NHS DERBY AND DERBYSHIRE CCG

GOVERNING BODY – MEETING IN PUBLIC

Date & Time: Thursday 3rd March 2022 – 9.30am to 11.00am
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/2122/255	**Welcome, Apologies & Quoracy** Apologies: Andrew Middleton, Brigid Stacey, Dr Bruce Braithwaite	**Verbal**	**Dr Avi Bhatia**	**9.30**
GBP/2122/256	**Questions from members of the public**	**Verbal**	**Dr Avi Bhatia**	
GBP/2122/257	**Declarations of Interest** • Register of Interests • Summary register for recording any conflicts of interests during meetings • Glossary	**Papers**	**Dr Avi Bhatia**	
CHAIR AND CHIEF OFFICER REPORTS				
GBP/2122/258	**Chair's Report**	**Paper**	**Dr Avi Bhatia**	**9.35**
GBP/2122/259	**Chief Executive Officer's Report**	**Paper**	**Dr Chris Clayton**	
FOR DECISION				
GBP/2122/260	**Section 75 arrangements and year end**	**Paper**	**Richard Chapman**	**9.50**
FOR DISCUSSION				
GBP/2122/261	**Strategic update on the new arrangements and policy / legislation update**	**Presentation**	**Dr Chris Clayton / Helen Dillistone**	**10.05**

GBP/2122/262	**JUCD Community Transformation Programme**	**Presentation**	**Kirsty McMillan**	
CORPORATE ASSURANCE				
GBP/2122/263	**Finance Report – Month 10**	**Paper**	**Richard Chapman**	**10.30**
GBP/2122/264	**Finance Committee Assurance Report – February 2022**	**Verbal**	**Martin Whittle**	
GBP/2122/265	**Clinical and Lay Commissioning Committee Assurance Report – February 2022**	**Paper**	**Dr Ruth Cooper**	
GBP/2122/266	**Governance Committee Assurance Report – February 2022**	**Paper**	**Jill Dentith**	
GBP/2122/267	**Primary Care Commissioning Committee Assurance Report – February 2022**	**Paper**	**Professor Ian Shaw**	
GBP/2122/268	**Quality and Performance Committee Assurance Report – February 2022**	**Paper**	**Dr Buk Dhadda**	
GBP/2122/269	**CCG Risk Register – February 2022**	**Paper**	**Helen Dillistone**	
FOR INFORMATION				
GBP/2122/270	**Ratified Minutes of Corporate Committees:** • Governance Committee – 11.11.2021 • Primary Care Commissioning Committee – 26.1.2022 • Quality and Performance Committee – 27.1.2022	**Papers**	**Committee Chairs**	**10.50**
GBP/2122/271	**South Yorkshire and Bassetlaw Integrated Care System CEO Report – February 2022**	**Paper**	**Dr Chris Clayton**	
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/2122/272	**Minutes of the Governing Body Meeting in Public held on 3rd February 2022**	**Paper**	**Dr Avi Bhatia**	**10.55**
GBP/2122/273	**Matters arising from the minutes not elsewhere on agenda:** • Action Log – February 2022	**Paper**	**Dr Avi Bhatia**	
GBP/2122/274	**Forward Planner**	**Paper**	**Dr Avi Bhatia**	

GBP/2122/ 277	**Any Other Business**	**Verbal**	**All**	

Date and Time of Next Meeting – Thursday 7th April 2022 at 9am via MST

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

NHS
Derby and Derbyshire
Clinical Commissioning Group

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

Name	Job Title	Committee Member	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Bhatia, Dr Avi	Clinical Chair	Governing Body	Erewash Place Alliance Group Derbyshire Primary Care Leadership Group Joined Up Care Derbyshire Long Term Conditions Workstream	GP Partner at Moir Medical Centre	✓				2000	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				GP Parter 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 Groupand 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 System Finance and Estates 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 System Finance and Estates 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 Derbyshire Primary Care Leadership Group North East Derbyshire & Bolsover Place Alliance Group GP Workforce Steering Group Alliance for Clinical Transformation Dermatology System EAF Planned Care Delivery Board Enhanced Health in Care Homes Working Group	Locum GP at Staffa Health, Tibshelf	✓				Dec 2020	Ongoing	Declare interests at relevant meetings and Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Shareholder in North Eastern Derbyshire Healthcare Ltd	✓				2015	Ongoing	
				Director of IS and RC Limited, providing medical services to Staffa Health and South Hardwick PCN, which includes the role of clinical lead for the Enhanced Health in Care Homes project	✓				03/02/2021	Ongoing	
				Fundraising Activities through Staffa Health to support Ashgate Hospice and Blythe House			✓		Ongoing	Ongoing	

Dentith, Jill	Lay Member for Governance	Governing Body	Audit Committee Governance Committee Primary Care Commissioning Committee Remuneration Committee System Transition Committee System People and Culture Group	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 08.02.2022	Ongoing 8 April 2021 Ongoing TBC	Declare interests at relevant meetings
Dewis, Dr Robyn	Director of Public Health, Derby City Council	Governing Body	Clinical & Lay Commissioning Committee Clinical Policy Advisory Group Joint Area Prescribing Committee Conditions Specific Delivery Board CVD Delivery Group Derbyshire Place Board Derby City Place Alliance Group Respiratory Delivery Group	Nil							No action required
Dhadda, Dr Bukhtawar S	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee System Finance and Estates Committee Quality & Performance Committee UHDB Clinical Quality Review Group Clinical Policy Advisory Group	GP Partner at Swadlincote Surgery	✓				2015	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
Dillistone, Helen	Executive Director of Corporate Strategy & Delivery	Governing Body	Engagement Committee Governance Committee	Nil							No action required
Gibbard, Ian	Lay Member for Audit	Governing Body	Audit Committee Clinical & Lay Commissioning Committee System Finance and Estates Committee Governance Committee Remuneration Committee Individual Funding Requests Panel	Nil							No action required
Jones, Zara	Executive Director of Commissioning & Operations	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board	Nil							No action required
Lloyd, Dr Steven	Medical Director	Governing Body	CVD Delivery Group Clinical & Lay Commissioning Committee Joined Up Care Derbyshire Long Term Conditions CRHFT Contract Management Board 999 Quality Assurance Group Derbyshire Prescribing Group Derbyshire System Flu Planning Cell System Finance and Estates Committee Primary Care Commissioning Committee Quality & Performance Committee GP Information Governance Assurance Forum Primary & Community Collaborative Delivery Board Information Governance Assurance Forum	Salaried sessions at Eyam Surgery Shareholder in premises of Emmett Carr Surgery, Renishaw	✓ ✓	✓			Oct 2021 Ongoing	Ongoing Ongoing	Declare interests at relevant meetings
McCandlish, Simon	Lay Member for Patient and Public Involvement	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Quality & Performance Committee Commissioning for Individuals Panel (Shared Chair)	Nil							No action required
Middleton, Andrew	Lay Member for Finance	Governing Body	Audit Committee System Finance and Estates 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 Independent Non-Executive Director for Finance and Governance for Barnsley Healthcare Federation	✓ ✓ ✓ ✓				Jan 2017 May 2013 Mar 2020 Aug 2021	Mar 2023 Ongoing Mar 2023 Jul 2022	Declare interests at relevant meetings Will not sit on any case which has knowledge of the GP or their practice, or a consultant at Leicester
Pizzey, Dr Emma	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee Erewash Place Alliance Group	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 System Finance and Estates Committee Primary Care Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board CRHFT Clinical Quality Review Group UHDB Contract Management Board UHDB Clinical Quality Review Group EMAS Quality Assurance Group Maternity Transformation Board (Chair)	Daughter is employed as a midwifery support worker at Burton Hospital				✓	Aug 2019	Ongoing	Declare interest at relevant meetings
Strachan, Dr Alexander Gregory	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee CRHFT Clinical Quality Review Group	GP Partner at Killamarsh Medical Practice Member of North East Derbyshire Federation Adult and Children Safeguarding Lead at Killamarsh Medical Practice Member of North East Derbyshire Primary Care Network Director of Killamarsh Pharmacy LLP - I do not run the pharmacy business, but rent out the building to a pharmacist Involvement with INR service	✓ ✓ ✓	 ✓ ✓		 ✓	2009 2016 2009 18 Mar 2020 2015 1 Apr 2021	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair INR service interest is to be noted at Governance Committee due to the procurement highlight report, which refers to, for information only, the INR service reprocurement. No further action is necessary as no decisions will be made at this meeting and the information provided does not cause a conflict.
Wallace, Dean	Director of Public Health, Derbyshire County Council	Governing Body	Derbyshire Place Board	Nil							No action required
Watkins, Dr Merryl	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee	GP Partner at Vernon Street Medical Centre Husband is Anaesthetic and Chronic Pain Consultant at Royal Derby Hospital	✓			 ✓	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 System Finance and Estates Committee Governance Committee Quality & Performance Committee Remuneration Committee	Remunerated role of Chair of the Independent Gynae Review Panel relating to activities at UHDBFT	✓				13 December 2021	Ongoing	Declare interest if relevant

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

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

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

Abbreviations & Glossary of Terms

A&E	Accident and Emergency	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

3rd March 2022

Item No: 258

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

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

Recommendations

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

Report Summary

We saw some significant changes for Covid-19 during February with the announcement on the lifting of restrictions as part of the Government plan for Living With Covid. Headline changes include the removal of the legal requirement to self-isolate after a positive Covid test in England and the end of self-isolation payments from Thursday 24th February 2022. Free Covid testing will end for the general public in England from 1st April 2022.

We are currently working to understand the projected impact of these changes so that we can offer the most current information and advice to our public, patients and staff. This includes working through the detail of the other changes announced last week, for example, the continuation of free tests for symptomatic people in the oldest age groups and those who are most vulnerable. The additional booster dose to be offered to the over-75 and most vulnerable over-12s in spring is also a positive development. NHS patient and visitor guidance remains in place for now pending a review across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. This means that staff, patients and visitors will be expected to continue to follow social distancing rules when visiting any care setting as well as using masks or face coverings and other personal protection equipment.

The science continues to say that new variants of Covid-19 are a strong possibility and that they will potentially be different and not as mild as Omicron. It is therefore reassuring that there are plans in place to continue monitoring via the Office for National Statistics Infection Survey and also via surveillance at local levels. The ability to ramp testing back up quickly is another important factor which was also referenced in the announcement. From a local system perspective, we are further developing our long term Covid response strategy for Derby and Derbyshire in response to the changes and will be sharing this in due course.

In the meantime, I am pleased to report that our local vaccination programme is still working well. We are strongly encouraging people to take up the vaccination offer and are still seeing people coming forward for their first, second and booster doses. Vaccinations for 12-15 year olds and the immuno-suppressed 5-11s are underway with vaccinations for all 5-11 year olds planned from April. The roving vaccination service continues to visit sites seven days a week across the county as part of our aim to reach all our communities and to offer an easily accessible option to be vaccinated.

Throughout the Covid pandemic we have continued to focus on next steps and the Government recently set out a plan to address backlogs built up during the Covid pandemic. The aim is to tackle long waits for care through increased capacity for tests, checks and treatments. NHS Chief Executive Amanda Pritchard and Health and Social Care Secretary Sajid Javid announced a programme of community diagnostic centres as part of the new elective care recovery plan, and we are anticipating this will include locations in Derbyshire. The COVID Backlog Recovery Plan also outlines greater patient control over their own health and greater choice of where to get care.

Our teams have been working very hard across Derbyshire to minimise cancellations of appointments over the last two years and to ensure we continue to provide surgical and diagnostic support to those patients who are in greatest need. It is vitally important that we are now able to put in place a comprehensive recovery plan that balances the needs of those patients who have waited the longest with patients who need care for very serious health conditions and we are currently reviewing this plan in our Derbyshire context.

Alongside this, supporting more people at home rather than in hospital is key to overcoming some of the challenges we face around capacity, particularly as we emerge from the impact of the Omicron variant of Covid-19. The evolving Team Up model creates an alternative community offer for our citizens. This model aims to make better use of staffing and physical resources and to move away from a high reliance on bedded care. It is reassuring to see our aspirations for integration reflected in the Integration White Paper, published recently.

In closing I would like to once again recognise the amazing work that colleagues across our health and care system continue to deliver despite the myriad of challenges they face on a daily basis. Whether on the frontline and caring for patients, or in support roles to facilitate service delivery, we constantly see colleagues giving their all and more to ensure that our patients receive the best care we can offer. I am incredibly optimistic for the future of health and care in Derby and Derbyshire and we have proven time and time and again and in so many ways that we will rise to the challenges we face.

Thank you.

Dr Avi Bhatia
Clinical Chair and CPRG Co-Chair

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

None

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

Governing Body Meeting in Public

3rd March 2022

Item No: 259

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

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

Recommendations

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

Report Summary

The month of February saw us continue with our response to the latest challenges of Covid-19 alongside our expected winter pressures and work to recover planned care activity. Despite the additional pressures that Covid, winter and recovery continue to bring, colleagues across the system are relentless in their drive to overcome these challenges and to deliver outstanding care for our patients. As the month closed, we were starting to see some of the pressures easing slightly resulting in some improvements in system performance, but we know we still have some major challenges ahead.

At around this time last year I reported on the tremendous cross system effort to mitigate the impact of the heavy snowfall and associated weather issues to ensure that this did not slow or halt our vaccination programme. This February we saw high winds and flooding, particularly in the north of the county and the A6 corridor but also in Derby and other areas of the county. I would again like to acknowledge the resilience and determination of our system partners and colleagues that has seen us continue to deliver in the most challenging circumstances.

Last month I reported that we were preparing to announce details of four recently appointed Non-Executive Members Designate for the Integrated Care Board (ICB). We have now made the announcement and I am delighted to formally offer them all a warm welcome as we move towards the next step of our journey to the ICB. All four colleagues are local and will be using the significant experience gained in their individual fields of expertise to help shape the long-term plan for the local NHS. In terms of people and portfolios, Sue Sunderland will Chair the ICB's Audit and Governance Committee, and Julian Corner will Chair the Strategic Population Health & Commissioning Committee plus the Public Partnership Committee. Richard Wright will Chair the ICB's Finance and Estates Committee, and Margaret Gildea will Chair the Remuneration & Appointments Committee plus the People & Culture Committee. Recruitment for a fifth Non-Executive Member role is underway and the successful candidate will Chair the Quality and Performance Committee.

These roles and their portfolios are fundamentally important to the ICB and I look forward to us working closely together to achieve a smooth transition on 1st July 2022 as the first major step in transforming healthcare for Derby and Derbyshire. Towards the end of February, we interviewed for the Executive Director positions for the ICB and hope to make an announcement on these roles imminently.

The inaugural meeting of the Derby and Derbyshire Integrated Care Partnership (ICP) is an important milestone in our developmental journey during 2022 as we seek to fully understand the role of the ICP in Derby and Derbyshire, alongside our Health and Wellbeing Boards and other statutory groups. We will spend the spring and summer working this through with all partners, with a principle focus on health, public health and social care, developing the Integrated Care Strategy and outlining the scope of the ICP's agenda for September 2022 onwards.

In other news we are one of the six ICS systems nationally to be identified for a boundary change. In summer 2021, the government announced that responsibility for Glossop healthcare services should not move into the Greater Manchester ICS but instead move to the Derby and Derbyshire ICS to enable closer joint working. Since then, we have been working to keep Glossop residents informed and also to listen to their questions and concerns. We recently held the first of a series of listening events which included a brief update from senior leaders from Derby and Derbyshire CCG, Tameside and Glossop CCG, Derbyshire County Council and the Glossop Primary Care Network. The majority of the event was based upon an open forum and a Q&A session as we were very keen to hear "what matters most" to Glossop residents.

These are exceptionally busy and challenging but also exciting times. Preparations for the formal transition to becoming an ICS have been underway for some time and we are now seeing tangible developments with our ICB and ICP. As we approach the time when we will start to operate in shadow form, it is important that we constantly review our objectives and milestones to ensure that we are on target. I am pleased to say that we are on schedule and that this is due in no small way to the strength of the Derby and Derbyshire system partnerships that were already in place at the start of our journey. These have provided a strong platform for us to build upon and will stand us in great stead as we move to the next phase, and I look forward to seeing our ambitions continue to become a reality over the coming weeks and months.

Dr Chris Clayton - Accountable Officer and Chief Executive

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

Meeting and purpose	Attended by	Frequency
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

LRF/Derbyshire MPs	Members and MPs	Monthly
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
Clinical & Professional Reference Group	CCG/System	Ad Hoc
Regional Covid Vaccination Update	CCG/System/NHSE	Weekly
Gold Command Vaccine Update	CG/DCHS	Ad Hoc
System Transition Assurance Sub-Committee	CCG/System	Monthly
East Midlands ICS Commissioning Board	Regional AOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance & Estates Sub Committee	NHS/System CEOs	Monthly
JUCD Development Session	CCG/System	Ad Hoc
ICS Shared Services Workshop	Regional AOs/NHSE	Ad Hoc
Advisory System Remuneration and Appointments Committee	System/CCG	Ad Hoc
JUCD Executive Leadership Programme (Cohort 1 - Workshop 2)	System/CCG	Ad Hoc
Derby and Derbyshire Integrated Care Partnership (ICP) - Inaugural Meeting	System	
Creating Derbyshire's Integrated Care Board & Integrated Care Partnership Workshop	System/CCG	Ad Hoc
Derby & Derbyshire Oversight Arrangements	NHSE/CCG	Ad Hoc
Strategic Intent Executive Group	CCG/System	Monthly

3.0 National developments, research and reports

3.1 NHS publishes electives recovery plan to boost capacity and give power to patients

The NHS and government have set out a blueprint to address backlogs built up during the COVID pandemic and tackle long waits for care with a massive expansion in capacity for tests, checks and treatments. NHS chief executive Amanda Pritchard and Health and Social Care Secretary Sajid Javid announced that the health service will build dozens more community diagnostic centres as part of the new elective care recovery plan. The 'Delivery plan for tackling the COVID-19 backlog of elective care' will also give patients greater control over their own health and offer greater choice of where to get care if they are waiting too long for treatment.

3.2 NHS-launches new-gambling addiction clinics to meet record demand

Two new gambling clinics will open in England this year to address record demand for specialist support for gambling addiction. The two new clinics, based in Southampton and Stoke-On-Trent, will open from May and mean there will be seven specialist clinics in place across England. The other five NHS gambling addiction clinics in London, Leeds, Manchester, Sunderland and a national children and young person's pilot clinic will inform the rollout of further gambling clinics when the services are evaluated later this year.

3.3 Widespread support for proposed NHS mental health access standards for patients

The NHS has set out new ambitions for patients to have timely access to community mental healthcare, following a consultation on proposed new standards, as it faces record demand following the pandemic.

3.4 Health and Care Bill: joint parliamentary briefing

This joint briefing from the Kings Fund, NHS Confederation and NHS Providers covers concerns about the erosion of NHS independence as a result of the Health and Care Bill. This briefing covers two specific aspects of the Health and Care Bill and amendments they believe would better ensure people across the country have access to the best possible care in their local community. Read the full briefing here.

3.5 NHS launches lifesaving campaign to tackle heart attack myths

The NHS has launched a new lifesaving campaign to encourage people to dial 999 when they are having early signs of a heart attack. Backed by celebrities including One Foot in the Grave actor Richard Wilson and Sky Sports presenter 'Tubes' – the campaign will tackle a number of common heart attack myths.

3.6 First young children now taking life changing cystic fibrosis treatment on NHS

One of the first children to receive the game-changing cystic fibrosis treatment, Kaftrio, on the NHS has told how she felt better within hours. Seven-year-old Kate Farrer started taking revolutionary drug on Sunday, and her family say she started to feel an improvement just three hours later.

