood that there will be an ask for a longer term CDH plan for September 2021.

5. Key Risks

The challenging timelines for systems to identify CDH options resulted in the need for a pragmatic approach and as such there is a risk that not all options were identified as it was not possible to take a more strategic approach. There is also a significant risk around the availability of recurrent revenue funding.

Appendix 2

Accelerator Programme Update

1. Background

South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) has been chosen as one of the thirteen systems to receive a share of £160m in funding and extra support to implement and evaluate innovative ways to increase the number of elective operations they deliver.

While initial indications suggest the NHS nationally was ahead of its plan by the end of April, the elective accelerator systems programme is an additional initiative with the aim of finding ways to treat even more patients over the summer and beyond.

Learning from what works well in South Yorkshire and Bassetlaw and the other 'elective accelerator' sites will help form approaches for elective recovery to be used across the country. The Accelerator Programme will be led by the Acute Provider Collaborative and will work to further develop and embed transformed elective services which support clinical prioritisation, reduction in inequalities, improved outcomes for patients and equity of access across the five places in the ICS.

2. Key Dimensions of the Scheme

The Acute Provider Collaborative will lead the Accelerator Programme and will implement plans in the potential following areas:

- Working with clinicians to improve capacity and streamline pathways, particularly using national care pathway blueprints that highlight best practice transformation ideas for theatres, outpatients and endoscopy services.
- Offering advice and guidance from clinical specialists to support primary care colleagues.
- Developing plans for even more joined up work across SYB, particularly for orthopaedics, ophthalmology and paediatric surgery.
- Making best use of a wide range of providers.

The focus of the Accelerator, in the first instance, will be on recovery of orthopaedic activity given the waiting list profile for the speciality and the opportunity to improve quality of life for a significant number of people in South Yorkshire and Bassetlaw.

The resources identified will drive accelerated elective recovery in SYB by enabling the delivery of additional activity across multiple providers both independently and in collaboration with each other and the independent sector.

The developing plans include a consideration of support offers for the health and wellbeing of staff and a review of the impact of Covid-19 and social distancing, additional facilities and the expansion of capacity in key areas. The plans are also exploring digital opportunities and extended working hours.

3. Next Steps

Further updates will be brought to the SYB ICS Health Executive Group as the programme progresses.

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
3rd June 2021 via Microsoft Teams

UNCONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Jill Dentith	JD	Lay Member for Governance
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Dr Steven Lloyd	SL	Medical Director
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
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Dr Penny Blackwell	PB	Governing Body GP
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Zara Jones	ZJ	Executive Director of Commissioning Operations
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Dr Merryl Watkins	MW	Governing Body GP

In attendance:

Niki Bridge	NB	Deputy Chief Finance Officer
Mick Burrows	MB	Director of Commissioning for MH, LD, ASD, and CYP
Dawn Litchfield	DL	Executive Assistant to the Governing Body/Minute Taker
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
GBP/2122/049	Welcome, Apologies & Quoracy Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were received as above. It was confirmed that the meeting was quorate.	
GBP/2122/050	Questions received from members of the public The following questions were received from Keith Venables:	

1. In relation to Item 061/Martin Whittle/Derbyshire Engagement Committee Assurance Report – page 72

At the moment, members of the public can only learn about the decisions being made by CCG by navigating 297 pages of an online document, only published 6 days before the CCG and then framing a question. This excludes the vast majority of the population. This is clearly not acceptable "engagement"; other CCGs do it differently. It is unlikely that face-to-face CCGs in the near future will make a difference. There are many ways that engagement with the public can be vastly improved. Could you outline what you intend to do about this?

Response: The CCG Governing Body meeting is held as a meeting in public, intended to promote open and transparent decision-making and is not intended as a vehicle for direct engagement with local people. Decisions made by the CCG are reached following discussion with local people where this impacts on services. We are continually engaging with a range of patient groups on a range of matters that inform the decisions made by the CCG. Recently examples have included working with families on our digital mental health offer to inform future contracts, listening to the views of patients on our virtual outpatients' appointments to develop a checklist of good practice and talking with patients to inform our approach to 'Team Up', a service which helps to prevent people being admitted to hospital.