4.0 Local developments

4.1 Mobile vaccination service

The Covid -19 flexible vaccination service continues to perform well through reaching into our communities to support people who have not yet been vaccinated. We are working with system partners to provide accessible locations which is a vital part of the programme. This is in conjunction with a joint approach to promoting the service via shared channels and colleagues working to engage with public and patients at each location. This joined up approach is resulting in people who may previously have been hesitant or unable to find time to make an appointment coming forward for their first, second or booster vaccinations. You can see the recent Radio Derby coverage here

4.2 What is being done to tackle the waiting list in Derbyshire?

The COVID-19 pandemic has seen the number of patients on Derbyshire's waiting lists for NHS operations and other treatments increase. In June 2021 there were 84,427 patients waiting for treatment, compared to 62,899 in June 2019. With waiting lists having increased by 20,289 since September 2020, NHS staff are continuing to strive to return to pre-pandemic levels as soon as possible. You can watch this video to find out more about what is being done to tackle the waiting list in Derbyshire.

4.3 Vaccinating 5-11 year olds who are at risk

We are keen to boost take up for this group of patients and keen to convey the importance of getting the COVID-19 vaccination to those at risk in this age group. The vaccination will:

- Help to prevent the risk of serious illness and hospitalisation.
- Help to protect those around them including families and friends.
- Help them not to miss out on things like school and seeing friends as well as family activities if they became ill.

Any support you can offer in sharing these messages would be appreciated and you can find more information here.

Vaccinations for all 5-11 year olds is planned to commence in early April 2022

Click here for other important vaccination programme updates.

4.4 Key health messages and positive health behaviours

Colleagues in Derbyshire have rounded up some of the best resources produced by Public Health England and the NHS to make it easier for partners to support important winter health messages and promote positive health behaviours.

4.5 Latest vaccination statistics

NHS England and Improvement publishes data on the vaccination programme at system level here.

4.6 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

3rd March 2022

Item No: 260

Report Title	Section 75 arrangements and yearend
Author(s)	Dave Stevens, Assistant CFO Richard Chapman, CFO Kate Brown, Director of Joint Commissioning and Community Development Kirsty McMillan, Director – Integration & Direct Services, Derby City Council Gemma Poulter, Assistant Director – Commissioning, Safeguarding, Quality & Performance, Derbyshire County Council
Sponsor (Director)	Richard Chapman, Chief Finance Officer

Paper for:	**Decision**	x	**Assurance**		**Discussion**		**Information**	

Recommendations

The Governing Body is requested to **APPROVE** a proposed non-recurrent increase in the NHS contribution to the Derbyshire County Better Care Fund for 2021/22, recognising that this action will free up £10m of Derbyshire County Council reserves, which will be utilised in future years to create a jointly-controlled "Community Future Fund" to accelerate the delivery of community transformation.

Report Summary

The report summarises the likely year-end financial position for the CCG and system. It is likely that the system's surplus will be in the range £10m to £20m in the absence of further action by the CCG and system partners.

This surplus would effectively be lost to the system in the event of no further action; although it would pay down historically accumulated debt, there is no indication that such a pay down is required under national guidance, and there is no beneficial revenue impact to the system of such paydown of the CCG's debt.

The paper describes a proposal for the joint control of the Community Future Fund through the Integrated Place Executive in the ICS.

Although commitment decisions are not defined at this point, the paper also describes the shared nature of the fund and the joint system mechanism by which those decisions will be made.

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

£10m additional non-recurrent contribution from DDCCG in 2021/22.

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 identified
Governing Body Assurance Framework
The proposal identifies and attempts to mitigate Risks 1 and 33 on the GB Risk Register, that: *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.* and *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.*
Identification of Key Risks
Noted as above

Background

As reported previously to the Joined Up Care Derbyshire System Finance and Estates Subcommittee, the Derbyshire System has worked together to plan and submit a balanced 2021/22 financial plan. This comprised of a System H2 Finance Planning submission and 5 individual Provider submissions aligned to the system H2 Plan.

Through joint system working, the H2 financial gap has been closed and the latest 2021/22 Risk Adjusted Forecast Outturn (RAFOT) range is between £10m and £20m non-recurrent surplus; most of which sits with the CCG. If the CCG delivers a surplus, there is a risk that the benefit would be lost to the system.

The future transformation challenge is not insignificant and system partners have been working together to identify the changes required to positively impact on system value.

Proposal

The CCG is part of the Derbyshire County Better Care Fund Section 75 agreement, which allows the pooling of resources to deliver outcomes across health and social care. There are two elements; the first supports some existing contractual agreements with services commissioned by the CCG and the second is supporting services commissioned by Derbyshire County Council. The agreement is governed through the Better Care Fund Partnership Board, which oversees compliance with national guidance, performance against metrics and finance.

The CCG's contribution to the services commissioned by the Council does not cover the full cost of delivering those services. Within the overall funding envelope of the Better Care Fund, there is scope to vary contributions between partners, as necessary. It is proposed that the CCG increases its contribution in 2021/22 non-recurrently by £10m and the Council non-recurrently reduces its contribution by the same amount – for services delivered this year. This will have no impact on the delivery of the Better Care Fund aims and objectives in 2021/22.

In taking this course of action, Derbyshire County Council will be able to free up £10m of its reserves, which will be utilised in future years to create a jointly controlled "Community Future Fund" to accelerate delivery of community transformation.

In accounting terms, the proposal will enact an adjustment in the balance of funding between NHS and Local Authority for services provided in the current financial year. This proposal will be discussed and agreed with External Auditors before it is enacted.

Community Transformation

The case for change is that:

- There are major capacity gaps in certain sectors – e.g. social care and general practice - with no real shift in capacity being created
- Changing demography and the ageing population requires more solutions to be delivered within and by communities and individuals themselves

- Health inequalities continue to drive demand for health and care and the current model cannot be sustained
- High levels of ‘failure’ demand at acute and crisis access points
- Discharge pathways and community-based access points pathways have become overwhelmed and outcomes for patients impacted.

A refreshed/reorientated/refocussed community transformation programme should focus on improving the health and wellbeing of the older person (and key sub-population cohorts therein) living in Derby and Derbyshire.

Work has been undertaken to synthesise a range of improvement frameworks (international, national and local), to produce one overarching version, which we propose will guide our planning and delivery works in relation to improving the health and wellbeing of the older person. This will see us aiming to achieve 3 broad impacts (improved health and wellbeing, enhanced quality of care, value and sustainability) to align the focus of all existing (and new) programmes of work and employing 10 sentinel outcome measures, which will allow us to understand whether the community transformation programme is generating these impacts for the older population.

Oversight and governance

Although the specific commitments of the Community Future fund are not at this point defined, the system will work to a principle that the fund will be utilised to advance the joint strategic and operational objectives of the ICS as those objectives are developed on an ongoing basis.

The adjustment to the current year BCF contribution balance will be dependent upon an MOU which commits DCC to commit the increased sum to the Community Future Fund in the 2022/23 financial year.

The fund will be jointly controlled via a new Section 75 agreement to be drawn up and entered into by DCC, Derby City Council and the ICB.

Governing Body Meeting in Public

3rd March 2022

Item No: 263

Report Title	Finance Report – Month 10
Author(s)	Georgina Mills, Senior Finance Manager
Sponsor (Director)	Richard Chapman, Chief Finance Officer

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	

Recommendations

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

- Allocations have been received for the full year at £2.097bn
- The YTD reported underspend at month 10 is £0.140m
- Retrospective allocations received for half 1 Covid spend on the Hospital Discharge Programme and vaccination inequalities were £5.498m; further funding is expected of £3.057m relating to month 7 to 10.
- Additional anticipated funding include:
    - Elective Recovery Fund reimbursed £0.713m for April to January with an additional £0.107m received for month 10-11; the expectation is this will be returned to NHSE as we do not anticipate the activity
    - Winter Access fund £0.248m YTD and forecast to spend and reimbursed £2.471m
    - Additional Roles Reimbursement Scheme £0.235m YTD and forecast to spend and receive £5.759m
- The year-end position is forecast at £0.468m underspent.

Report Summary

The report describes the month 10 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
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 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 10, January 2022

NHS
Derby and Derbyshire
Clinical Commissioning Group

Statutory Duty/ Performance	Target	Result	Achieved	Key	Comments/Trends
Achievement of expenditure to plan	£1747.229m	£1750.629m		Green <1%, Amber 1-5% Red >5%	Expected reimbursements of £3.057m for Covid, £0.248m for Winter Access Funding (WAF) and £0.235m for Additional Roles Reimbursement Scheme (ARRS) resulting in a YTD favourable variance of £0.140m.
Remain within the Delegated Primary Care Co-Commissioning Allocation	£134.135m	£134.606m		Green <1%, Amber 1-5% Red >5%	Primary Care Co-Commissioning YTD is showing as £0.471m overspent against plan. Expenditure of £0.248m has been incurred for WAF and £0.235m for ARRS, these costs are expected to be funded.
Remain within the Running Cost Allowance	£16.514m	£15.308m		Green <1%, Amber 1-5% Red >5%	Running costs are £1.206m underspent against plan. This is attributed to pay underspends due to staff vacancies.
Remain within cash limit	Greatest of 1.25% of drawdown or £0.25m	0.59%		Green <1.25%, Amber 1.25-5% Red >5%	Closing cash balance of £0.987m against drawdown of £166.5m.
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8		Green 8/8 Amber 7/8 Red <6/8	In month and YTD payments of over 98% for invoices categorised as NHS and non NHS assessed on value and volume.

Operating Cost Statement For the Period Ending: January 2022

	Year to Date				Budget and Forecast as at Month 10			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget	Annual Budget	Annual 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	921,707	916,199	5,507	0.60	1,105,531	1,098,301	7,230	0.65
Mental Health Services	199,306	196,075	3,231	1.62	241,223	238,531	2,692	1.12
Community Health Services	132,892	135,296	(2,404)	(1.81)	158,834	162,575	(3,741)	(2.36)
Continuing Health Care	91,182	92,263	(1,080)	(1.18)	108,630	112,711	(4,081)	(3.76)
Primary Care Services	177,458	178,202	(744)	(0.42)	212,063	212,969	(906)	(0.43)
Primary Care Co-Commissioning	134,135	134,606	(471)	(0.35)	160,633	168,861	(8,228)	(5.12)
Other Programme Services	70,070	81,189	(11,118)	(15.87)	81,855	92,996	(11,141)	(13.61)
Total Programme Resources	**1,726,751**	**1,733,831**	**(7,080)**	**(0.41)**	**2,068,768**	**2,086,943**	**(18,175)**	**(0.88)**
Running Costs	16,514	15,308	1,206	7.30	19,950	18,957	993	4.98
Total before Planned Deficit	**1,743,265**	**1,749,138**	**(5,874)**	(0.34)	**2,088,719**	**2,105,900**	**(17,181)**	(0.82)
In-Year Allocations	184	184	0	0.00	4,715	4,715	0	0.00
In-Year 0.5% Risk Contingency	4,244	1,307	2,937	69.20	4,244	0	4,244	100.00
In year Planned Deficit (Control Total)	(464)	0	(464)	100.00	(696)	0	(696)	100.00
Total Incl Covid Costs	**1,747,229**	**1,750,629**	**(3,401)**	(0.21)	**2,096,982**	**2,110,615**	**(13,633)**	(0.65)
Expected Covid Reimbursement in Future Months	**5,498**	**8,555**	**(3,057)**		**5,498**	**11,476**	**(5,978)**	
Expected Elective Recovery Fund Allocation	**713**	**713**	**0**		**820**	**713**	**107**	
WAF Reimbursement	**1,869**	**2,117**	**(248)**		**1,869**	**4,340**	**(2,471)**	
ARRS Funding Above Baseline	**7,226**	**7,461**	**(235)**		**7,226**	**12,985**	**(5,759)**	
Total Reduced for Reclaimable Covid Costs, ERF and ARRS	**1,731,923**	**1,731,783**	**140**	0.01	**2,081,569**	**2,081,101**	**468**	0.02

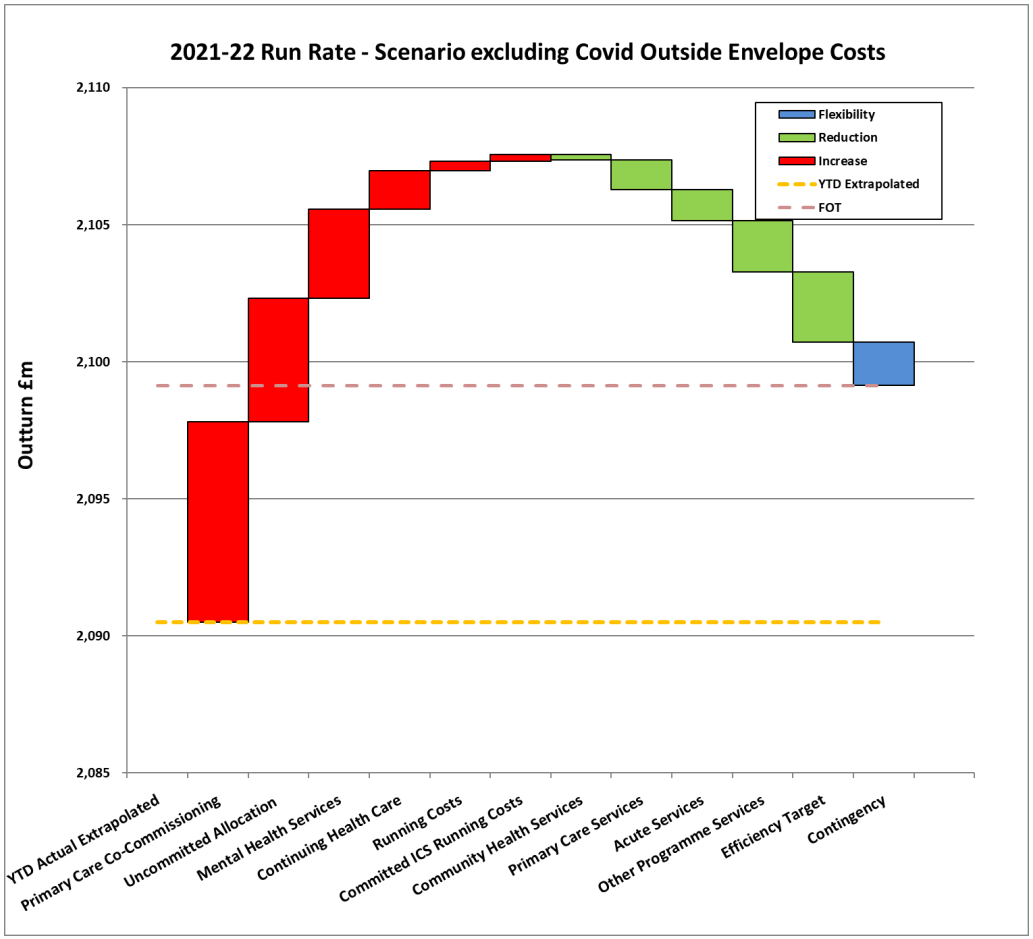
The reported position at month 10 is an underspend of £0.140m and favourable FOT underspend of £0.468m. A balance sheet review has been undertaken challenging prior year accruals that are still held. Some of these have now been released which has supported an increased non-recurrent contribution to BCF in month 10. This has resulted in the £6.403m FOT surplus at M9 reducing to an FOT surplus of £0.468m at M10.

This position includes an expected reimbursement of £3.057m YTD and £5.978m FOT relating to Covid expenditure for the Hospital Discharge and Vaccine Inequalities Programmes. Allocations totalling £5.498m for out of envelope covid expenditure have been received relating to quarters 1 and 2. Quarter 3 funding is anticipated to be received in month 11.

The Primary Care Co-Commissioning position shows an YTD overspend of £0.471m and £8.228m forecast overspend. This includes expenditure of £5.759m relating to Additional Roles Reimbursement Scheme (ARRS) and £2.471m for Winter Access Funding (WAF). Costs are above the baseline funding received and both amounts are expected to be funded.

The CCG has released £2.937m of the H1 £4.244m contingency into the month 10 position.

Run Rate based on Year to Date Expenditure

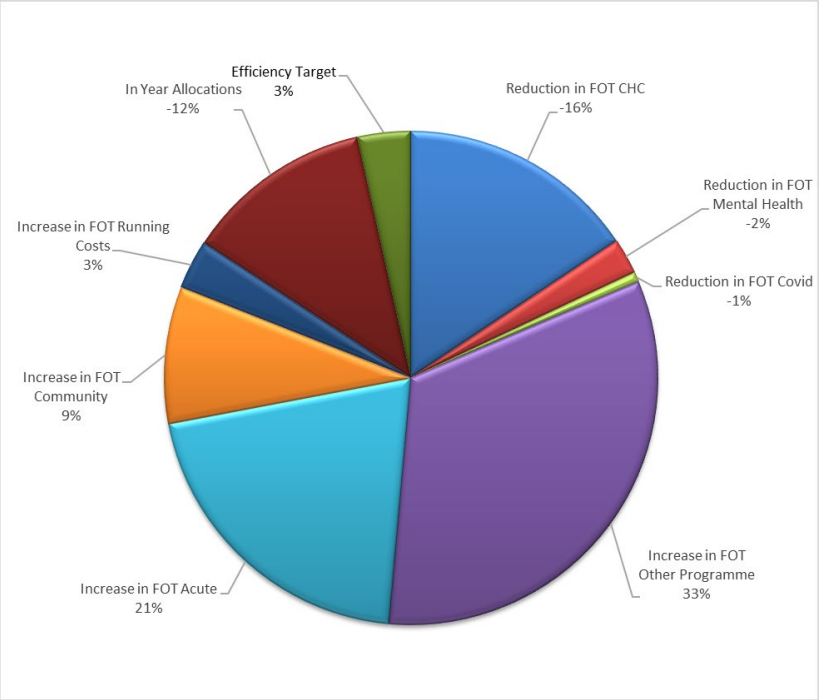


£8.651m variation between the position to date continuing at its current rate and the forecast outturn for the full financial year.

- **PC Co-Commissioning** – Costs relating to ARRS and Winter Access Funds allocations expected to be spent later in the year and reimbursed in full.
- **Uncommitted Allocations –** Allocations received still awaiting distribution to areas forecast to be spent.
- **Mental Health Services** – Complex care costs in CAMHS and Learning Disabilities, MHIS Investments growth due to increased allocations in H2 and increased activity for Improving Access to Psychology Therapies.
- **Continuing Health Care** –Differences relating to caseload phasing, additional Personal Health Budget costs expected later in the year and an in month release of prior year accruals.
- **Running Costs** – Vacancies expected to be filled reducing underspends on pay costs.
- **ICS Set up Costs –** One off expected expenditure identified in H1.
- **Community Health Services** – Reduction in costs with transfer of ophthalmology providers to acute services and spend on non NHS community care providers, offset by an increase in costs expected for Ripley Surge Ward.
- **Primary Care Services** – Changes to Enhanced Services during the year, prescribing costs based on historic trends and Covid costs incurred in H1 only.
- **Acute Services** – ERF allocations received in H1 and paid to NHS providers off set by an increase in EMAS support fund and independent sector providers with increased activity.
- **Other Programme Services** – Non recurrent contribution to Better Care Fund timing of payments and savings achieved in H1.
- **Efficiency Target –** Efficiencies expected to be achieved in H2.
- **Contingency –** Balance of H1 contingency funding to be utilised in H2.

Main Changes in Forecast Outturn – Month 9 to Month 10

		£m	£m
Month 9 Annual Forecast Outturn			2,099.6
Reduction in FOT	CHC	(4.5)	
	Mental Health	(0.7)	
	Covid	(0.2)	
Increase in FOT	Other Programme	9.4	
	Acute	5.9	
	Community	2.6	
	Running Costs	0.9	
In Year Allocations		(3.5)	
Efficiency Target		1.0	
Total Movement			11.0
Month 10 Annual Forecast Outturn			2,110.6



- **Acute –**EMAS support fund payment and the passthrough of allocations to CRH and UHDB. In addition to provision to tackle the backlog of independent sector activity.
- **Community – Additional** Domiciliary Care payments and Ripley Surge Ward expected costs.
- **Running Costs –** Funded pension uplift of 6.3%
- **In Year Allocations –** Non-recurrent allocations received in month 10 awaiting distribution to areas.
- **Efficiency Target** – Efficiency savings expected to be made by end of financial year.

Governing Body Meeting in Public

3rd March 2022

Item No: 265

Report Title	Clinical and Lay Commissioning Committee Assurance Report – February 2022
Author(s)	Zara Jones, Executive Director of Commissioning Operations
Sponsor (Director)	Zara Jones, Executive Director of Commissioning Operations

Paper for:	**Decision**	x	**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair				Dr Ruth Cooper – CLCC Chair				
Which committee has the subject matter been through?				CLCC – 10.2.2022				

Recommendations

The Governing Body is requested to **RATIFY** the decisions made by the Clinical and Lay Commissioning Committee (CLCC) on the 10th February 2022.

Report Summary

CLC/2122/193 GBAF Risk 3

The CLCC was requested to:

- **DISCUSS** and **REVIEW** for February 2022 the Quarter 4 (January to March) Governing Body Assurance Framework Strategic Risk 3 owned by the Clinical and Lay Commissioning Committee
- **REVIEW** and **UPDATE** any further mitigating actions and assurances
- **REVIEW** and **UPDATE** the current risk score

The CLCC reviewed and NOTED GBAF Risk 3. The Committee agreed there were no amendments required to the risk.

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

3rd March 2022

Item No: 266

Report Title	Governance Committee Assurance Report – February 2022
Author(s)	Frances Palmer, Corporate Governance Manager Suzanne Pickering, Head of Governance
Sponsor (Director)	Jill Dentith, Governance Lay Member & Chair of Governance Committee

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair					Jill Dentith, Governance Lay Member and Chair of Governance Committee			
Which committee has the subject matter been through?					Governance Committee – 10.2.2022			

Recommendations

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

Report Summary

This report provides the Governing Body with highlights from the 10th February 2022 meeting of the Governance Committee. This report provides a brief summary of the items transacted for assurance.

Derby and Derbyshire CCG Procurement Highlight Report

The Governance Committee RECEIVED and NOTED the highlight report for Derby and Derbyshire CCG. The Committee REVIEWED the key issues and activities over the current period.

Corporate Governance Policies for Approval

Health and Safety Policy

The Committee APPROVED the Health and Safety Policy, noting the annual review and that there were no material changes to the policy.

Ratification of virtual approval decisions during December 2021 and January 2022

The Committee FORMALLY RATIFIED the decisions made by the Committee virtually during December 2021 and January 2022.

Procurement Decisions in ICS Transition

The Committee RECEIVED the Procurement Decisions in ICS Transition report, which details how conflicts of interest are being managed in decision making at system-level meetings.

Contract Oversight Group Update

The Committee NOTED the verbal update and the progress being made.

CCG Estates update

The Committee NOTED the verbal update and the return to the amber status of the CCG Hybrid Working model. The Committee felt it was important to have clear communications with staff regarding the policy and how the organisation will support staff when working towards the green status of the working model. The Committee also discussed the NHS Property Services Leases for Cardinal Square and the Terms of Occupation for both sites.

Freedom of Information Act – Quarterly Performance Report for Quarter 3: October - December 2021

The Committee RECEIVED the quarterly report on the CCG's performance in meeting their statutory duties in responding to requests made under the Freedom of Information Act.

The Committee NOTED that two requests exceeded the statutory deadline of 20 working days during the quarter. The Committee were ASSURED that learning has been undertaken and steps have been included to the FOI process to ensure that this does not happen again. The Committee also noted that apologies had been given to those who had requested the information.

Complaints Report Quarter 3 October to December 2021

The Committee NOTED the Complaints Report for Quarter 3 which did not flag any outliers.

Policies for Derby and Derbyshire ICB Establishment

The Committee NOTED and GAINED ASSURANCE on the recommended mandatory and essential policies for the Integrated Care Board (ICB) establishment. The Committee also NOTED the forward plan to manage the transition of all other CCG policies to ICB policies. Draft policies will be submitted to NHSEI as part of the Due Diligence process. Policies will be presented for approval by ICB shadow committees ahead of the planned ICB establishment on 1st July 2022.

Business Continuity, Emergency Planning Resilience and Response

The Committee NOTED the contents of the report for information and assurance. The Derbyshire Local Health Resilience Partnership agreed on 30th November 2021 that the overall level of compliance for the EPRR National Core Standards Self-Assessment and Confirm and Challenge across Derbyshire has been set at substantial. This is in line with the CCG's self-assessment reported to the November 2021 Governance Committee.

Health & Safety Report

The Committee RECEIVED ASSURANCE that the CCG is coordinating work to meet its health and safety obligations to remain compliant with health and safety legislation and is responding effectively and appropriately to the changes in working practices because of the Covid-19 pandemic.

Violence Reduction and Prevention Standards

The Committee NOTED the contents of the report for information and assurance.

Information Governance and GDPR Update Report
The Governance Committee RECEIVED the update regarding actions and compliance activities and NOTED the Data Security and Protection Toolkit audit terms of reference.

An overview of the compliance activities was given including: Data Processing Impact Assessments; IG Incidents trend reporting; Data Security and Protection Toolkit delivery and Data Security Level One Training compliance is provided within the report. No incidents were reportable to the Information Commissioners Office during the period.

Digital Development Update
The Committee RECEIVED and NOTED the positive Digital Development and IT Update report for the Corporate and GP Estates.

Risk Register Exception Report – January 2022
The Committee RECEIVED the assigned Governance risks, as at January 2022; and NOTED the virtual approval received on 4th and 21st January 2022 by Governance Committee members for the:

- DECREASE in score for risk 32 relating to the 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. This risk was decreased from a high 12 (probability 3 x impact 4) to a moderate score of 4 (probability 1 x impact 4);

- INCREASE in score for Risk 09 relating to sustainable digital performance from a moderate score of 6 (probability 2 x impact 3) to a very high score of 16 (probability 4 x impact 4).

- INCREASE in score for Risk 23 relating to CCG staff capacity compromised from a moderate score of 4 (probability 1 x impact 4) to a high score of 12 (probability 3 x impact 4).

- APPROVAL of NEW risk 42 relating to climate change.

- CLOSURE of risk 32 relating to the risk of exploitation by malevolent third parties If vulnerability is identified within any of the Microsoft Office 2010 applications after 14th October 2020. This was also approved by Governing Body on 3rd February 2022.

Governance Committee Governing Body Assurance Framework Risks Quarter 3
The Governance Committee NOTED the 2021/22 Quarter 3 (October to December 2021) Governing Body Assurance Framework (GBAF).

Governance Committee Quarter 4 February 2022 GBAF Risks Review
The Committee REVIEWED and DISCUSSED the Quarter 4 (February 2022) Strategic Risks 7 and 8.

Non-Clinical Adverse Incidents
No incidents were reported to the Committee.

Minutes of the Governance Committee 11th November 2021
The minutes of the 11th November 2021 meeting were APPROVED as a true and accurate record.

Any Other Business
There were no items raised for any other business

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.
Have any Conflicts of Interest been identified/ actions taken?
None identified.
Governing Body Assurance Framework
Going forward any risks highlighted and assigned to the Governance Committee will be linked to the Derby and Derbyshire CCG Board Assurance Framework.
Identification of Key Risks
Noted as above.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

March 2022

Item No: 267

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

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair					Professor Ian Shaw, Chair of PCCC			
Which committee has the subject matter been through?					PCCC – 23.2.2022			

Recommendations

The Governing Body is requested to **RECEIVE** the decision made by the Primary Care Commissioning Committee (PCCC) at the public meeting held on Wednesday 23rd February 2022 for information and assurance.

Report Summary

The Primary Care Commissioning Committee Public meeting held on Wednesday 23rd February 2022 formally APPROVED:

- the business case application for the full practice merger of the Littlewick Medical Practice and Dr Purnell's practice in Ilkeston with effect from April 2022.
- the closure of the site of Dr Purnell's premises situated in Ilkeston Health Centre with effect from April 2022 following the patient and stakeholder engagement feedback.

The Committee noted that the proposal included that all staff and services will be provided at Littlewick Medical Practice from April 2022 and there is no change to the combined practices boundary. **Please note that a conflict of interest applies for this item at Governing Body for Dr Emma Pizzey.**

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

- M9 Finance Report
- Risk Register – no change to risk ratings this month
- St Thomas Road GP Practice – APMS contract procurement update
- Primary Care Quality & Performance Public Assurance Report – Quarter 3
- The Village Surgery Care Quality Commission Inspection Outcome – Inadequate rating

Are there any Resource Implications (including Financial, Staffing etc)?
Outlined specifically in each report considered by the Primary Care Commissioning Committee.
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Included as part of each report as required.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Included as part of each report as required.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Included as part of each report as required.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Included as part of each report as required.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Included as part of each report as required.
Have any Conflicts of Interest been identified / actions taken?
Included as part of each report as required and highlighted where a conflict of interest applies for Governing Body members.
Governing Body Assurance Framework
Considered for each agenda item.
Identification of Key Risks
Considered for each agenda item.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

3rd March 2022

Item No: 268

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

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair				Dr Buk Dhadda, Chair of Q&PC				
Which committee has the subject matter been through?				Quality and Performance Committee – 24.2.2022				

Recommendations

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

Report Summary

Performance:

Urgent and Emergency Care:

- The A&E standard was not met at a Derbyshire level at 74.7% (YTD 77.6%). CRH did not achieve the standard achieving 88.6% (YTD 91.0%). UHDB achieved 65.7% during January (YTD 69.4%).
- UHDB had 295 x 12-hour trolley breaches during January – 278 were due the availability of medical beds and 17 were due to the unavailability of a suitable mental health bed. CRH had 2 of these breaches, due to the availability of a mental health bed.
- EMAS were non-compliant for 5 of their 6 of their standards for Derbyshire during January 2022, reflecting the continuing significant pressures being experienced by the trust.

Planned Care:

- 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 64.8% (YTD 66.2%). – a marginal decrease on last month's figure of 66.3%.
- CRHFT performance was 66.8% (YTD 68.4%) and UHDB 60.7% (YTD 61.6%).
- Derbyshire had 5,432 breaches of the 52-week standard across all trusts – 33 more than the previous month.
- Diagnostics – The CCG performance was 39.6%, a deterioration from last month. Neither CRH (25.9%) or UHDB (43.1%) have achieved the standard, with performance deteriorating at both trusts.

Cancer:
During December 2021, Derbyshire was compliant in 1 of the 9 Cancer standards:
31-day Subsequent Radiotherapy – 95.4% (94% standard) – Compliant at Sheffield and Nottingham.
During December 2021, Derbyshire was non-compliant in 8 of the 9 Cancer standards:
2-week Urgent GP Referral – 74.8% (93% standard) – Compliant for Stockport.
2 week Exhibited Breast Symptoms – 13.6% (93% standard) – Noncompliant for all trusts.
28-day Faster Diagnosis – 73.9% (75% standard) – Compliant for Chesterfield, Nottingham, and Sherwood Forest
31 days from Diagnosis – 90.9% (96% standard) – Compliant for Stockport.
31-day Subsequent Surgery – 83.5% (94% standard) – Compliant at Chesterfield, Stockport and Sherwood Forest.
31-day Subsequent Drugs – 94.6% (98% standard) – Compliant for all Trusts except Derby & Burton.
62-day Urgent GP Referral –63.5% (85% standard) – Noncompliant for all trusts.
62-day Screening Referral – 69.4% (90% standard) – Noncompliant for all trusts.
104 days wait – Data unavailable at a CCG level.

Quality

Chesterfield Royal Hospital FT
Stroke: Mortality is reported as significantly high at 122.7 (101.3–147.3), however there is a lag in the publication of mortality data. The data relates to two peaks which occurred in Jan and Feb 2021. The most recent SSNAP audit demonstrates an improving picture with the trust being rated as B which is the good category.

A Task & Finish group has been working on the review of the HASU Service, with a preferred option identified including workforce development, support from other HASUs, and developments in telemedicine. Mortality is reviewed at CRH CQRG, and an update has been requested for the March 2022 meeting.

University Hospitals of Derby and Burton FT
Staffing: The Trust carried out 100 HCA interviews on 12th February. The process will include the rapid 1-stop event and should plug the gap. The Trust continues to suspend non-urgent meetings for the foreseeable future. Have some RN recruitment campaigning ongoing, going to universities for September cohort to try to recruit.

Derbyshire Community Health Services FT
CQC 'engagement' activity and scheduled visits to DCHS: CQC visited Hillside from both a Mental Health (30th November 2021) and general inspection perspective (15th December 2021). Onsite visits included discussions with staff and review of documentation and care plans of patients. The CQC general inspection will not lead to a change of rating, but DCHS will receive a formal report that will identify improvement areas.

Derbyshire Healthcare Foundation Trust
Prone restraint: There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to reduce.

East Midlands Ambulance Trust
Serious Incidents: Two Serious Incidents (SIs) have been reported in January 2022, as of 18 January, compared to zero reported in January 2021. This brings the total reported

financial year to date to 54 compared to 30 in the same period in the previous year. Increase in Serious Incidents (SI) relating to a delay in treatment to a patient from a delayed / prolonged response. Trust wide operational pressures under review by Operational leads, local arrangements introduced, and patient safety risk included on Risk Register. Break the Cycle Days introduced and being implemented.

Committee Update 24th February 2022

The Committee noted the Integrated Report. Two-week waits are increasing (25% increase in January 2022). There has been a breast cancer review in January 2022. The outcomes of the system wide review will be reported to next Committee, this will include conversion rates. Christine Urquhart is retiring this month, the Chair thanked her for her service.

Twelve-hour trolley breaches remain high at RDH. The quality team have assurance that people waiting are getting the care needed, follow up quality visits are planned for next week. It is accepted that there will be 12 hour waits at the moment, the committee have requested a 12 hour wait review for the next meeting. The improving system discharge flow work was noted, which improves flow across the hospitals. This will be reviewed next month.

A&E activity remains busy due to increased acuity and flow in the hospitals. The data shows that patients with lower acuity are being diverted to other services.

The Committee noted the high stroke mortality rate at CRHFT but also noted the actions being taken and the improvement in the SNAPP data. Q&P requested that CQRG discussed the mortality rates at their next meeting.

The Safeguarding Adults and Safeguarding Children and Looked after Children reports where received by the Committee. The good quality of the adult training for GPs was noted by the Chair. The number of Looked after Children placed in Derbyshire was noted, this is due to several private providers being in the area that import Children. Some local Looked after Children are placed out of area, this is due to a need for more foster carers. The Designated Doctor post is being recruited to; this is a capacity concern. Local offers of support are being investigated to cover the duties in the meantime

EMAS performance remains challenging across the categories. Call demand is higher than planned which results in long waits and duplicate calls. Delays in handovers are also being reported, with increased Serious Incidents (2 for Derbyshire). This is a national picture of ambulance pressures. The CQRG have reviewed risks around the delays. The handover harm tool is being implemented, as well as addressing falls and respiratory calls. The quality of care has been reviewed as high. The themes from the Serious Incidents and the learning will be shared at the next Committee.

The minutes of the 22nd January 2022 were approved. The assurance questions are agreed.

The Chair approved the Integrated report.

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 GBAFs 1-3.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Month 09
Quality & Performance Report
2021/22

February 2022

Contents Page

EXECUTIVE SUMMARY

Key Messages	• 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	• The A&E standard was not met at a Derbyshire level at 74.7% (YTD 77.6%). CRH did not achieve the standard achieving 88.6% (YTD 91.0%). UHDB achieved 65.7% during January (YTD 69.4%). • UHDB had 295 x 12 hour trolley breaches during January – 278 were due the availability of medical beds and 17 were due to the unavailability of a suitable mental health bed. CRH had 2 of these breaches, due to the availability of a mental health bed. • EMAS were non-compliant for 5 of their 6 of their standards for Derbyshire during January 2022, reflecting the continuing significant pressures being experienced by the trust.
Planned Care	• 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 64.8% (YTD 66.2%). – a marginal decrease on last months figure of 66.3%. • CRHFT performance was 66.8% (YTD 68.4%) and UHDB 60.7% (YTD 61.6%). • Derbyshire had 5,432 breaches of the 52 week standard across all trusts – 33 more than the previous month. • Diagnostics – The CCG performance was 39.6%, a deterioration from last month. Neither CRH (25.9%) or UHDB (43.1%) have achieved the standard, with performance deteriorating at both trusts.
Cancer	During December 2021, Derbyshire was compliant in 1 of the 9 Cancer standards: 31 day Subsequent Radiotherapy – 95.4% (94% standard) – Compliant at Sheffield and Nottingham. During December 2021, Derbyshire was non-compliant in 8 of the 9 Cancer standards: 2 week Urgent GP Referral – 74.8% (93% standard) – Compliant for Stockport. 2 week Exhibited Breast Symptoms – 13.6% (93% standard) – Non compliant for all trusts. 28 day Faster Diagnosis – 73.9% (75% standard) – Compliant for Chesterfield, Nottingham and Sherwood Forest 31 day from Diagnosis – 90.9% (96% standard) – Compliant for Stockport. 31 day Subsequent Surgery – 83.5% (94% standard) – Compliant at Chesterfield, Stockport and Sherwood Forest. 31 day Subsequent Drugs – 94.6% (98% standard) – Compliant for all Trusts except Derby & Burton. 62 day Urgent GP Referral –63.5%(85% standard) – Non compliant for all trusts. 62 day Screening Referral – 69.4% (90% standard) – Non compliant for all trusts. 104 day wait – Data unavailable at a CCG level.

Executive Summary

Trust	
Chesterfield Royal Hospital FT	**Stroke:** Mortality is reported as significantly high at 122.7 (101.3–147.3), however there is a lag in the publication of mortality data. The data relates to two peaks which occurred in Jan and Feb 2021. The most recent SSNAP audit demonstrates an improving picture with the trust being rated as B which is the good category. A Task & Finish group has been working on the review of the HASU Service, with a preferred option identified including workforce development, support from other HASUs, and developments in telemedicine. Mortality is reviewed at CRH CQRG, and an update has been requested for the March 2022 meeting.
University Hospitals of Derby and Burton NHS FT	**Staffing:** The Trust carried out 100 HCA interviews on 12th February. The process will include the rapid 1-stop event and should plug gap. The Trust continues to suspend non-urgent meetings for foreseeable future. Have some RN recruitment campaigning ongoing, going to universities for September cohort to try to recruit.
Derbyshire Community Health Services FT	**CQC 'engagement' activity and scheduled visits to DCHS:** CQC visited Hillside from both a Mental Health (30 November 2021) and general inspection perspective (15 December 2021). Onsite visits included discussions with staff and review of documentation and care plans of patients. The CQC general inspection will not lead to a change of rating but DCHS will receive a formal report that will identify improvement areas.
Derbyshire Healthcare Foundation Trust	**Prone restraint:** There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to reduce.
East Midlands Ambulance Trust	**Serious Incidents:** Two Serious Incidents (SIs) have been reported in January 2022, as at 18 January, compared to zero reported in January 2021. This brings the total reported financial year to date to 54 compared to 30 in the same period in the previous year. Increase in Serious Incidents (SI) relating to a delay in treatment to a patient from a delayed/prolonged response. Trust wide operational pressures under review by Operational leads, local arrangements introduced and patient safety risk included on Risk Register. Break the Cycle Days introduced and being implemented.