In addition, we have been running our Derbyshire Dialogue sessions since 2020 on a range of topics including mental health, the Covid-19 vaccination programme, urgent care, primary care and other topics. These sessions have proved very popular and we will continue with them through the course of this year and beyond.

The Communications and Engagement Strategy also highlights how we plan to continue to implement and use our range of engagement tools for the future, including our Citizen's Panel for which there will be a renewed recruitment drive, and our new engagement platform, which will be used for a range of matters, including staff engagement.

2. In relation to Item 056/Mick Burrows/2021/22 Operational Plan – Primary Care section of coversheet - page 33

Could you clarify whether the rumour that from the very near future, the NHS is about to sell off patients' data, unless patients explicitly take action to stop this, is true or not. If so, what action can patients take to prevent this?

Response: There have been posts on social media with false information about this matter, which are related to the option to opt out of sharing your data with the NHS. The NHS will never sell patient data and there are strict rules about how the NHS can use your data, largely for direct contact, research or for planning purposes. Data is only ever shared securely and safely.

The ability for patients to opt out of having their data shared for planning and research is available. More details are available here: [More details are available here: National data opt-out - NHS Digital](#)

	<p>3. In relation to Item 073/items from minutes – page 277</p> <p>Is it the case that the CCG will set up a shadow "Governance" committee which then becomes the Derby/Derbyshire ICS? If not, could you explain what is going to happen and if so, what the time scale is? Further, who will be entitled to join the new governing body?</p> <p><u>Response:</u> The White Paper, published in the early part of 2021 set out the government's ambition to create Integrated Care Systems (ICS) that will be responsible for whole population health planning, commissioning, and NHS funding held at system level and will work more formally in collaboration and partnership with the Local Authorities and NHS Providers. The ICS will be a new NHS statutory body. The CCGs will cease to exist, and all their statutory functions will transfer into the new ICSs. It is envisaged that the new ICSs will also have new legal duties.</p> <p>It is planned, subject to new legislation being passed during the summer, that the new ICSs will be operational from April 2022. The new ICSs will have a formal statutory Board, and a new Constitution that will set out how ICSs will discharge legal duties across the system.</p> <p>We are awaiting national guidance and further detail on exactly how ICSs will be governed, which is subject to final agreement by the government during the summer.</p> <p>Responses to these questions will be provided within 7 working days and included in the minutes for completeness.</p>	
<p>GBP/2122/051</p>	<p>Declarations of Interest</p> <p>AB 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.</p> <p>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</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p>GBP/2122/052</p>	<p>Chair's Report – May 2021</p> <p>AB provided a written 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"> • With regard to the blended model of appointments now available in General Practice, it was asked if this has resulted in shorter waiting times for consultations and, if so, whether this is something that should be communicated more widely. AB advised that several consultation methods are now available, and it needs to be ensured that patients are using the right forum for the right purpose. GPs endeavour to 	

	<p>respond to e-consult queries quickly however they sometimes receive hundreds of requests overnight which puts excessive demand on General Practice staff and takes time to process. Sometimes it may be difficult to provide an opinion without seeing someone face to face; therefore e-consult is sometimes used as a form of triage as opposed to a consultation.</p> <ul style="list-style-type: none"> • E-consult is not, however, a way of bypassing receptionists to obtain a quicker appointment and it should not discriminate against people that do not have access to electronic systems; an equitable service needs to be offered to all patients. • Practices will continue to offer a blended approach to consultations, which works well for many patients, sometimes reducing the necessity to attend the surgery. • E-consult is a national initiative which practices had to deliver quickly; a stocktake is required to ascertain how well it is working and if it is being used to its best ability. • It was suggested that the different options available for patients to access advice, i.e. self-care, NHS 111, Pharmacy, need to be communicated more widely in order to help them make the most appropriate choice for their condition. It was confirmed that this is being discussed by the Primary Care Leadership Group. <p>The Governing Body NOTED the contents of the report provided</p>	
<p>GBP/2122/053</p>	<p>Chief Executive Officer’s Report – May 2021</p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the meeting papers. In his absence, Helen Dillistone (HD) presented the report, which was taken as read. The following points of note were made:</p> <ul style="list-style-type: none"> • This has been an incredibly difficult and busy month with lots of activity across the System, including the continuation of the COVID-19 vaccination programme. • National guidance has now been revised and the previous 12-week gap between COVID-19 vaccinations has changed to 8 weeks. Work is underway to move through all cohorts before the end of the summer. • Derbyshire is one of the highest performing systems in the country in achieving the rollout; thanks were conveyed to everyone involved in this complex piece of work. • The Derbyshire ICS continues to develop; legislation is awaited in the summer. The CCG will be closing down and transferring its functions into the ICS in April 2022, when the ICS will become the new NHS statutory body. • A question around the Derbyshire ICS boundary has been raised. The Derbyshire boundary does not currently include Glossop; however, it has been questioned as to whether this is right. The CCG is working with its statutory partners to collate views on this matter. • The recovery and restoration of services is a high priority across Derbyshire; through the recovery plan, work is underway to clear back logs and help restore normal waiting times as soon as possible. <p>The Governing Body NOTED the contents of the report provided</p>	