PERFORMANCE OVERVIEW MONTH 10 – URGENT 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	NHS Derby & Derbyshire CCG				Chesterfield Royal Hospital FT				University Hospitals of Derby & Burton FT				NHS England			
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance		Current Month	YTD	consecutive months non-compliance		Current Month	YTD	consecutive months non-compliance	
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Jan-22	↓	74.7%	77.6%	76	88.6%	91.0%	5		65.7%	69.4%	76		76.7%	79.6%	76	
		A&E 12 Hour Trolley Waits	0	Jan-22					2	16	1		295	672	18		16558	59789	76	

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

EMAS Dashboard for Ambulance Performance Indicators

	Area	Indicator Name	Standard	Latest Period	East Midlands Ambulance Service Performance (NHSD&DCCG only - National Performance Measure)				EMAS Performance (Whole Organisation)			EMAS Completed Quarterly Performance 2021/22				NHS England			
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Current Month	YTD	consecutive months non-compliance
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Jan-22	→	00:08:32	00:08:38	19	00:08:33	00:08:43	18	00:07:54	00:09:05	00:09:17		00:08:31	00:08:28	9
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Jan-22	→	00:14:49	00:14:54	0	00:15:23	00:15:38	7	00:14:06	00:16:29	00:16:36		00:15:05	00:14:58	7
		Ambulance - Category 2 - Average Response Time	00:18:00	Jan-22	→	00:34:04	00:38:55	18	00:38:58	00:45:45	19	00:33:40	00:49:29	00:56:39		00:38:04	00:39:16	18
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Jan-22	→	01:10:44	01:20:58	18	01:23:25	01:37:47	18	01:10:09	01:46:26	02:03:36		01:23:35	01:24:24	10
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Jan-22	→	04:39:04	05:47:49	18	05:01:27	06:36:06	18	04:30:11	07:17:52	08:24:08		04:47:18	05:27:34	10
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Jan-22	→	04:21:04	05:21:12	10	04:57:33	06:01:11	10	04:43:53	06:45:03	06:55:08		05:52:28	06:26:26	2

PERFORMANCE OVERVIEW MONTH 9 – PLANNED CARE

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG			Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
						Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-21	↓	64.8%	66.2%	47	66.8%	68.4%	32	60.7%	61.6%	48	63.8%	66.4%	70
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-21	↓	5432	54389	23	1120	10234	21	5417	58214	22	310813	2843306	176
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Dec-21	↑	39.57%	32.36%	43	25.87%	17.41%	21	43.08%	36.34%	22	29.01%	24.98%	100
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Dec-21	↑	74.8%	82.8%	16	Cancer 2 Week Wait Pilot Site - not currently reporting			68.8%	76.7%	16	78.6%	83.2%	19
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Dec-21	↑	13.6%	54.9%	4				3.4%	52.3%	3	50.9%	66.9%	19
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Dec-21	↑	73.9%	74.4%	4	80.1%	77.3%	0	68.3%	72.3%	5	70.5%	72.6%	9
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Dec-21	↑	90.9%	91.7%	12	87.3%	93.0%	4	93.8%	91.9%	17	93.4%	93.9%	12
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Dec-21	↑	83.5%	79.9%	25	100.0%	95.3%	0	87.5%	84.1%	7	83.0%	85.2%	41
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Dec-21	↓	94.6%	98.7%	1	100.0%	100.0%	0	95.6%	98.5%	1	98.9%	99.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Dec-21	↑	95.4%	95.3%	0				89.0%	91.7%	3	94.1%	95.8%	0
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Dec-21	↑	63.5%	65.1%	34	72.0%	72.8%	29	59.6%	60.8%	44	67.0%	70.4%	72
		First Treatment Administered - 104+ Day Waits	0	Dec-21	↔	39	281	69	5	44	44	32	228	69	1168	9262	72
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Dec-21	↑	69.4%	68.2%	32	54.3%	54.5%	32	87.7%	81.5%	13	75.9%	73.9%	45
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Dec-21	↓	80.4%	81.0%		72.7%	84.8%		70.0%	86.7%		78.9%	80.4%	

PERFORMANCE OVERVIEW MONTH 9 – 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	NHS Derby & Derbyshire CCG			Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
						Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Patient Safety	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Dec-21	↑	0	1	0	0	0	0	0	1	0	81	492	33
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Dec-21	↓		178			27			90				
			Actual				187	0		12	0		52	0		10962	
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Dec-21	↓	65	640		21	197		45	452		65	640	
		Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Dec-21	↓	18	185		5	57		15	130		1060	9160	

PERFORMANCE OVERVIEW MONTH 9 – MENTAL HEALTH

CCG Dashboard for NHS Constitution Indicators

Mental Health

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG Current Month	NHS Derby & Derbyshire CCG YTD	NHS Derby & Derbyshire CCG consecutive months of failure	Derbyshire Healthcare FT Current Month	Derbyshire Healthcare FT YTD	Derbyshire Healthcare FT consecutive months of failure				NHS England Current Month	NHS England YTD	NHS England consecutive months of failure			
Early Intervention In Psychosis	Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	60.0%	Dec-21	↔	57.1%	55.9%	2	53.3%	54.1%	2				67.8%	67.4%	0			
	Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Dec-21	↓	20.0%	38.2%	6	40.0%	45.5%	6				19.4%	27.3%	32			
Mental Health	Dementia Diagnosis Rate	67.0%	Dec-21	↓	63.9%	64.7%	18							61.8%	62.8%	21			
	CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		2021/22 Q3	↓	81.6%	74.6%													
	CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		2021/22 Q3	↓	69.7%	83.9%													
	Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	2021/22 Q1	↑	3.1%	3.9%	6												
	Mental Health - Out Of Area Placements		Nov-21	↑	510	4425													
	Physical Health Checks for Patients with Severe Mental Illness	25%	2021/22 Q3	↑	28.4%	29.6%	0												
Area	**Indicator Name**	**Standard**	**Latest Period**		**NHS Derby & Derbyshire CCG**			**Talking Mental Health Derbyshire (D&DCCG only)**			**Trent PTS (D&DCCG only)**			**Insight Healthcare (D&DCCG only)**			**Vita Health (D&DCCG only)**		
Improving Access to Psychological Therapies	IAPT - Number Entering Treatment As Proportion Of Estimated Need In The Population	Plan	Dec-21	↓	2.10%	18.90%													
		Actual			2.24%	23.55%	0												
	IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Dec-21	↓	50.4%	52.6%	0	55.3%	54.7%	0	48.1%	52.2%	1	48.3%	46.7%	3	55.2%	56.8%	0
	IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Dec-21	↓	84.0%	92.6%	0	88.6%	89.0%	0	78.1%	92.9%	0	98.9%	98.0%	0	98.3%	98.2%	0
	IAPT Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of IAPT treatment	95%	Dec-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
Area	**Indicator Name**	**Standard**	**Latest Period**		**Derbyshire Healthcare FT**														
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-21	↑	61.4%	76.8%	7												
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-21	↔	0	1	0												

Quality Overview

QUALITY OVERVIEW M10

Trust	Key Issues
Chesterfield Royal Hospital FT	**Summary** **HSMR:** Trust level mortality measures are within expected range. **Stroke:** Mortality is reported as significantly high at 122.7 (101.3–147.3), however there is a lag in the publication of mortality data. The data relates to two peaks which occurred in Jan and Feb 2021. The most recent SSNAP audit demonstrates an improving picture with the trust being rated as B which is the good category. A Task & Finish group has been working on the review of the HASU Service, with a preferred option identified including workforce development, support from other HASUs, and developments in telemedicine. Mortality is reviewed at CRH CQRG, and an update has been requested for the March 2022 meeting. **Maternity**: A review by NHSEI and LMNS is planned for 1st and 2nd March. This will consist of interviews, focus groups, visiting the clinical areas and reviewing records. **PSIRF:** The Trust have completed 5 investigations to date and have a number in the final stages of completion. The aim is to complete all investigations by end of March and to undertake thematic analysis in April with a view to going live with 2022/23 PSIRP by the end of Quarter 1 **Pressures** **Breast Screening:** Backlog currently stands at 3645 patients at 19 December 21.The trajectory is for this backlog to be cleared by September 2022. Current capacity is close to pre-COVID levels with locums employed to increase capacity. Action plan has been developed in conjunction with PHE/NHSE to monitor progress.
University Hospitals of Derby and Burton NHS FT	**Summary** **CQC:** CQC status is up to date. The Trust has had some verbal feedback from well led TMA and working through actions. Imaging TMA planned for January is paused at this time, but the Trust have a catch up with CQC to look at plan moving forward next week. **PSIRF:** The Trust is planning to implement PSIRF needs for 22/23 alongside whatever happens nationally. The Falls practitioner has completed a thematic review because pf the increased numbers recently. Once Trust has sight of Falls thematic review, it will be presented to the Quality Summit. The Trust feel there are some very basic actions they can take, such as human factors standardised approach, work around CQC and engagement. **CQUIN & Quality Schedule:** CCG and Trust have started to work on the local Quality Schedule and CQUINs. A meeting has been arranged to look at 3 to 5 CQUINs. One will be focussing on patient safety. **Pressures** **Staffing:** The Trust carried out 100 HCA interviews on 12th February. The process will include the rapid 1-stop event and should plug gap. The Trust continues to suspend non-urgent meetings for foreseeable future. Have some RN recruitment campaigning ongoing, going to universities for September cohort to try to recruit.

QUALITY OVERVIEW M10 continued

Trust	Key Issues
Derbyshire Community Health Services FT	**Staff Flu Programme:** Current Flu Vaccination figures are based on a denominator of 5452 (ESR) as at 27 January 2022 was 68.5 %. National Health Care Worker Flu Uptake data for the Midlands has not been received since 06/12/21. The staff flu vaccination programme appears to have plateaued, and this has been recognised across the system however the flu team continue to formulate plans to encourage further uptake**.** **CQC 'engagement' activity and scheduled visits to DCHS:** CQC visited Hillside from both a Mental Health (30 November 2021) and general inspection perspective (15 December 2021). Onsite visits included discussions with staff and review of documentation and care plans of patients. The CQC general inspection will not lead to a change of rating but DCHS will receive a formal report that will identify improvement areas.
Derbyshire Healthcare Foundation Trust	**Vaccination status:** 95% of patient facing staff have now received their first vaccination and 93% have received both vaccinations. Booster vaccinations are continuing and so far, 70% of patient facing staff have received their booster. **Compulsory training:** A recovery plan continues to improve training compliance. Operational Services are currently above target at 87% compliant. **Patients in employment:** Around a third of patients have no employment status recorded. For those with a recorded status, almost 47% are unemployed. The Individual Placement Support (IPS) service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. **Prone restraint:** There are ongoing work streams to support the continuing need to reduce restrictive practice, including the introduction of body worn cameras, monitoring of restrictive practice within forums. Data analysis and review has shown that even where restraint and seclusion has increased, the use of prone restraint has continued to reduce.
East Midlands Ambulance Trust	**Performance:** EMAS did not deliver any of the national operational performance metrics in the month of December, although the monthly outturn was an improvement on November. Nationally EMAS is not an outlier in terms of service delivery, no service is currently delivering the Category 1 or Category 2 national standards. In January 2022 performance improved from the previous month with military support. **Serious Incidents:** Two Serious Incidents (SIs) have been reported in January 2022, as at 18 January, compared to zero reported in January 2021. This brings the total reported financial year to date to 54 compared to 30 in the same period in the previous year. Increase in Serious Incidents (SI) relating to a delay in treatment to a patient from a delayed/prolonged response. Trust wide operational pressures under review by Operational leads, local arrangements introduced and patient safety risk included on Risk Register. Break the Cycle Days introduced and being implemented.

QUALITY OVERVIEW M9

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				Chesterfield Royal Hospital FT				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
				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																
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%	Dec-21	↑	90.7%	98.9%	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%	Dec-21	↔	72.0%	72.0%	2019/20 Q2	↑	57.3%	66.7%
		Inpatient results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Nov-21	↓	94.6%	97.7%	Nov-21	↓	97.0%	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%	Nov-21	↑	81.7%	77.8%	Nov-21	↑	77.9%	80.3%	Jul-20	↓	N/A	99.3%				
	Complaints	Number of formal complaints received	N/A	Sep-21	↓	17	94	Dec-21	↑	37	495	Dec-21	↓	3	43	Dec-21	↑	17	156
		% of formal complaints responded to within agreed timescale	N/A	Dec-21	↑	76.0%		Dec-21	↑	51.1%	61.9%	Dec-21	↑	100.0%	87.3%	Dec-21	↔	100.0%	98.75%
		Number of complaints partially or fully upheld by ombudsman	N/A	Sep-21	↔	0	0	19-20 Q2	↔	1	2	Dec-21	↔	0	0	Dec-21	↔	0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↓	12	34	Dec-21	↑	61	441	Dec-21	↓	113	802	Dec-21	↑	0	3
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↑	0	11	Dec-21	↔	22	154	Dec-21	↓	35	267	Dec-21	↔	0	1
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↔	0	0	Oct-21	↔	0	0	Dec-21	↓	3	35	Dec-21	↔	0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Sep-21	↓	8	24	Sep-19	↑	16	94	Dec-21	↓	69	620	Dec-21	↔	0	0
		Medical Device pressure ulcers - numbers developed or deteriorated						Sep-19	↓	4	20	Dec-21	↑	11	111	Dec-21	↔	0	0
		Number of pressure ulcers which meet SI criteria	N/A	Sep-20	↑	0	3	Sep-19	↔	0	4	Dec-21	↓	1	6	Dec-21	↔	0	0
	Falls	Number of falls	N/A	Sep-21	↓	102	543	Data Not Provided in Required Format				Dec-21	↑	21	194	Dec-21	↔	31	262
		Number of falls resulting in SI criteria	N/A	Sep-20	↑	0	8	Sep-19	↑	0	19	Dec-21	↑	0	8	Dec-21	↔	0	0
	Medication	Total number of medication incidents	?	Sep-21	↓	70	457	Data Not Provided in Required Format				Dec-21	↔	0	1	Dec-21	↓	64	722
	Serious Incidents	Never Events	0	Dec-21	↔	0	0	Dec-21	↔	1	6	May-19	↔	0	0	Dec-21	↔	0	0
		Number of SI's reported	0	Sep-20	↑	4	26	Sep-19	↑	7	115	Dec-20	↔	1	34	Dec-21	↔	0	7
		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 M9

Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators cont.

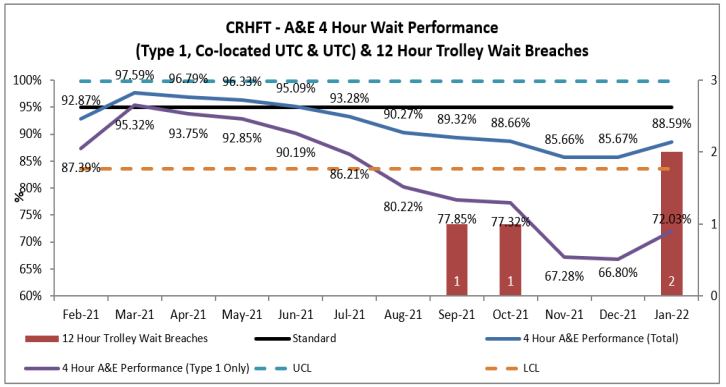
Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital NHS Foundation Trust				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD
Adult	VTE	Number of avoidable cases of hospital acquired VTE		Mar-20	↓	0	15	Feb-21	↔	0	TBC					Dec-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	Dec-21	↔	105.9		Nov-20	↔	107.4									
		Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected		Sep-21	↓	0.980		Sep-21	↓	0.933									
		Crude Mortality		Dec-21	↓	1.54%		Dec-21	↓	2.00%	1.60%								
Maternity	FFT	Antenatal serivce: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jul-21	↑	98.3%	98.5%	Jun-21	↔	N/A	95.1%								
		Labour ward/birthing unit/homebirth: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-21	↑	95.5%	98.9%	Jun-21	↓	100.0%	98.1%								
		Postnatal Ward: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-21	↔	100.0%	98.4%	Sep-21	↓	100.0%	98.0%								
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Sep-21	↔	N/A	98.8%	Jun-21	↔	N/A	97.8%								
Mental Health	Dementia	Dementia Care - % of patients ≥ 75 years old admitted where case finding is applied	90%	Feb-20	↑	100.0%	98.9%	Feb-20	↑	92.1%	90.9%								
		Dementia Care - % of patients identified who are appropriately assessed	90%	Feb-20	↔	100.0%	100.0%	Feb-20	↑	89.4%	85.4%								
		Dementia Care - Appropriate onward Referrals	95%	Feb-20	↔	100.0%	100.0%	Feb-20	↔	100.0%	99.3%								
	Inpatient Admissions	Under 18 Admissions to Adult Inpatient Facilities	0													Dec-21	↔	0	0
Workforce	Staff	Staff turnover (%)		Dec-21	↓	10.2%		Dec-21	↓	10.4%	9.7%	Dec-21	↓	9.4%	9.0%	Dec-21	↓	11.85%	11.07%
		Staff sickness - % WTE lost through staff sickness		Sep-21	↓	4.6%	4.4%	Dec-21	↑	5.6%	5.3%	Dec-21	↓	6.9%	5.5%	Dec-21	↓	7.59%	6.79%
		Vacancy rate by Trust (%)		Sep-17	↓	1.9%	1.3%	Data Not Provided in Required Format				Dec-21	↔	5.0%	3.5%	Dec-21	↑	10.5%	12.8%
		Agency usage	Target													Dec-21	↓		
			Actual															2.20%	2.29%
		Agency nursing spend vs plan (000's)		Dec-21	↓		£1,857	Oct-18	↑	£723	£4,355	Dec-21	↑	£124	£830				
		Agency spend locum medical vs plan (000's)		Dec-21	↓		£6,442												
	Training	% of Completed Appraisals	90%	Sep-21	↑	91.8%		Dec-21	↓	80.0%	81.6%	Dec-21	↑	83.6%	86.4%	Dec-21	↑	75.6%	75.9%
		Mandatory Training - % attendance at mandatory training	90%	Dec-21	↓	83.0%		Dec-21	↓	86.8%	87.0%	Dec-21	↔	95.3%	95.8%	Dec-21	↑	85.8%	84.4%
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 January 2022 the trust did not meet the 95% standard, achieving 88.6% and the Type 1 element achieving 72.0%, Similar to the previous month.
There were 2x 12 hour trolley breaches during January due to availability of mental health beds.



What are the issues?

- Staff sickness levels (due to the Omicron wave and other winter illnesses) across the trust have had a major impact on the performance in A&E. Towards the beginning of the month the staff sickness levels were at 14.2% with over half of these due to Covid19.
- There continued to be severely delayed discharges for patients requiring Packages Of Care, due to capacity for these in the county. These were exacerbated by covid outbreaks in Care Homes, meaning they couldn't admit patients discharged from acute trusts. This has led to the medical bed base being full (at times there have been enough Medically Fit For Discharge patients to fill whole inpatient wards), therefore reducing the beds available for those in A&E who need them.
- The combined Type 1 & streamed attendances are close to pre-pandemic levels, with an average of 231 attendances per day.
- There were surges of Covid19 admissions & outbreaks in the beginning and middle of the month, with as many as 80 positive inpatients at one point, including 4 in ICU. This added more pressure to a trust with an escalated critical care position.
- The trust are still taking precautions against COVID-19 and still have these preventative measures in place to include streaming of patients at the physical front door and additional time between seeing patients to turnaround the physical space ensuring increased strict infection control.

What are the next steps?

- The official Winter Plan will continue to increase bed capacity over the pressured season.
- Creating a discharge lounge to improve flow through acute and elective care beds and ED/assessment units
- Broadening the Same Day Emergency Care (SDEC) pathway offer following a Perfect Week exercise, especially for surgical and Gynaecological conditions.
- Implementing further actions recommended by the Missed Opportunities Audit, including other pathway alterations, increased access to diagnostics and alternative streaming options

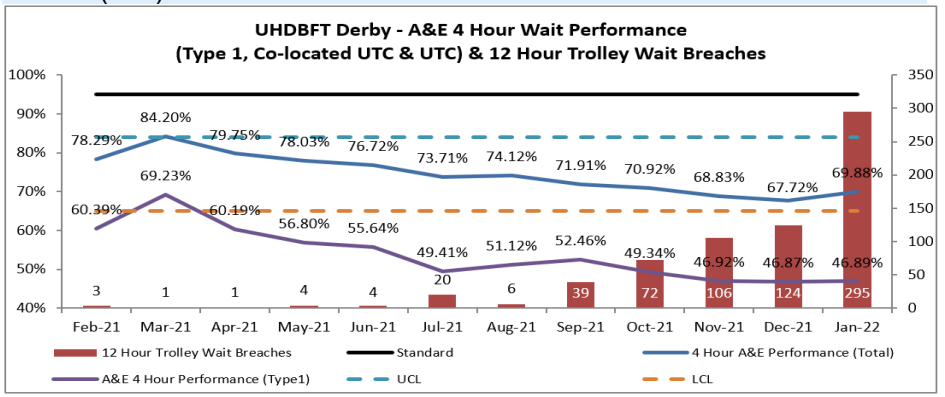
What actions have been taken?