<p>GBP/2122/054</p>	<p>Joined Up Care Derbyshire Board Update – May 2021</p> <p>CC provided a written report, a copy of which was circulated with the meeting papers. In his absence, AB presented the report, which was taken as read. The following points of note were made:</p> <ul style="list-style-type: none"> • The patient story relating to the success of social prescribing in the Erewash area was very informative and well received. • A significant proportion of the meeting was allocated to a discussion around the 'strategic intent' of the ICS. • An update from the System Transition Assurance Sub-Committee was provided for information. <p>The following point of note was raised:</p> <ul style="list-style-type: none"> • The discussions on outlining the overall strategic approach to tackling health inequalities in Derby City were noted. It was requested that a Governing Body Development Session be planned to ensure that Governing Body members are sufficiently sighted on the measures being taken to address the health inequalities in Derbyshire; Dr Robyn Dewis and Dean Wallace will be requested to provide input into this session. This will allow the CCG to set the groundwork and build foundations in preparation to hand over to the ICS. AB confirmed that one of the pillars of the ICS is to address health inequalities and that whatever the CCG hands over will be based on a sound footing. <p>The Governing Body NOTED the contents of the report provided</p>	<p>HD</p>
<p>GBP/2122/055</p>	<p>Primary Care Commissioning Committee (PCCC) - Terms of Reference</p> <p>Helen Dillistone (HD) advised that as part of the Governing Body's six-month review of all Corporate Committees' Terms of Reference, the Primary Care Commissioning Committee's Terms of Reference were reviewed by the PCCC and it was agreed that no amendments were required.</p> <p>The Governing Body APPROVED the Terms of References of the Primary Care Commissioning Committee</p>	
<p>GBP/2122/056</p>	<p>2021/22 Operational Plan</p> <p>Mick Burrows (MB) presented the 2021/22 Operational Plan, which is due for final submission to NHSEI today. The Plan was approved by the Governing Body at its May Confidential Meeting and was taken to the Joined Up Care Derbyshire (JUCD) Board on 27th May.</p> <p>Due to the financial regime currently in place, the Plan refers to what must be delivered over the next 6-month period, relating to 6 core themes:</p> <ul style="list-style-type: none"> • Supporting the health and wellbeing of staff and taking action on recruitment and retention. • Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with Covid-19. • Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. 	