- The acute frailty service has based a geriatrician led team in ED, enabling more rapid assessment and treatment of frail elderly patients.
- System level meetings have been stood up to take place every day (including weekends) as either a System Escalation Call (SEC) or System Organisational Resilience Group (SORG). The membership includes acute trusts, community trusts and councils, solving problems collaboratively in addition to focussed meetings & communications to secure more capacity
- The opening of a surge ward at Walton Hospital, increasing inpatient capacity within Chesterfield and releasing capacity at CRH.
- The Community Rapid Intervention Service (CRIS) was implemented, preventing the need for patients to attend hospitals through collaborative working.
- The Same Day Emergency Care (SDEC) area has been moved closer to the front door to more easily divert patients there, avoiding A&E..

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

Performance Analysis

During January 2022, performance overall did not meet the 95% standard, achieving 69.9% (Network figure) and 46.9% for Type 1 attendances. These continue the deterioration since March 2021.
There were 295 x 12 hour breaches during January 2022 due to the availability of suitable Mental Health beds (17) and medical capacity issues (278).



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

What are the next steps?

- Temporarily converting Urology Daycase and Gynaecology Daycase beds into emergency medical inpatient beds, with associated surgical cancellations.
- Longer-term commissioning of the UTC to enable consistency in opening times and staffing.
- Improved back-up rotas have been devised to ensure unexpected absence, in anticipation of further staff sickness/isolation due to the Omicron wave.
- Developing an action plan following the MADE event of early December which focussed on flow of P1 patients.
- A further constructive peer review by Chris Morrow-Frost (NHSEI) to gain advice about further improvements now that the UTC has been established at his suggestion. Long-term contractual work to ensure consistent staffing is also taking place.

What are the issues?

- Staff sickness levels (due to the Omicron wave and other winter illnesses) across the site have had a major impact on the performance in A&E. Staff sickness levels peaked at 13.8% across the trust with 60% of these due to Covid19.
- There continued to be severely delayed discharges for patients requiring Packages Of Care, exacerbated by covid outbreaks in Care Homes (including at Perth House), meaning they couldn't admit patients discharged from acute trusts.
- The volume of attendances were very high, with an average of 420 attendances per day at Derby. These comprise both Type 1 and co-located Urgent Treatment Centre (UTC) numbers, as the UTC sees patients who would otherwise have been classed as minors.
- The acuity of the attendances was high, seeing an average of 12 Resuscitation patients & 180 Major patients per day.
- Attendances at Children's ED continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 100 per day during January 2022.

What actions have been taken?

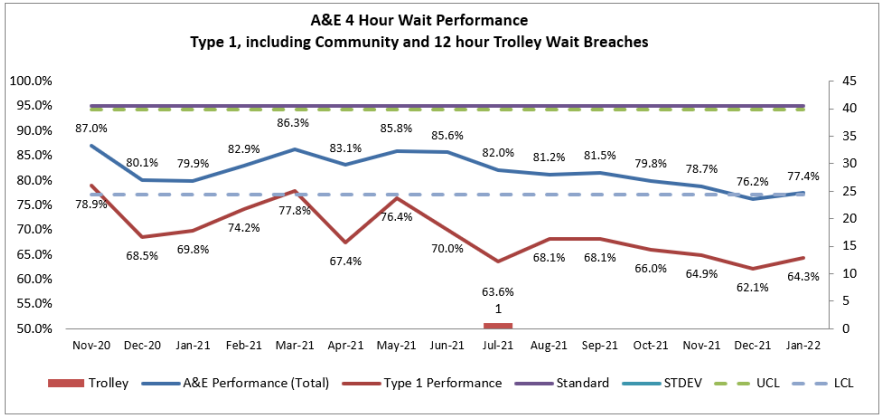
- The opening Ward 5 and expanding Ward 2 at Florence Nightingale Community Hospital to treat Nursing Home and End Of Life patients in a more appropriate setting. This has also released capacity on base wards.
- System level meetings have been stood up to take place every day (including weekends) as either a System Escalation Call (SEC) or System Organisational Resilience Group (SORG). The membership includes acute trusts, community trusts and councils, solving problems collaboratively in addition to focussed meetings & communications to secure more capacity.
- The Community Rapid Intervention Service (CRIS) was implemented, preventing the need for patients to attend hospitals through collaborative working.
- The cancellation of some Priority 4 surgical procedures that needed inpatient beds on acute sites.
- The Same Day Emergency Care (SDEC) area now opens at weekends, treating 30% of non-electives.

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

Performance Analysis

During January 2022, performance overall did not meet the 95% standard, achieving 64.3% for the Burton A&E and 77.4% including community hospitals. Performance has been deteriorating since Autumn.

There were no 12 hour breaches during January 2022.



What were the issues?

- Staff sickness levels (due to the Omicron wave and other winter illnesses) across the site have had a major impact on the performance in A&E. Staff sickness levels peaked at 13.8% across the trust with 60% of these due to Covid19. These shortages meant the Winter Escalation Plan could only be partially implemented.
- Outbreaks of covid and D&V on base wards limited their ability to admit patients directly.
- The opening of extra capacity on Philip Ward was delayed.
- The department have experienced a high volume of activity with an average of 202 Type 1 attendances per day.
- The acuity of the attendances is high, with an average of 122 Resuscitation/Major patients per day (70% of Type 1s).

What are the next steps?

- Developing workforce plans to increase the numbers working 'on the floor' in the department, to include the utilisation of more Allied Healthcare Professionals (AHPs).
- Improved back-up rotas have been devised to ensure unexpected absence, in anticipation of further staff sickness/isolation due to the Omicron wave.
- Relaunching the Acute Medicine Lead role, with a focus on escalation during times of pressure.
- Work with the surgical division to launch nurse-led A&E and Same Day Emergency Care (SDEC) pathways.
- Launch of a Professional Standards campaign to influence medical practice across the Trust and therefore improve patient flow.
- The acute frailty service will continue to operate over the winter – with a geriatrician led team located in ED.

What actions have been taken?

- The cancellation of some Priority 4 surgical procedures that needed inpatient beds on acute sites.
- Further recruitment of clinical staff including 1 middle-grade and 2 JCFs.
- Development of a revised Clinical Navigation Model with DHU.
- Opening an Acute Medical Unit Triage (AMUT) to assess patients away from ED as GPs refer directly into the unit or patients are 'pulled' there from the ED waiting room. An escalation plan has also been developed for this area.
- Every walk-in patient is now streamed by Clinical Navigators to ascertain whether ED is the most appropriate setting for their assessment or care.
- The Surgical Assessment Unit (SAU) now operates for 12 hours a day (9am-9pm) with 9 trolleys available for specialised assessment away from ED.
- Increased use of the Burton Treatment Centre to see elective patients and therefore release beds for emergency activity.
- The Discharge Team now have weekend cover, enabling speedier discharges for medically appropriate patients over the weekend and improving flow over the whole hospital.
- Further improvements to the discharge process to include earlier input to the discharge process and increased in-reach.
- Increased 'Every Day Counts' accreditation for wards to increase their focus on discharge planning to improve patient flow.

DHU111 Performance Month 9 (December 2021)

Performance Summary

- DHU111 achieved three of the five contractual Key Performance Indicators (KPIs) during December 2021. The following two KPIs were not achieved:
    1. Abandonment rate which was 11% higher than the contractual KPI, at 16.0%.
    2. The Average speed of answer was 4 minutes and 39 seconds above the contractual KPI, at 5 minutes and 6 seconds.

Regional Performance Year Six - Key Performance Indicators (KPI's)							
		Year Five - Quarter Four (July- September)			Quarter One (October – December)		
Contractual KPI's	Standard	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Abandonment rate (%)	≤5%	1.1%	3.1%	5.4%	7.0%	8.1%	16.0%
Average speed of answer (seconds)	≤27s	00:00:26	00:01:00	00:01:47	00:02:23	00:03:13	00:05:06
Call Transfer to a Clinician	≥50%	64.5%	66.0%	65.2%	69.2%	66.7%	66.6%
Self Care	≥17%	19.0%	17.2%	17.4%	19.0%	18.8%	19.2%
Patient Experience	≥85%	84.0%			This data is updated on a six monthly basis		
C3 Validation	≥50%	98.2%	98.0%	98.0%	98.2%	97.9%	97.8%

Activity Summary

- During December, calls offered were 14.5% above the newly negotiated indicative activity plan (IAP) for Year 6 and clinical calls were 34.3% below the IAP. Please note that, as per the agreements made as part of the Year 6 contract, COVID activity is now included within the core activity lines. The coordinating commissioning team continue to work with DHU111 to understand why the variance to plan between the two activity lines is so different, we believe it is due to the complex arrangement in place around clinical calls and a detailed piece is due to take place to look through these lines of activity.
- A total of 10,719 Category 3 validations were carried out during December, this was an increase compared to the previous month where 9,213 validations took place.

DHU111 Performance Month 9 (December 2021)

What are the issues?

- DHU111 continue to experience high levels of activity, which is having a significant impact throughout the service.
- This combined with an increasing level of short term sickness levels is having a detrimental impact on call answering times. For the month of December 2021, 60-75% of absences were Covid related.
- The above issues are being seen across the country, and DHU remains a relatively high performing provider.
- Dental related activity continues to be a concern and the pressure is intensified due to lack of dental services for DHU111 to refer into.

What actions have been taken?

- Commissioners have worked through the H2 Funding available to Integrated Urgent Care (IUC) systems to support short term increases in capacity. On the 28th January 2022 a letter was sent to DHU111 confirming the values being allocated to DHU111 to support this increase in staffing.
- With regards to the issues around dental referrals, DHU111 raised their concerns formally at both the January 2022 Clinical Quality Review Group (CQRG) meeting and the Contract Management Board Meeting (CMB) and this is being followed up by commissioners.
- DHU111 continue with their recruitment campaign and 61 Full Time Equivalent staff were recruited during December 2021.

		Year Five	Year Six – Contract Year October 2021 – September 2022		
Activity		Contract Year Oct 2020 to Sep 2021	Oct-21	Nov-21	Dec-21
Calls Offered	Actual	1,797,157	184,574	188,284	214,607
	Plan	2,167,656	166,609	156,578	187,369
	Variance	-17.1%	8.8%	20.2%	14.5%
Clinical Calls	Actual	361,600	30,000	24,775	27,933
	Plan	410,504	37,187	35,263	42,520
	Variance	-11.9%	19.3%	-29.7%	-34.3%

What are the next steps?

- It was agreed at the CMB meeting that the Senior Quality Assurance Manager for Ambulance and 111 Commissioning would liaise with the Dental Commissioning team in relation to the dental issues raised by DHU111.
- On the 24th December 2021 the NHSE shared several NHSE Guidance Documents, including the draft NHS Standard Contract 2022/2023. All responses are to be sent back to NHSE by Friday 28th January 2022 and once agreed the final document will be circulated in preparation for the 2022/2023 Contract Planning round which for DHU111 will involve preparing a National Variation Agreement to bring the current contract in line with updated guidance.

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 M9 (December 2021)

What are the issues?

- The contractual standard is for the Derbyshire division to achieve national performance on a quarterly basis. For Quarter three, Derbyshire did not meet any of the six national standards, although there was an improvement in performance times within the quarter, with December seeing an improvement on all standards compared to November with the exception of C2. The variation to the national standard for the quarter three position was as follows:
  - C1 mean +2 minute and 6 seconds
  - C1 90th Centile +49 seconds
  - C2 mean +31 minutes and 45 seconds
  - C2 90th Centile +1 hour, 9 minutes and 32 seconds
  - C3 90th Centile +4 hours, 42 minutes and 6 seconds
  - C4 90th Centile +2 hours, 47 minutes and 42 seconds
- There is a regional level trajectory for performance which is linked to the receipt of additional national funding. During December, EMAS did not achieve any of the performance trajectories, however performance against the C1 and C3 trajectories saw an improvement when compared to November 2021. On scene activity remains much lower than assumed when developing the trajectories, but acuity remains much higher which is a contributing factor.
- Within Derbyshire demand from NHS111 remained the highest in the region at 27%.
- There continues to be challenges with demand and during December EMAS were in CSP4/CSP4A for 55.81% of the month, compared to 54.59% in November. This is a total of 413 hours out of a potential 744 hours, and is an equivalent to 17.2 days out of 31 days.
- Average Pre hospital handover times during December 2021 continued to be above the 15 minute National Standard across Derbyshire at 24 minutes and 42 seconds which was a deterioration when compared to November 2021 performance (23 minutes and 19 seconds).
- Average Post handover times during December 2021 remained above the 15 minute national standard across Derbyshire with the exception of Macclesfield District (12 minutes and 42 seconds), Sheffield Northern General (14 minutes and 59 seconds) and Stepping Hill (14 minutes and 15 seconds). Overall the post handover time in December 2021 was 19 minutes and 35 seconds which was similar to November 2021 performance at 19 minutes and 56 seconds.

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 – December	***00:08:58***	***00:16:14***	**00:55:35**	**02:03:32**	**07:27:01**	**07:01:10**
Derbyshire Actual - December	*00:08:56*	00:15:28	*00:49:45*	*01:49:32*	06:42:06	05:47:42
Derbyshire Actual – Quarter Three	00:09:06	00:15:49	00:49:45	01:49:32	06:42:06	05:47:42

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 – December	***00:08:58***	***00:16:14***	**00:55:35**	**02:03:32**	**07:27:01**	**07:01:10**
Derbyshire Actual - December	*00:08:56*	00:15:28	*00:49:45*	*01:49:32*	06:42:06	05:47:42
Derbyshire Actual – Quarter Three	00:09:06	00:15:49	00:49:45	01:49:32	06:42:06	05:47:42

- Incidents in Derbyshire in December 2021 saw an increase when compared to November 2021 (13,540 compared to 13,181) and remained above the indicative activity plan.
- For Derbyshire the percentage of calls being classed as a duplicate calls during December 2021 was higher (21%) when compared to November (20.7%), and these remain above the contractual threshold of 17.9%.

AMBULANCE – EMAS PERFORMANCE M9 (December 2021)

What actions have been taken?

- EMAS successfully recruited and trained 29 call takers between August and December 2021 which has led to Emergency Medical Dispatch (EMD) output hours increasing further. This has resulted in a significant reduction in British Telecom (BT) delays and call handling response times.
- EMAS have secured a number of additional funding streams as follows:
    - Expert Clinical advice in EOC to assist reduced conveyance to A&E. The resource will enable on scene crews to access expert clinical advice to assist in local decision making in areas where conveyance to A&E may not be the most appropriate action .
    - As part of the EMAS response to the pandemic the Trust has engaged with the Fire and Rescue Services (FRS) in the East Midlands to provide blue light driving trained staff to support the EMAS response capability in the light of high levels of ambulance staff sickness.
- Since the December extraordinary Clinical Quality Review Group (CQRG) meeting, which focused on gaining assurance regarding the increase in delayed response serious incidents, the majority of counties have indicated support for implementation of the EMAS Hospital Handover Harm Prevention Tool (HHHP) within their local areas. The HHHP has been initially implemented at Leicester Royal Infirmary with the overarching aim being to prevent avoidable harm due to excessively delayed hospital handovers, whilst additionally supporting improvements in patient care and subsequent patient experience.
- From a local perspective, due to current pressures within the Derbyshire Urgent Care System transformational work has been stood down for a number of weeks. The system is holding Gold Command meetings three times a week and daily escalation calls which EMAS are a part of so any specific and urgent issues can by picked up there.

What are the next steps

- With regards to the extraordinary CQRG in December 2021, an update was provided to the Strategic Delivery Board Meeting (SDB) on the 22nd January 2022, with recommendations for :
    - EMAS to engage with acute trusts to agree triggers and work on rolling out HHHP
    - County teams to take back shared learning to their local systems and to recommence end to end reviews when capacity allows in the new year to provide additional assurance.
- EMAS have plans in place to recruit a further 40 call takers by the end of March 2022 which should further improve EOC capacity.
- On the 24th December 2021 NHSE shared several NHSE Guidance Documents, including the draft NHS Standard Contract 2022/2023. All responses are to be sent back to NHSE by Friday 28th January 2022 and once agreed the final document will be circulated in preparation for the 2022/2023 Contract Planning round.

EMAS Activity - 2021 to 2022					
Derbyshire	Quarter Two 2021 -2022	October	November	December	Quarter Three
Calls (Total)	66,076	22,150	20,588	21,327	42,738
Total Incidents	40,260	13,505	13,181	13,540	26,686
Total Responses	35,986	12,251	11,963	12,172	24,214
Duplicate Calls	14,530	4,842	4,262	4,482	9,104
Hear & Treat (Total)	15,560	5,057	4,363	4,673	9,420
See & Treat	13,038	4,405	4,343	4,468	8,748
See & Convey	22,948	7,846	7,620	7,704	15,466
Duplicates as % Calls	22.0%	21.9%	20.7%	21.0%	21.3%
H&T ASI as % Incidents	10.6%	9.3%	9.2%	10.1%	9.3%
S&T as % Incidents	32.4%	32.6%	32.9%	33.0%	32.8%
S&C as % Incidents	57.0%	58.1%	57.8%	56.9%	58.0%
S&C to ED as % of incidents	52.7%	54.0%	53.5%	52.8%	53.7%

Planned Care

DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

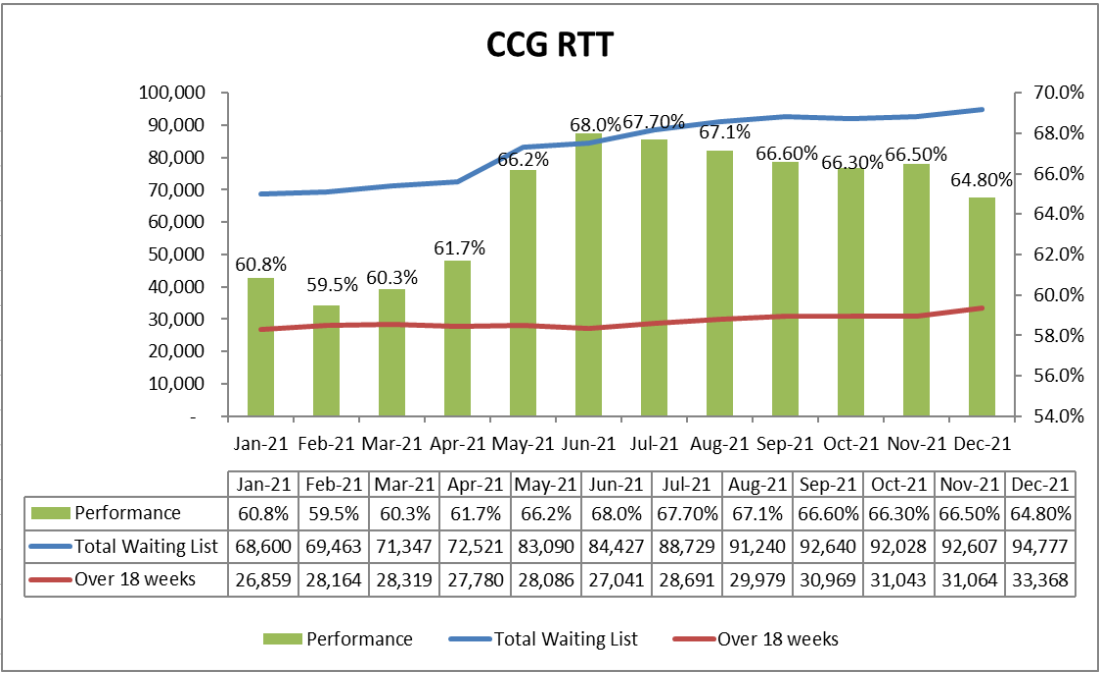
Performance Analysis

Performance for December 2021 was 64.8%, a slight decrease on the 66.5% in November 2021.