	<ul style="list-style-type: none"> • Expanding primary care capacity to improve access, local health outcomes and address health inequalities. • Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. • Working collaboratively across systems to deliver on these priorities <p>The Plan is fully compliant with the exception of Transforming Patient Care. Brigid Stacey (BS) advised that this is a complex programme of work for which the CCG is in escalation with NHSEI; a positive meeting was held last week with NHSEI being supportive of the work undertaken to date. One of the main issues is that the CCG does not currently commission the crisis in the community team, which deals with preventing admissions for patients with autism that find themselves in crisis; however, the CCG is looking to commission this from August. Admissions may continue up to Quarter 3 when the commissioning of this service will start to make a difference. Although the CCG is currently -1 against the trajectory, it is looking to deliver the target in Quarter 1.</p> <p>The following points of note were made:</p> <ul style="list-style-type: none"> • Staff support is the NHS's greatest resource. Staff have had an incredibly stressful year; everything possible needs to be done to keep existing staff in the NHS, and attract new staff. • The booking of patients by NHS 111 into primary care is a good idea and is helping to divert inappropriate patients from A&E; however, it is not always being used appropriately. Some routine issues are being booked into emergency appointments; this is taking appointments away from someone who may be very unwell and needs to be seen. The option of booking into routine GP appointments is not available to NHS 111. MB agreed to pass this information onto NHS 111. • Primary care appointments have now increased; taking into account all aspects, primary care is delivering 10 to 20% more appointments than before the pandemic. • It was considered that it will be challenging to meet the targets set as providers across the System are experiencing pressures recruiting. It was asked if there is any evidence that Derbyshire can compete with other Systems to attract the right talent to underpin the recovery, and it was queried what is being done to recruit to services and prevent blockages. MB advised that, from an NHS perspective, the People Plan includes details on the recruitment and retention of staff and rights to work more flexibly, thus strengthening the work/life balance values. • Different ways to achieve goals are being considered, including the use of staffing resources not used before i.e., youth workers as engagement workers. A clear indicator of success is being able to fill the vacancies; a watch needs to be kept on the data coming through. It was noted that student nurse recruitment has increased by a third since the pandemic. • Deep dives have been undertaken by the CCG's Corporate Committees to gain a better knowledge and understand of certain elements i.e., the Derbyshire People Plan and the Mental Health Plan. • The digital approach to communication has resulted in much quicker and easier access to initiatives such as the vaccination programme; the use of social media is an important issue going forward. 	MB
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	<ul style="list-style-type: none"> It was good to see a focus on learning disabilities and autism in the Plan; this will help to support the respective health needs of individuals. <p>The Governing Body NOTED and DISCUSSED the Derby and Derbyshire Integrated Care System's Operational plan for the period April 2021 to September 2021</p>	
GBP/2021/057	<p>Finance Report – Month 1</p> <p>Niki Bridge (NB) provided an update on the Month 1 financial position. The following points of note were made:</p> <ul style="list-style-type: none"> The indicators have not as yet been set for the delegated primary care commissioning allocation; there is currently an adverse variance of £254k however, additional allocations are expected to cover this expenditure. The Month 1 position for the CCG is showing a slight overspend of £162k; however, the position includes £323k relating to expected reclaimable COVID-19 expenditure for the hospital discharge programme. Details of the System's financial position were not included this month; however, it was confirmed that the finances are on track. There is a slight surplus of £100k in the System as at Month 1. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> The reported YTD overspend is £0.162m The position includes Covid costs of £0.323m which are expected to be reimbursed The YTD budget is based on the H1 plan submitted in May 2021 	
GBP/2122/058	<p>Finance Committee Assurance Report – May 2021</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 27th May 2021. The following points of note were made:</p> <ul style="list-style-type: none"> Dr Ruth Cooper has now moved on to chair another clinical committee. As Dr Merryl Watkins has been observing the Finance Committee over the last year, this has been very fortuitous and has proved to be an unintended succession planning move which will address any quoracy issues. The Month 1 accounts demonstrate nothing of concern, however a significant increase in CHC referrals has been seen; the implications of this are being addressed via the good liaison between the finance and nursing teams. BS confirmed that a significant increase in fast track CHC referrals has recently been seen, much higher than pre pandemic levels; this was possibly due to staff wanting to get patients out of hospital quicker. Once fast tracked, patients are reviewed after 3 months; upon review it was considered that some referrals were inappropriate. Training is being given to providers to outline the requirements of fast-tracked referrals and the review process. Action has been taken to respond to the rise in costs and it is not anticipated that this will continue. This assurance was noted. 	

	<ul style="list-style-type: none"> • The Risk Register was reviewed by the Committee and the 2 risks owned by the Finance Committee were considered in detail. In reality, Derbyshire has an underlying deficit which has been masked by the COVID-19 situation; the size and scale of this needs to be addressed by the System as a whole as soon as possible. • The Committee undertook a self-assessment of its own performance based on its Terms of Reference; this was a useful exercise which raised issues around how the Committee reports to itself and to the Governing Body. As a process, this was recommended to all Corporate Committees. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
GBP/2122/059	<p>Audit Committee Assurance Report – May 2021</p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 25th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The work of the Committee over the preceding year was concluded through the Annual Report and Accounts and the Governance Statement, which were all approved under the delegated authority received from the Governing Body. • The Auditors report will be completed by 15th June. No significant risks have been identified. • The reports will be uploaded to the CCG's website for information. • A copy of all the above reports were provided for members in the confidential session papers. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
GBP/2122/060	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – May 2021</p> <p>Professor Ian Shaw (IS) provided an update following the CLCC meeting held on 13th May 2021. The report was taken as read and the following point of note was made:</p> <ul style="list-style-type: none"> • The Committee ratified the amended male breast reduction surgery for gynaecomastia. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
GBP/2122/061	<p>Derbyshire Engagement Committee Assurance Report – May 2021</p> <p>Martin Whittle (MWh) provided an update following the Engagement Committee meeting held on 18th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The final draft of the JUCD Communication and Engagement Strategy for 2021-23 was signed off by the Committee before finalisation by the JUCD Board in May. The purpose of the Strategy is to identify how the 	