The total incomplete waiting list for DDCCG was 94,777, an increase of 2,170 on the previous month.

The number of referrals across Derbyshire during December showed that there was an increase of 8% on the urgent referrals and a reduction of 24% of routine referrals when compared to the same month in 2019.

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,797	2,393	49.9%	800
Urology Service	4,172	2,960	70.9%	208
Trauma and Orthopaedic Service	14,019	7,502	53.5%	1,635
Ear Nose and Throat Service	6,612	4,382	66.3%	377
Ophthalmology Service	13,007	7,452	57.3%	802
Oral Surgery Service	19	13	68.4%	0
Neurosurgical Service	614	383	62.4%	22
Plastic Surgery Service	636	417	65.6%	52
Cardiothoracic Surgery Service	203	127	62.6%	21
General Internal Medicine Service	271	235	86.7%	1
Gastroenterology Service	4,570	3,445	75.4%	79
Cardiology Service	2,729	2,125	77.9%	42
Dermatology Service	7,014	4,620	65.9%	90
Respiratory Medicine Service	1,525	1,219	79.9%	4
Neurology Service	2,402	1,866	77.7%	10
Rheumatology Service	1,791	1,337	74.7%	7
Elderly Medicine Service	258	213	82.6%	1
Gynaecology Service	6,693	4,327	64.6%	334
Other - Medical Services	6,489	5,119	78.9%	85
Other - Mental Health Services	297	262	88.2%	0
Other - Paediatric Services	7,181	4,687	65.3%	262
Other - Surgical Services	8,386	5,456	65.1%	565
Other - Other Services	1,092	879	80.5%	35
Total	**94,777**	**61,419**	**64.8%**	**5,432**



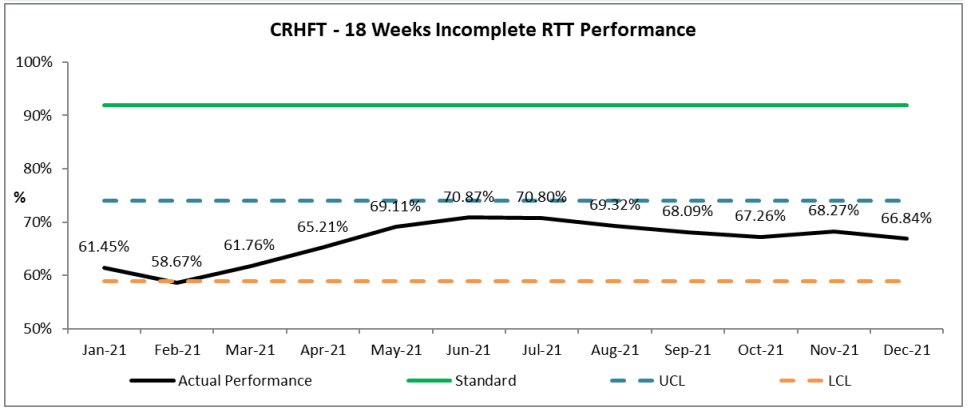
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Performance	60.8%	59.5%	60.3%	61.7%	66.2%	68.0%	67.70%	67.1%	66.60%	66.30%	66.50%	64.80%
Total Waiting List	68,600	69,463	71,347	72,521	83,090	84,427	88,729	91,240	92,640	92,028	92,607	94,777
Over 18 weeks	26,859	28,164	28,319	27,780	28,086	27,041	28,691	29,979	30,969	31,043	31,064	33,368

- *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.*

66

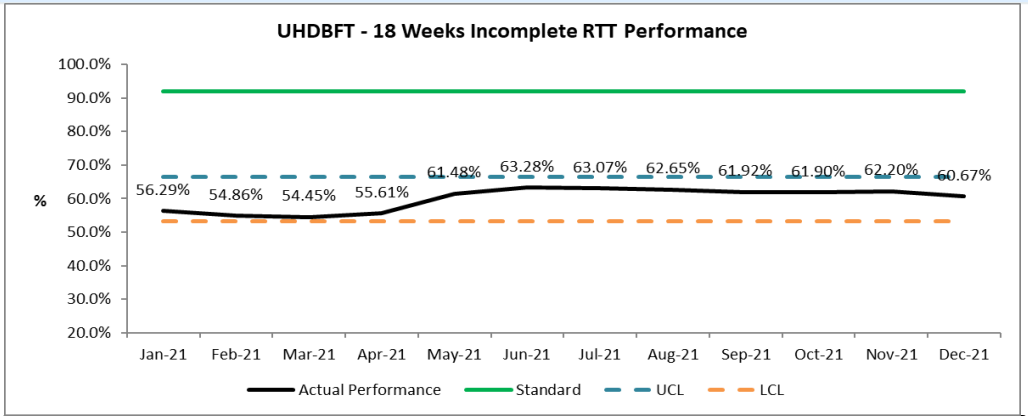
Referral to Treatment – Incomplete Pathways (92%).

CRH – During December the trust achieved 66.8%, a slight decrease on the November figure of 68.3%. The incomplete waiting list at the end of November was 20,393 (November - 19,937).



Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	1,266	529	41.8%	259
Urology Service	1,181	894	75.7%	17
Trauma and Orthopaedic Service	2,097	1,097	52.3%	213
Ear Nose and Throat Service	1,765	1,292	73.2%	100
Ophthalmology Service	2,268	1,310	57.8%	151
Oral Surgery Service	1,365	748	54.8%	91
General Internal Medicine Service	228	195	85.5%	1
Gastroenterology Service	1,292	962	74.5%	6
Cardiology Service	516	415	80.4%	2
Dermatology Service	2,087	1,506	72.2%	1
Respiratory Medicine Service	524	366	69.8%	1
Rheumatology Service	327	260	79.5%	2
Gynaecology Service	1,481	1,015	68.5%	165
Other - Medical Services	898	731	81.4%	16
Other - Paediatric Services	1,101	858	77.9%	19
Other - Surgical Services	1,997	1,453	72.8%	76
Total	**20,393**	**13,631**	**66.8%**	**1,120**

UHDB - During December the trust achieved 60.7%, a slight decrease on the figure of 61.8% in November. The incomplete waiting list at the end of December was 86,979 (November 84,869.



Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,428	2,578	58.2%	503
Urology Service	3,544	2,349	66.3%	213
Trauma and Orthopaedic Service	14,214	7,400	52.1%	1,761
Ear Nose and Throat Service	7,158	4,172	58.3%	303
Ophthalmology Service	11,824	5,617	47.5%	950
Oral Surgery Service	2,758	1,336	48.4%	208
Neurosurgical Service	106	61	57.5%	1
Plastic Surgery Service	325	243	74.8%	17
Cardiothoracic Surgery Service	7	7	100.0%	0
General Internal Medicine Service	24	22	91.7%	0
Gastroenterology Service	3,266	2,646	81.0%	8
Cardiology Service	2,264	1,809	79.9%	11
Dermatology Service	6,366	3,640	57.2%	199
Respiratory Medicine Service	909	847	93.2%	2
Neurology Service	2,076	1,565	75.4%	8
Rheumatology Service	1,762	1,305	74.1%	11
Elderly Medicine Service	280	211	75.4%	4
Gynaecology Service	6,790	4,119	60.7%	304
Other - Medical Services	6,281	4,921	78.3%	56
Other - Mental Health Services	2	1	50.0%	0
Other - Paediatric Services	4,362	2,611	59.9%	208
Other - Surgical Services	7,010	4,369	62.3%	597
Other - Other Services	1,223	939	76.8%	53
Total	**86,979**	**52,768**	**60.7%**	**5,417**

67

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITS

52 Week Waits

At the end of December there were 5,432 Derbyshire patients waiting over 52 weeks for treatment in Derbyshire. This is an increase of 33 of those reported in November.

Of these, 4,221 were waiting for treatment at our two main providers UHDB and CRH, the remaining 1,211 were waiting at various trusts around the country as outlined in the table on the following slide.

CCG Patients – Trend – 52 weeks															
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	**Dec-21**
DDCCG	2,658	3,388	4,245	5,903	7,554	8,261	7,490	6,859	6,199	5,897	5,627	5,781	5,705	5,399	**5,432**

Main Providers:

In terms of Derbyshire the two main acute providers the 52ww monthly position up until December 2021 at UHDB and CRH is as follows:

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct- 21	Nov-21	**Dec-21**
UHDB	2,968	3,751	4,706	6,629	8,767	9,728	8,605	7,573	6,806	6,206	5,755	5,692	5,659	5,469	**5,417**
CRH	438	594	797	1,202	1,475	1,471	1,278	1,179	1,095	1098	1,118	1,129	1,133	1,084	**1,120**

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

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

Actions:

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

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

Associate Providers – Derbyshire Patients waiting over 52 weeks in December 2021 at associate providers were 1,211.

Provider	Total	Provider	Total
ASPEN - CLAREMONT HOSPITAL	11	SPIRE NOTTINGHAM HOSPITAL	2
BARTS HEALTH NHS TRUST	2	SPIRE REGENCY HOSPITAL	6
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	5	STOCKPORT NHS FOUNDATION TRUST	366
BMI - THE ALEXANDRA HOSPITAL	8	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	4
BMI - THE PARK HOSPITAL	1	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	1
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	3
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	12	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1
EAST CHESHIRE NHS TRUST	30	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	32
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	3
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	52
LEEDS TEACHING HOSPITALS NHS TRUST	7	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	7
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1	WEST SUFFOLK NHS FOUNDATION TRUST	1
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	5	WOODTHORPE HOSPITAL	7
MID YORKSHIRE HOSPITALS NHS TRUST	1	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	1
NEWMEDICA COMMUNITY OPHTHALMOLOGY - BARLBOROUGH TREATMENT CENTRE	2	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	2
NORTH BRISTOL NHS TRUST	1	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6
NORTH WEST ANGLIA NHS FOUNDATION TRUST	1	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	296	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	1
NUFFIELD HEALTH, DERBY HOSPITAL	24	SPAMEDICA DERBY	22
ROYAL BERKSHIRE NHS FOUNDATION TRUST	2	PRACTICE PLUS GROUP HOSPITAL - BARLBOROUGH	13
ROYAL FREE LONDON NHS FOUNDATION TRUST	6	SPAMEDICA MANCHESTER	1
SALISBURY NHS FOUNDATION TRUST	1	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST	1
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	40	CIRCLE READING HOSPITAL	2
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	91	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	24
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	91	**Total**	**1211**

Actions:

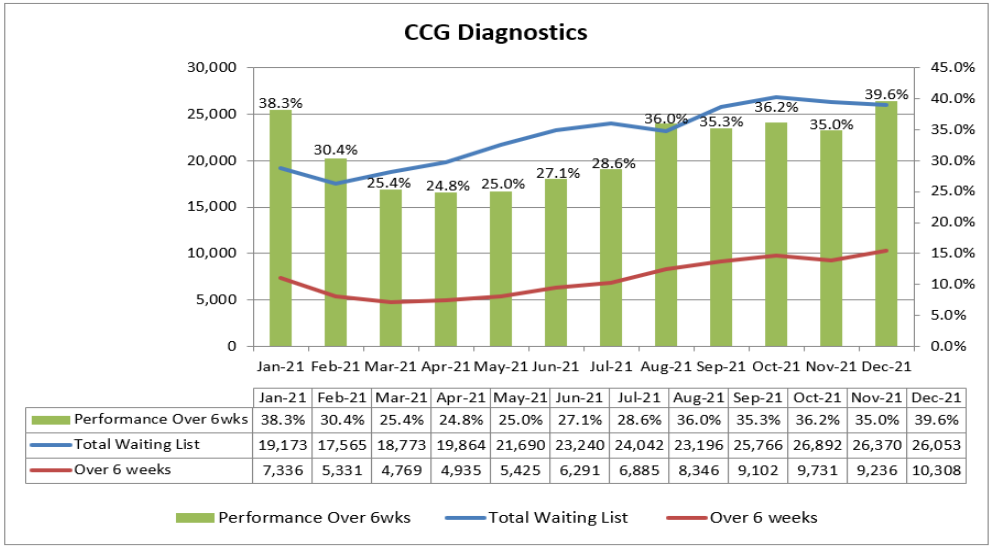
- The performance team make enquiries of the relevant CCGs and responses received back are that these patients are not clinically urgent but are being reviewed. We have not been informed of any TCI dates.

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

Performance Analysis

Derbyshire CCG Diagnostic performance at the end of December was 39.6% waiting over six weeks, a deterioration on the 35.0% waiting at the end of November.

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



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Performance Over 6wks	38.3%	30.4%	25.4%	24.8%	25.0%	27.1%	28.6%	36.0%	35.3%	36.2%	35.0%	39.6%
Total Waiting List	19,173	17,565	18,773	19,864	21,690	23,240	24,042	23,196	25,766	26,892	26,370	26,053
Over 6 weeks	7,336	5,331	4,769	4,935	5,425	6,291	6,885	8,346	9,102	9,731	9,236	10,308

Diagnostic Test Name	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport	Sheffield Teaching Hospitals	Sherwood Forest Hospitals	Nottingham University Hospitals	East Cheshire
Magnetic Resonance Imaging	47.7%	0.7%	14.4%	12.5%	5.8%	71.3%	0.0%
Computed Tomography	33.6%	4.4%	0.6%	16.1%	20.0%	13.6%	0.0%
Non-obstetric Ultrasound	52.3%	1.8%	1.0%	24.9%	28.3%	17.7%	0.0%
DEXA Scan	11.1%	1.0%	0.7%	10.1%	16.1%	60.0%	
Audiology - Audiology Assessments	42.5%	52.8%	0.0%	4.2%	1.1%	45.3%	18.3%
Cardiology - Echocardiography	42.1%	71.8%	33.5%	18.4%	43.1%	48.8%	79.3%
Peripheral Neurophysiology	1.3%		0.0%	34.0%		0.0%	
Respiratory physiology - Sleep Studies	20.4%		12.1%	24.9%	35.6%	46.5%	55.2%
Urodynamics - Pressures & Flows	66.7%	59.4%	18.2%	53.4%	13.0%	36.4%	
Colonoscopy	19.2%	13.0%	81.6%	47.0%	8.7%	47.3%	39.6%
Flexi Sigmoidoscopy	28.1%	8.5%	85.4%	62.4%	12.2%	51.2%	12.5%
Cystoscopy	21.3%	0.0%	0.0%	25.0%	45.2%	10.3%	100.0%
Gastroscopy	16.4%	13.1%	64.9%	61.1%	16.8%	51.9%	15.4%
Total	**43.1%**	**25.9%**	**32.6%**	**25.1%**	**25.3%**	**49.6%**	**27.3%**

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	5,495	2,310	893	42.0%
Computed Tomography	2,365	522	240	22.1%
Non-obstetric Ultrasound	8,684	3,472	974	40.0%
DEXA Scan	669	95	32	14.2%
Audiology - Audiology Assessments	1,163	484	157	41.6%
Cardiology - Echocardiography	4,021	2,312	621	57.5%
Neurophysiology - Peripheral Neurophys	373	13	2	3.5%
Respiratory physiology - Sleep Studies	260	88	29	33.8%
Urodynamics - Pressures & Flows	163	101	49	62.0%
Colonoscopy	1,077	380	195	35.3%
Flexi Sigmoidoscopy	463	175	68	37.8%
Cystoscopy	313	57	27	18.2%
Gastroscopy	1,007	299	133	29.7%
Total	**26,053**	**10,308**	**3,420**	**39.6%**

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

Performance Analysis

Performance during December was 25.9%, a deterioration on the November figure of 21.0%.

The numbers on the waiting list have decreased very slightly.

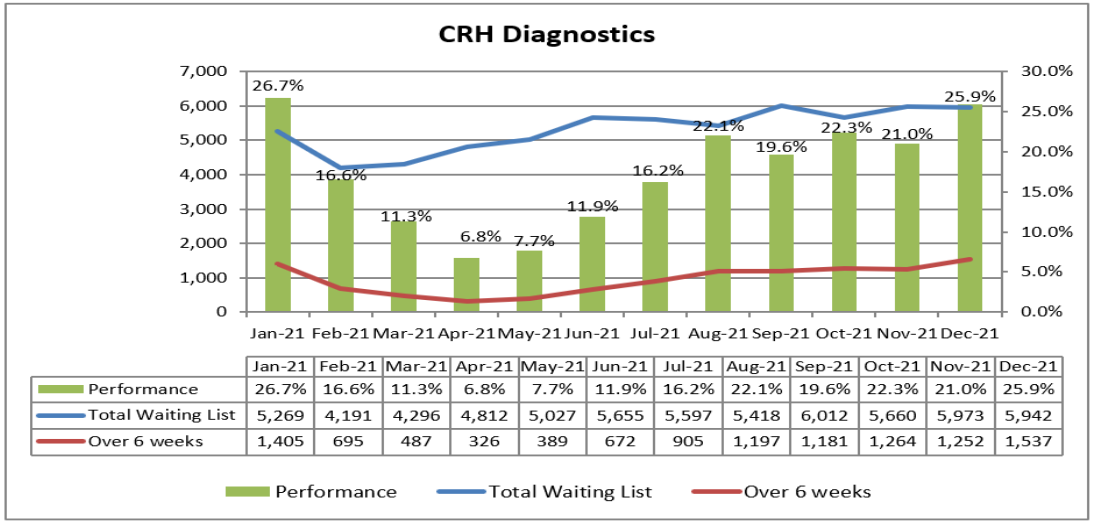
The number waiting over 6 weeks and over 13 weeks have increased.

Issues

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

Actions

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



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Performance	26.7%	16.6%	11.3%	6.8%	7.7%	11.9%	16.2%	22.1%	19.6%	22.3%	21.0%	25.9%
Total Waiting List	5,269	4,191	4,296	4,812	5,027	5,655	5,597	5,418	6,012	5,660	5,973	5,942
Over 6 weeks	1,405	695	487	326	389	672	905	1,197	1,181	1,264	1,252	1,537

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	685	5	0	0.7%
Computed Tomography	518	23	1	4.4%
Non-obstetric Ultrasound	1,875	34	6	1.8%
DEXA Scan	192	2	0	1.0%
Audiology - Audiology Assessments	496	262	72	52.8%
Cardiology - Echocardiography	1,579	1,133	542	71.8%
Urodynamics - Pressures & Flows	32	19	5	59.4%
Colonoscopy	230	30	4	13.0%
Flexi Sigmoidoscopy	82	7	2	8.5%
Cystoscopy	85	0	0	0.0%
Gastroscopy	168	22	6	13.1%
Total	**5,942**	**1,537**	**638**	**25.9%**

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

Performance Analysis

Performance during December was 43.1%, an deterioration on the November position of 38.6%.

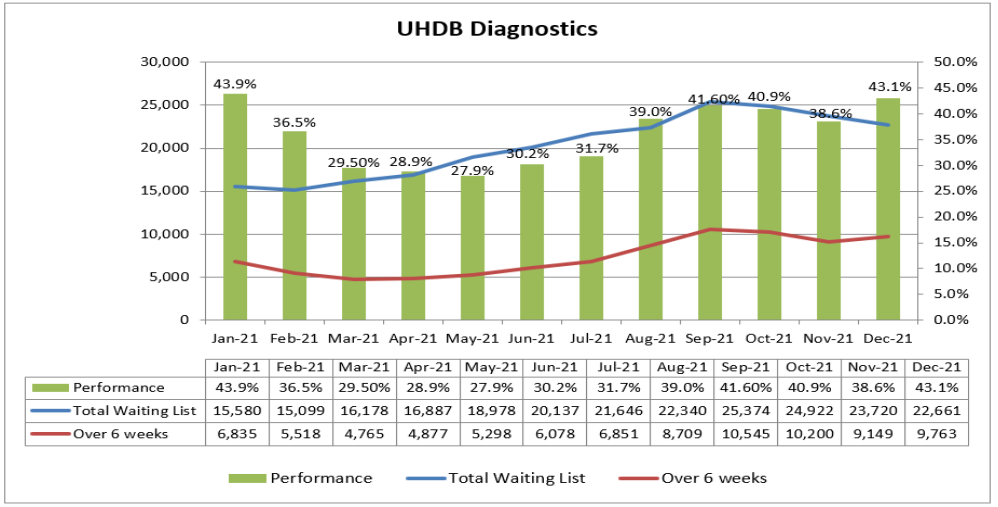
The overall numbers on the waiting list have decreased during December, however the numbers waiting over 6 weeks and over 13 weeks have both increased.