	<p>Derbyshire ICS will communicate, engage, consult and co-produce the solutions to its transformation, recovery and other agendas in partnership with the citizens of Derbyshire. It builds on what is already in place and on what needs to do done better in the future, set in the context of the White Paper and COVID-19. The Strategy is flexible, not setting out too many detailed actions which will provide scope for change dependent upon what happens going forward. It will remain a live document with new initiatives added on an ongoing basis.</p> <ul style="list-style-type: none"> • The previous consultation into Wards 1 and 2 at London Road Community Hospital was paused due to the pandemic; however, UHDBFT has an urgent need for clinical capacity and a request has been made to move Ward 1 to Tissington House at Kingsway at short notice in order to free up space. This request has been considered by both Health and Scrutiny Committees, which were supportive. A 60-day consultation to permanently move Ward 1 to Tissington House will be undertaken. The Committee will be kept informed of the situation. • The Committee received the latest log of the completed engagement assessment form (S14Z2) relating to patient and public engagement. The log provided assurance that programmes are now recommencing the assessment process post-pandemic and enabled the Committee to understand the breadth of programmes being assessed and highlight any deep dives that may be required. The log will be reviewed monthly in line with legislation. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
<p>GBP/2122/062</p>	<p>Governance Committee Assurance Report – May 2021</p> <p>Jill Dentith (JD) provided an update following the Governance Committee meeting held on 20th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The following policies were approved: <ul style="list-style-type: none"> • Fraud, Bribery and Corruption Policy • Policy Management Framework • The status of the CCG's recovery and restoration plan was reviewed; the majority of actions are now complete therefore it was agreed that a final review will be undertaken of all open actions to identify their closure or future ownership before embedding them into business as usual. • The Contract Oversight Report was noted, and it was confirmed that the contract requirements for the Data Security and Protection Toolkit have been met. It was noted that the Data Security and Protection Toolkit Audit received substantial assurance. • The Governing Body requested that a Staff Survey Action Plan be developed and reported to the Governance Committee. The outcome of the joint Organisational Effectiveness and Improvement Group (OEIG) and the Diversity and Inclusion Network workshop were noted, and it was agreed that the Action Plan could now be closed. • An update was received on the CCG's apprenticeship scheme with assurance provided that the CCG is working through this and supporting the individuals within it. It was recognised that the NHS is the largest UK employer, which has an excellent reputation with career progression 	

	<p>opportunities; it was enquired what the plan is for the System to further create opportunities for young people and pump prime new talent. It was requested that Linda Garnett, the System's workforce and organisational development lead, be invited to talk to the Governing Body about NHS People and Culture development in Derbyshire.</p> <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
GBP/2122/063	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – May 2021</p> <p>Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting in public held on 26th May 2021. The Terms of Reference were discussed and approved with no amendments, in preparation for presentation to the Governing Body today.</p> <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
GBP/2122/064	<p>Quality and Performance Committee (Q&PC) Assurance Report – May 2021</p> <p>Andrew Middleton (AM) provided an update following the Q&PC meeting held on 27th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The forecast increase in demand for children and adult safeguarding services has now materialised; investment into these areas has helped to provide resilience and capacity to cope with the increased activity. • Increases in 'hear and treat' and 'see and treat' have been an effective way of meeting patients' needs and managing demand by saving conveyancing and hand over time. • The JUCD Operating Framework/Quality Architecture was received, and the Committee was assured that the local architecture will deliver the national requirements for quality and safety. • The Stroke Service Report references the audit rating in stroke services at UHDBFT. This was discussed in full at the meeting and the Committee was assured that the CCG is fully sighted on this matter. BS confirmed that UHDBFT's move from a 'C' to 'D' rating relates to CT scans undertaken upon arrival at the Emergency Department. An onsite visit of the stroke pathway was recently undertaken, where support was offered to help resolve any issues. UHDBFT has now moved back to a 'C' rating however long-term measures will be implemented to further improve the rating. • It was noted that the stroke service at CRHFT has now moved out of escalation with NHSEI. The future configuration of stroke services as a whole is currently being considered regionally, with an ambition for a sustainable stroke service to be procured and delivered on an ICS footprint going forward. <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</p>	

<p>GBP/2122/065</p>	<p>CCG Risk Register – May 2021</p> <p>This report highlights areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 31st May 2021. All risks in the Risk Register are allocated to one of the CCG’s Corporate Committees which reviews them on a monthly basis. Since the last meeting there has been a decrease in score for one risk as detailed below.</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 31st May 2021 • Appendix 2 which summarises the movement of all risks in May 2021 • The decrease in score for one risk: <ul style="list-style-type: none"> ○ Risk 28 relating to the increase in safeguarding referrals 	
<p>GBP/2122/066</p>	<p>LeDeR Annual Report 2021-22</p> <p>BS presented this report which was considered to be a good news story. This programme of work has been invested in and all targets have been achieved. Although all reviews have been allocated, four are still on hold due to coroner or police investigations as a result of the pandemic.</p> <p>The Governing Body NOTED the report for information</p>	
<p>GBP/2122/067</p>	<p>Transforming Care Partnership Report 2021-22</p> <p>BS presented this report. This remains a complex programme of work and the CCG is doing everything possible to ensure delivery for patients</p> <p>The Governing Body NOTED the report for information</p>	
<p>GBP/2122/068</p>	<p>Joined Up Care Derbyshire Board – Ratified Minutes – April 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
<p>GBP/2122/069</p>	<p>Derbyshire County Council Health and Wellbeing Board – Ratified Minutes - April 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
<p>GBP/2122/070</p>	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 24.4.2021 • Engagement Committee – 16.3.2021 • Governance Committee – 11.3.2021 • Primary Care Commissioning Committee – 28.4.2021 • Quality and Performance Committee – 29.4.2021 <p>The Governing Body RECEIVED and NOTED these minutes</p>	

GBP/2122/071	South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – May 2021 The Governing Body RECEIVED and NOTED the report	
GBP/2122/072	Minutes of the Governing Body meeting in public held on 6th May 2021 The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held	
GBP/2122/073	Matters Arising / Action Log There were no outstanding action items for consideration at this meeting.	
GBP/2122/074	Forward Planner Linda Garnett will be invited to the July meeting to discuss the work of the People and Culture Board and the People Plan. A session on the health inequalities strategy was also requested. The Governing Body NOTED the Planner for information	HD
GBP/2122/075	Any Other Business None raised.	
DATE AND TIME OF NEXT MEETING - Thursday 1 st July 2021 – 9.30am to 11.15am via Microsoft Teams		

Signed by:
(Chair)

Dated:

**GOVERNING BODY MEETING IN PUBLIC
ACTION SHEET – June 2021**

Item No.	Item title	Lead	Action Required	Action Implemented	Due Date
2021/22 Actions					
GBP/2122/031	<u>JUCD Board Update – April 2021</u>	Dr Chris Clayton	It was considered that it would be prudent for JUCD to also engage with the CCG's Lay Members, Consideration will be given to the engagement of all Lay Members / Non-executive Directors across the system. CC agreed to pick this up.	In progress	July 2021
GBP/2122/034	<u>South Yorkshire and Bassetlaw (SYB) ICS Development Update</u>	Dr Chris Clayton	CC will take this discussion to the next JUCD Board on 20 th May for further comment and respond on behalf of both organisations. A copy of the response will be shared with Governing Body members.	In progress	July 2021
GBP/2122/054	<u>Joined Up Care Derbyshire Board Update – May 2021</u>	Helen Dillistone	It was requested that a Governing Body Development / Transition Session be planned to ensure that Governing Body members are sufficiently sighted on the measures being taken to address the health inequalities in Derbyshire; Dr Robyn Dewis and Dean Wallace will be requested to provide input into this session.	To be scheduled in for the October Session	October 2021