Issues

- Staff sickness levels (due to the Omicron wave and other winter illnesses) across the trust have affected diagnostics, especially in Radiology.
- There has been limited ability to accommodate General Anaesthetic patients in Endoscopy, leading to higher waits for these patients.
- The high demand due to higher outpatient referrals and increased non-elective activity continues. The high emergency demand is particularly impacting Imaging service including Non Obstetric ultrasounds.

Actions

- Imaging have recruited 12 additional CT & MRI Radiographers from abroad, therefore not drawing away from other local labour pools.
- Agreement for the Alliance CT & MRI vans to remain operational at the RDH site for a further 6 months.
- Increased outsourcing of Echocardiography and Non-Obstetric Ultrasound activity.
- Infection Control have allowed turnaround times between patients have been relaxed by 5 minutes in some areas.
- The bid for a Rapid Diagnostics Site at the Trust was successful, which will enhance patient flow.
- Validation of the DM01 records identified approximately 800 patients who were incorrectly counted as exceeding the target.

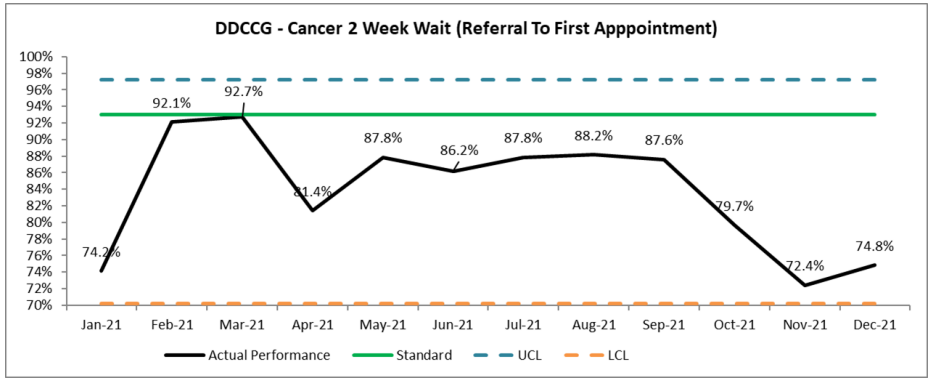


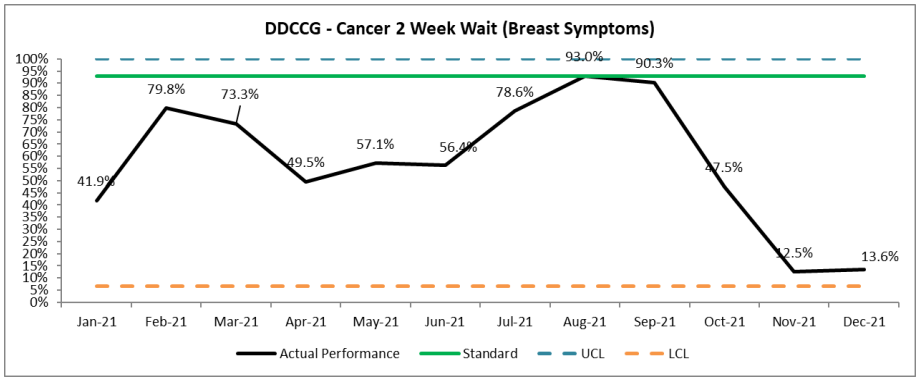
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Performance	43.9%	36.5%	29.50%	28.9%	27.9%	30.2%	31.7%	39.0%	41.60%	40.9%	38.6%	43.1%
Total Waiting List	15,580	15,099	16,178	16,887	18,978	20,137	21,646	22,340	25,374	24,922	23,720	22,661
Over 6 weeks	6,835	5,518	4,765	4,877	5,298	6,078	6,851	8,709	10,545	10,200	9,149	9,763

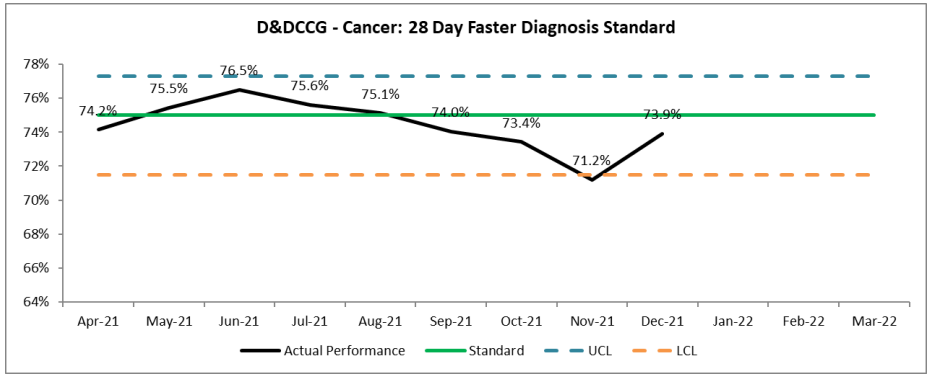
Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	5,096	2,431	777	47.7%
Computed Tomography	2,466	829	301	33.6%
Non-obstetric Ultrasound	8,603	4,503	1,300	52.3%
DEXA Scan	377	42	8	11.1%
Audiology - Audiology Assessments	1,018	433	94	42.5%
Cardiology - Echocardiography	2,381	1,002	68	42.1%
Peripheral Neurophysiology	461	6	0	1.3%
Respiratory physiology - Sleep Studies	211	43	2	20.4%
Urodynamics - Pressures & Flows	138	92	51	66.7%
Colonoscopy	683	131	16	19.2%
Flexi Sigmoidoscopy	345	97	11	28.1%
Cystoscopy	197	42	20	21.3%
Gastroscopy	685	112	26	16.4%
Total	**22,661**	**9,763**	**2,674**	**43.1%**

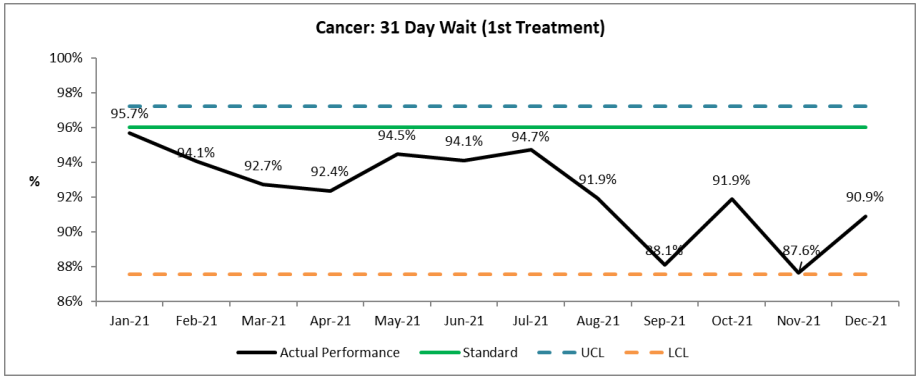
DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

During December 2021, Derbyshire was compliant in 1 of the 9 Cancer standards:
31 day Subsequent Radiotherapy – 95.4% (94% standard) – Compliant at Sheffield and Nottingham.
During December 2021, Derbyshire was non-compliant in 8 of the 9 Cancer standards:
2 week Urgent GP Referral – 74.8% (93% standard) – Compliant for Stockport.
2 week Exhibited Breast Symptoms – 13.6% (93% standard) – Non compliant for all trusts.
28 day Faster Diagnosis – 73.9% (75% standard) – Compliant for Chesterfield, Nottingham and Sherwood Forest
31 day from Diagnosis – 90.9% (96% standard) – Compliant for Stockport.
31 day Subsequent Surgery – 83.5% (94% standard) – Compliant at Chesterfield, Stockport and Sherwood Forest.
31 day Subsequent Drugs – 94.6% (98% standard) – Compliant for all Trusts except Derby & Burton.
62 day Urgent GP Referral –63.5%(85% standard) – Non compliant for all trusts.
62 day Screening Referral – 69.4% (90% standard) – Non compliant for all trusts.
104 day wait – Data unavailable at a CCG level.



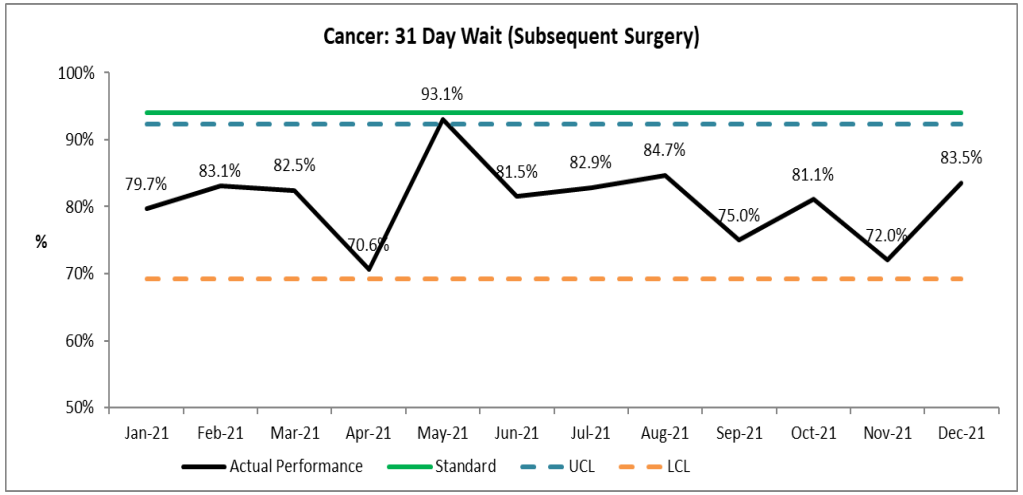


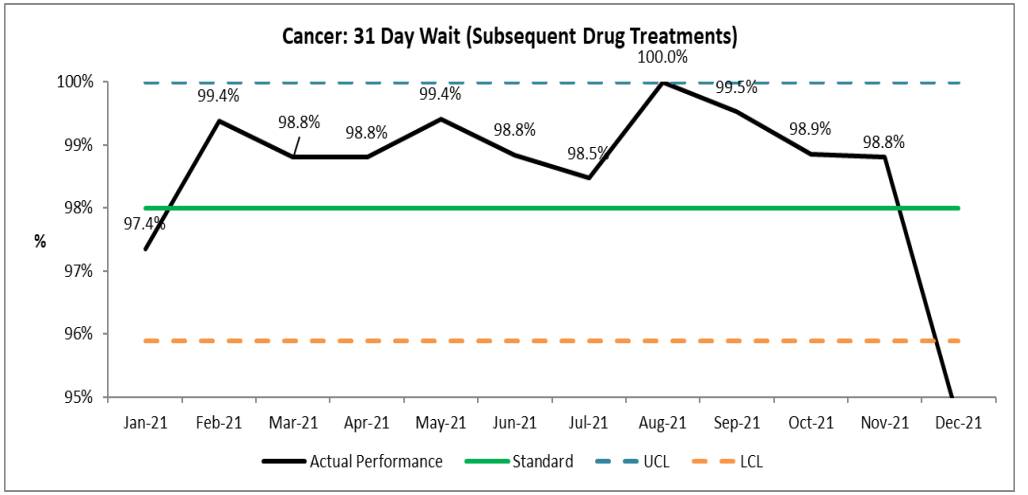


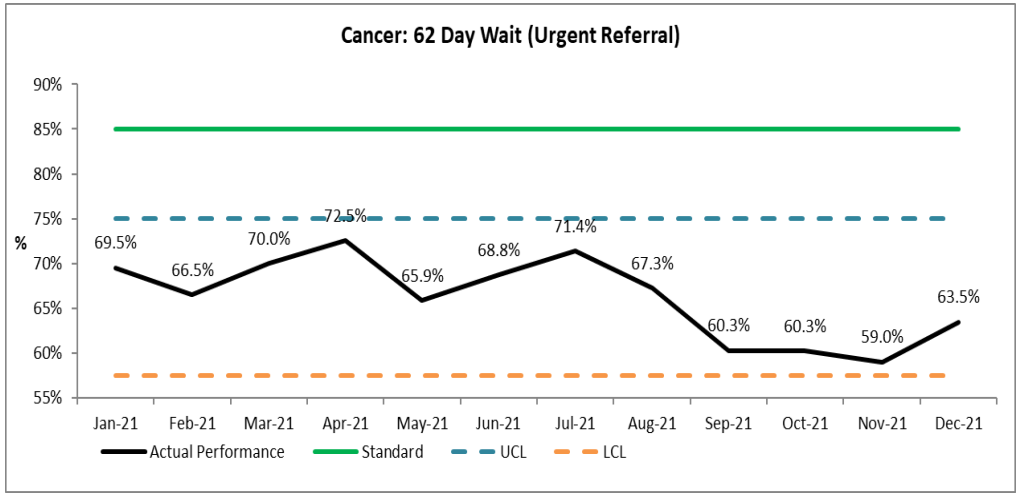


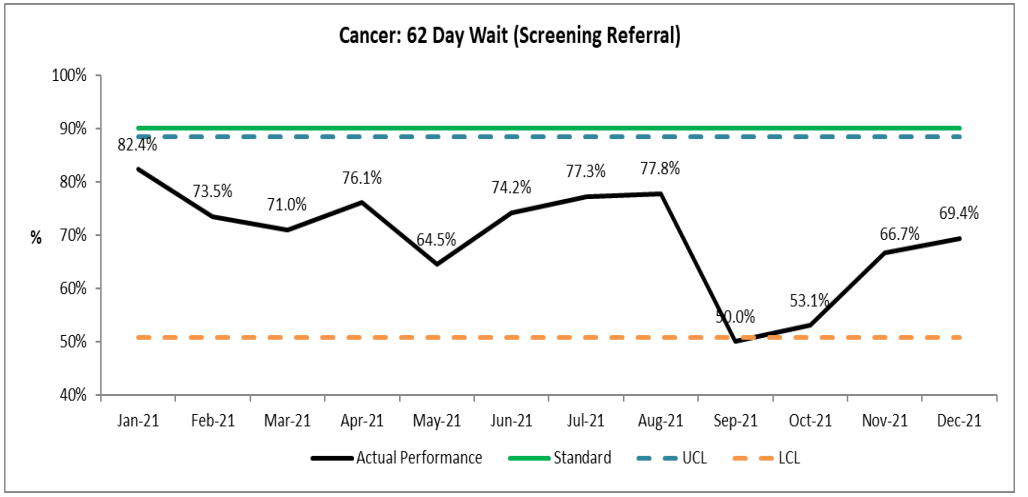
CCG performance data reflects the complete cancer pathway which for many Derbyshire patients will be completed in Sheffield and Nottingham.

DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES









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)

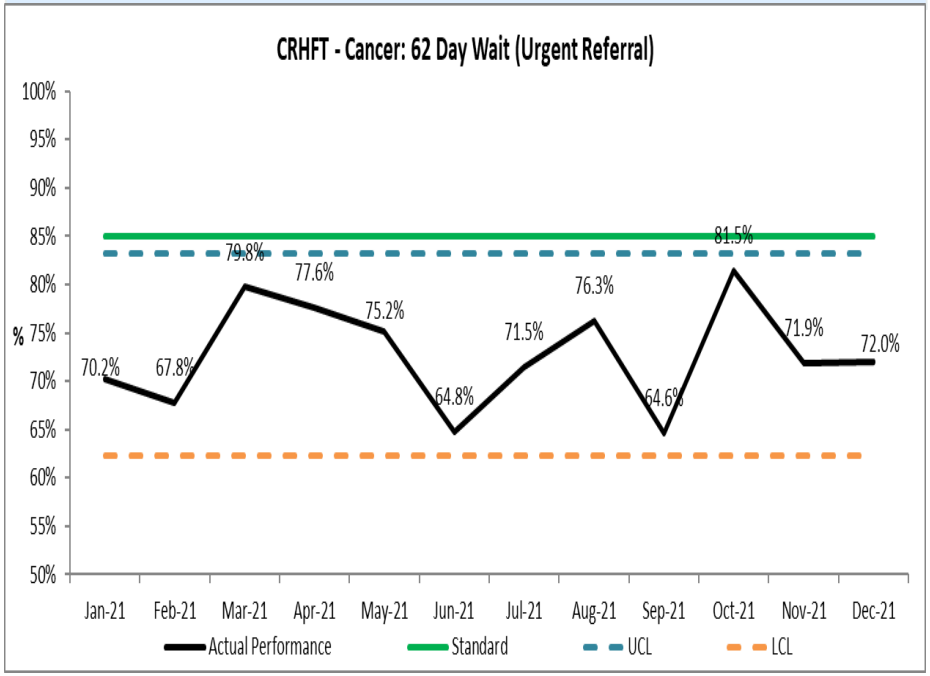
Performance Analysis

CRH performance during December for first treatment within 62 days of urgent referral reduced slightly to 72% against the standard of 85%.

There were 91 accountable treatments with 65.5 of these within 62 days, with 25.5 breaches of the standard.

Of the 25.5 breaches, 12 were treated by day 76, with 12 between day 77 and 104, with 6 patients being treated after day 104.

The tumour sites reporting the breaches include Breast (12), Haematology (1), Head and Neck (2), Lower GI (2), Lung (1.5), Skin (1), Upper GI (0.5) and Urology (5.5).



Current Issues

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

Actions Being Taken

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

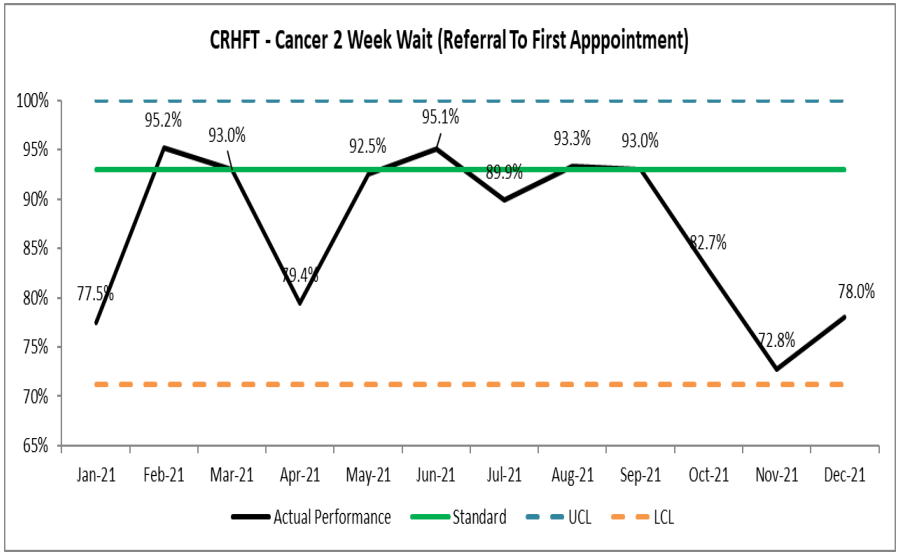
What are the next steps

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

Tumour Type	Total Patients Seen	Seen Within 62 Days	Breaches	% Seen Within 62 Days
Acute leukaemia	1	1	0	100.00%
Breast	13	1	12	7.69%
Gynaecological	2	2	0	100.00%
Haematological (Exc. Acute Leukaemia)	2	1	1	50.00%
Head and Neck	3	1	2	33.33%
Lower Gastrointestinal	6.5	4.5	2	69.23%
Lung	4.5	3	1.5	66.67%
Sarcoma	1	1	0	100.00%
Skin	29.5	28.5	1	96.61%
Upper Gastrointestinal	7	6.5	0.5	92.86%
Urological (Exc. Testicular)	21.5	16	5.5	74.42%
Totals	91.0	65.5	25.5	71.98%

75

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



Performance Analysis

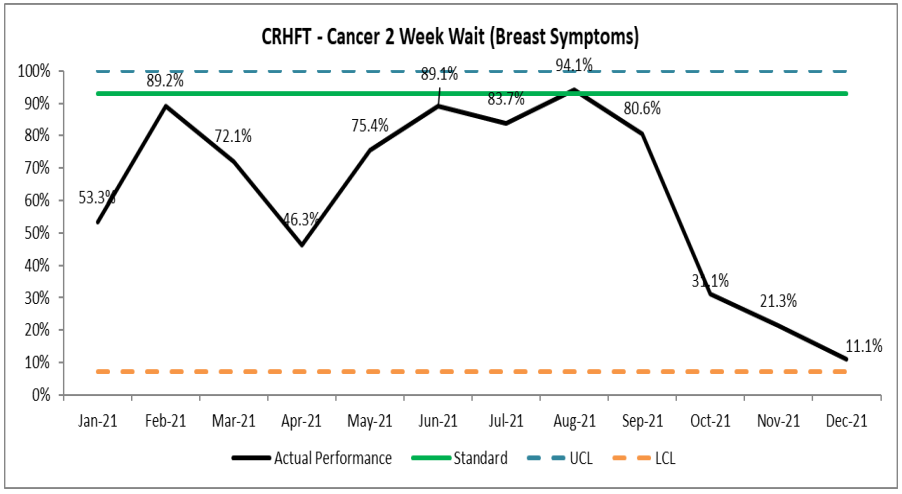
December performance at CRH was 77.99%. The main challenges for 2ww performance this month has been associated with Breast which has continued to receive a high number of referrals and first appointments have been taking place outside the 14 day target.