GBP/2122/ 056	<u>2021/22 Operational Plan</u>	Mick Burrows	The booking of patients by NHS 111 into primary care is not always being used appropriately. Some routine issues are being booked into emergency appointments; this is taking appointments away from someone who may be very unwell and needs to be seen. The option of booking into routine GP appointments is not available to NHS 111.	<p>DHU 111 are not able to book routine appointments into GP practices; it can only book same day appointments. They follow the Pathways algorithm so a same day appointment should only be booked if the outcome suggested this was appropriate. Inappropriate same day bookings have not been highlighted as a problem. If any specific examples could be shared, these will be investigated with DHU.</p> <p>There is currently a pilot taking place in Nottinghamshire for primary care to feed comments / concerns into DHU 111 regarding booked appointments. Once information is available from this the CCG will work with DHU and Nottinghamshire to discuss and agree any necessary actions; this will be shared with other Counties in order that similar processes could be implemented if this was felt appropriate.</p>	Item Complete
GBP/2122/ 074	<u>Forward Planner</u>	Helen Dillistone	Linda Garnett will be invited to a meeting to discuss the work of the People and Culture Board and the People Plan.	Agenda item – scheduled for August 2021	Item Complete

Derby and Derbyshire CCG Governing Body Forward Planner 2020/21

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
WELCOME/ APOLOGIES												
Welcome/ Apologies and Quoracy	X	X	X	X	X	X	X	X	X	X	X	X
Questions from the Public	X	X	X	X	X	X	X	X	X	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	X	X	X	X	X	X	X	X	X
CHAIR AND CHIEF OFFICERS REPORT												
Chair's Report	X	X	X	X	X	X	X	X	X	X	X	X
Chief Executive Officer's Report	X	X	X	X	X	X	X	X	X	X	X	X
FOR DECISION												
Review of Committee Terms of References		X					X					
FOR DISCUSSION												
360 Stakeholder Survey												X
Mental Health Update								X				
CORPORATE ASSURANCE												
Finance and Savings Report	X	X	X	X	X	X	X	X	X	X	X	X
Finance Committee Assurance report	X	X	X	X	X	X	X	X	X	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	X	X	X	X	X	X	X	X	X
Governance Committee Assurance Report <ul style="list-style-type: none"> Business Continuity and EPRR core standards Complaints 	X		X		X		X		X		X	

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
<ul style="list-style-type: none"> Conflicts of Interest Freedom of Information Health & Safety Human Resources Information Governance Procurement 												
Audit Committee Assurance Report	X	X	X				X		X		X	
Engagement Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Clinical and Lay Commissioning Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Primary Care Commissioning Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Risk Register Exception Report	X	X	X	X	X	X	X	X	X	X	X	X
Governing Body Assurance Framework	X	X		X		X		X			X	
Strategic Risks and Strategic Objectives		X		X	X							
Annual Report and Accounts			X			X						
AGM						X						
Audit Committee Annual Report					X							
Joined Up Care Derbyshire Board Update	X		X		X		X		X		X	
FOR INFORMATION												
Director of Public Health Annual Report						X						
Minutes of Corporate Committees												
Audit Committee	X	X	X				X		X		X	
Clinical & Lay Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X
Engagement Committee	X	X	X	X	X	X	X	X		X	X	X
Finance Committee	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee			X		X		X		X		X	
Primary Care Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X
Quality and Performance Committee	X	X	X	X	X	X	X	X	X	X	X	X

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
Minutes of Health and Wellbeing Board Derby City	X		X		X		X		X		X	
Minutes of Health and Wellbeing Board Derbyshire County	X		X		X		X		X		X	
Minutes of Joined Up Care Derbyshire Board	X		X		X		X		X		X	
Minutes of the SY&B JCCCG meetings – public / private	X	X	X	X	X	X	X	X	X	X	X	X
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETNGS												
Minutes of the Governing Body	X	X	X	X	X	X	X	X	X	X	X	X
Matters arising and Action log	X	X	X	X	X	X	X	X	X	X	X	X
Forward Plan	X	X	X	X	X	X	X	X	X	X	X	X
ANY OTHER BUSINESS												