All other tumour sites were above 90% compliance with only Lower GI, Upper GI and Urology not meeting the standard as well as breast.

There were a total of 1,084 patients seen this month, which is an increase from November, and is above the trajectory submitted to NHSE as part of the H2 recovery plan.

Of the 1,084 patients seen, 845 were seen within the 14 days resulting in 239 breaches with the large majority of these being breast appointments.

CRHFT - CANCER WAITING TIMES – Breast Symptomatic



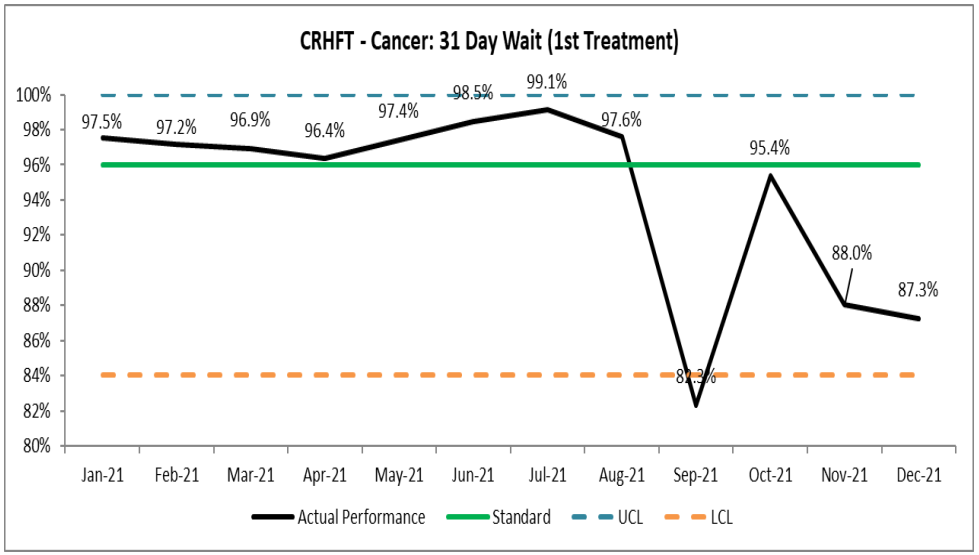
Performance Analysis

Performance in November at CRH for the Breast Symptomatic standard has reduced to 11.1%

There were 36 patients seen of which 32 were breaches. 25 of these patients were seen between 15 and 21 days with 7 being seen after day 23, again reflecting the outpatient availability.

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

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



Performance Analysis

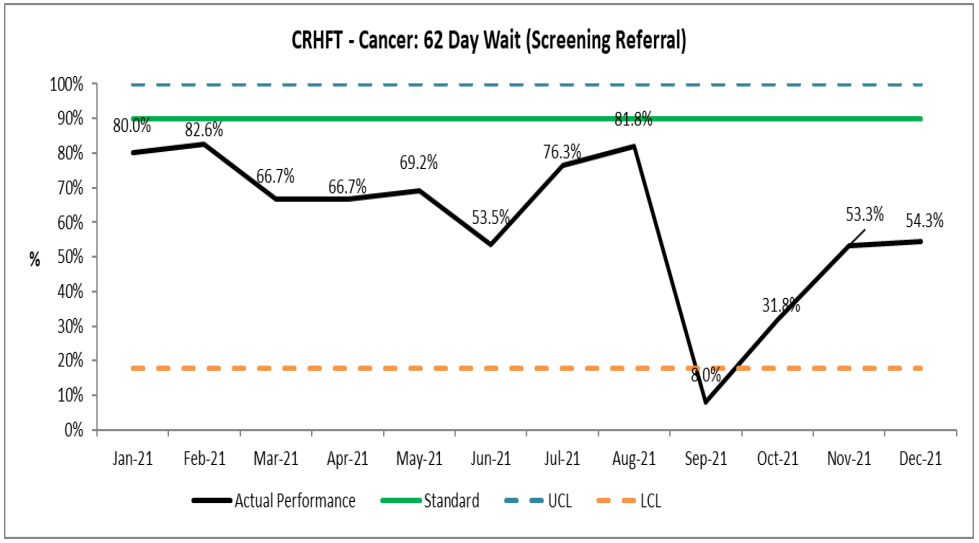
Performance in December at CRH for 31 day from diagnosis to first treatment was 87.3% against the standard of 96%.

There were a total number of 157 patients go through this part of the pathway, with 137 of them treated within 31 days resulting in 20 breaches. The tumour sites reporting the breaches are Breast (16), Head and Neck (1), Lower GI (1) and Urology (2).

Out of the 20 breaches, 17 were treated by day 47 with 3 patients treated by day 63.

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

CRHFT - CANCER WAITING TIMES – 62 day Screening Referral



Performance Analysis

Performance in December for the 62 day screening standard has improved to 54.3% an increase from the 53.3% for November, however, it continues to remain non-complaint against the standard of 90%.

The number of patients treated via screening referral was 23 with 12.5 of these within 62 days, resulting in 10.5 breaches.

Of the 10.5 breaches, 7 were treated between day 63 and 76, 3 between day 77 and 104 days with 1 treated after day 104.

77

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

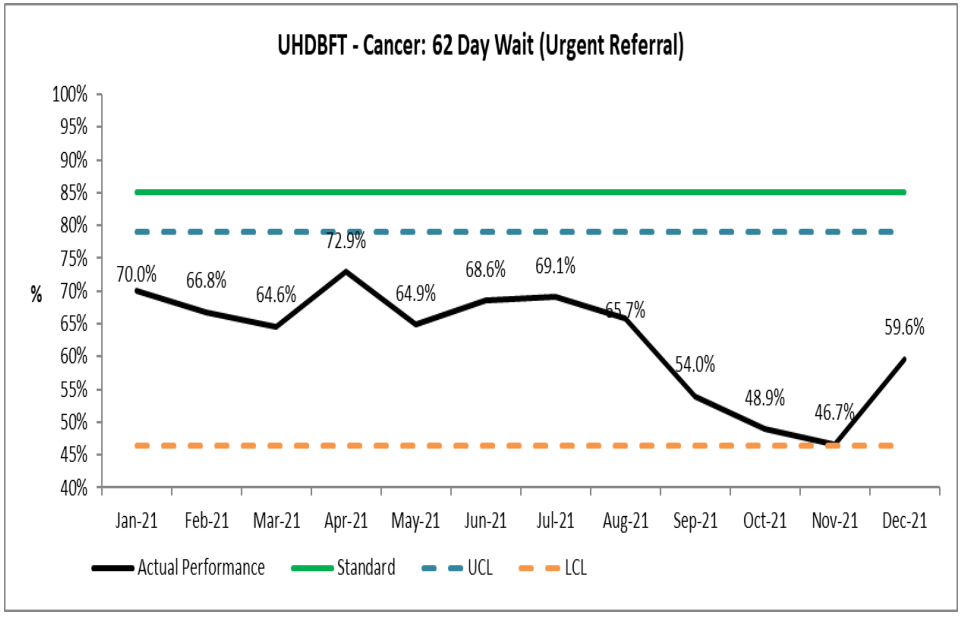
Performance Analysis

UHDB performance during December was 59.6%, an increase on Novembers performance against the standard of 85%.

This is reflecting those patients who are receiving their first treatment after day 62.

There were a total of 205 patients treated along this pathway in December with 122 of those patients being treated within the 62 day standard resulting in 83 breaches.

Out of the 83 breaches there were 76 accountable treatments by day 76, 24 by day 104 with 32 patients being treated after day 104, with 13 of these within Urology.



Current Issues

- Continued increase in referrals – Derbyshire currently receiving 130-135% more referrals than the same period in 2019 against a national average of 1155.
- Workforce issues – impacted upon by Covid and Isolation
- Limited workforce to schedule additional capacity.
- Capacity issues are particular high in lower GI

Actions Being Taken

- Additional clinics where possible in particular to support increase in Breast and gynae referrals.
- Work with specific tumour sites and CCG where inappropriate referrals are received, pressure points and what actions we can take.

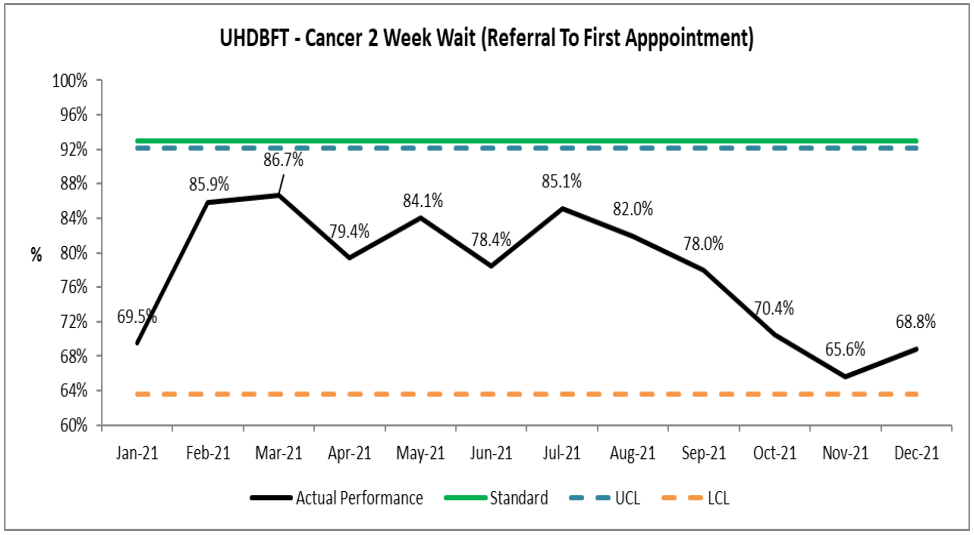
What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL.
- H1 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower.

Tumour Type	Total Patients Seen	Seen Within 62 Days	Breaches	% Seen Within 62 Days
Brain/Central Nervous System	0.5	0.5	0	100.00%
Breast	29	19	10	65.52%
Gynaecological	16	4	12	25.00%
Haematological (Exc. Acute Leukaemia)	11	8	3	72.73%
Head and Neck	9	7	2	77.78%
Lower Gastrointestinal	26	6	20	23.08%
Lung	8.5	6.5	2	76.47%
Other	1	1	0	100.00%
Sarcoma	1	1	0	100.00%
Skin	43	40	3	93.02%
Testicular	1	1	0	100.00%
Upper Gastrointestinal	17	7	10	41.18%
Urological (Exc. Testicular)	42	21	21	50.00%
Totals	205.0	122	83	59.51%

78

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

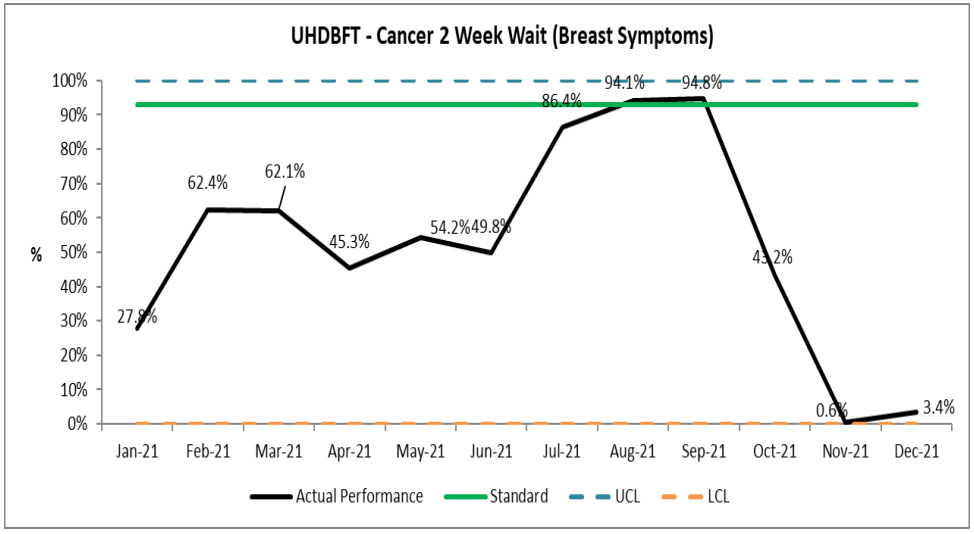


Performance Analysis

December performance at UHDB for 2 week wait has increased to 68.8% and continues to remain non-compliant against the standard of 93%. The main challenges for 2ww performance has been associated with Breast and Gynaecology performance as a result of continued increase in 2WW referrals.

There were a total of 3,229 patients seen in December which is 556 more patients than the number submitted as part of the H2 recovery trajectory.

UHDB - CANCER WAITING TIMES – Breast Symptomatic



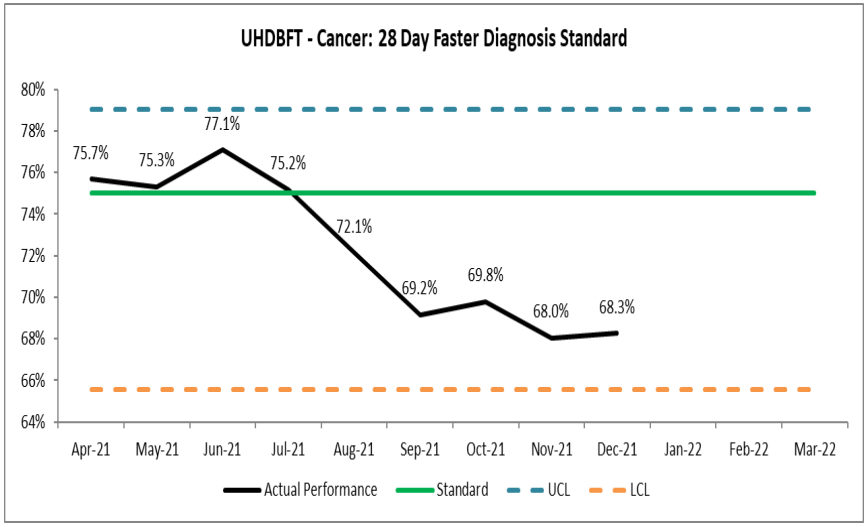
Performance Analysis

Performance in December at UHDB for the Breast Symptomatic standard has increased to 3.4% resulting in the Trust remaining non-complaint against the standard of 93%.

There were 149 patients seen via the Breast Symptomatic pathway in December, a reduction of 25 compared to November.

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

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



Performance Analysis

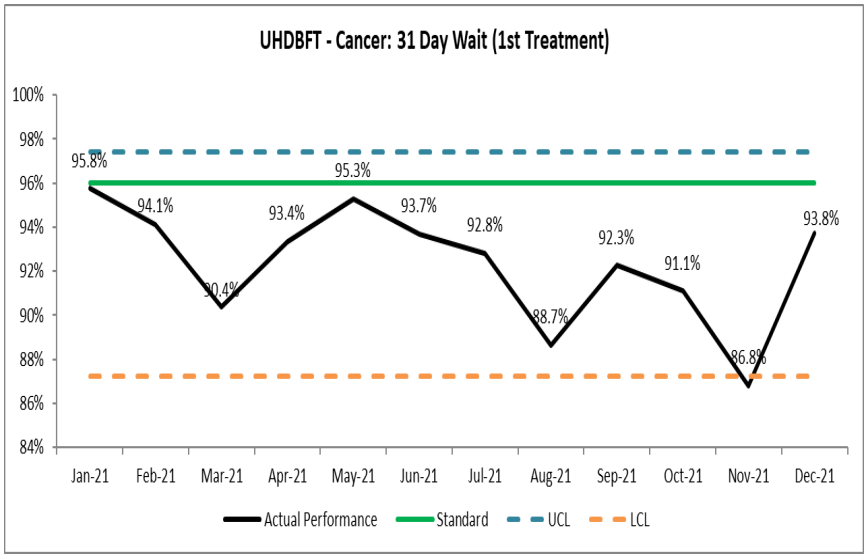
Performance in December at UHDB for the 28 day Faster Diagnostic Standard was 68.3% remaining non-Compliant against the 75% standard.

There were a total of 3,177 patients through this part of the pathway in December 2021, a decrease on the 3,521 patients during November.

Of these, 2,169 patients were informed of a cancer diagnosis or told that they didn't have cancer during December, resulting in 1,008 breaches.

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

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



Performance Analysis

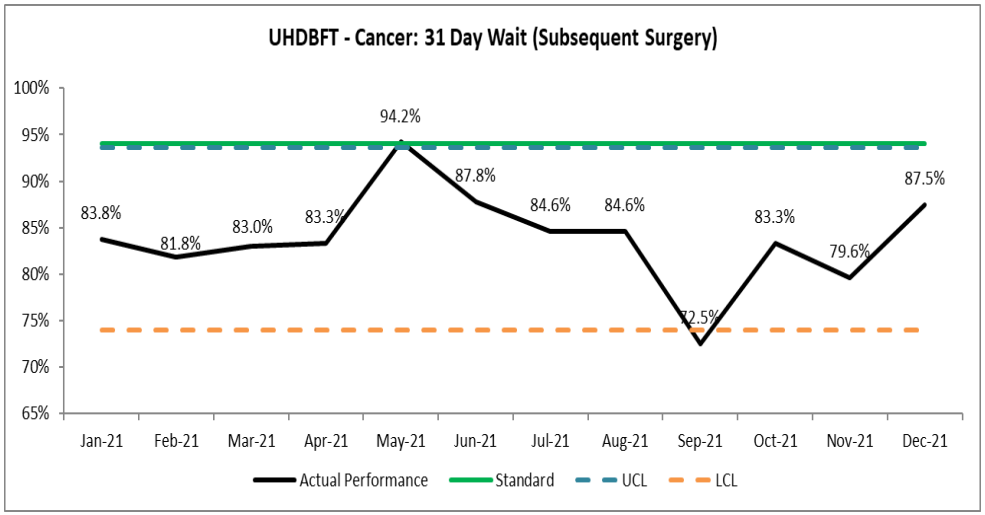
Performance in December at UHDB for 31 day from diagnosis to first treatment has increased to 93.8%, resulting in the Trust remaining non-compliant against the standard of 96%.

There were a total number of 384 patients treated in December along this pathway (402 during November) with 360 patients within the 31 day standard.

The tumour sites reporting the breaches include Breast (2), Gynaecology (4), Head and Neck (2), Lower GI (5), Skin (1), Upper GI (1) and Urology (9).

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

UHDB - CANCER WAITING TIMES – 31day to Subsequent Surgery



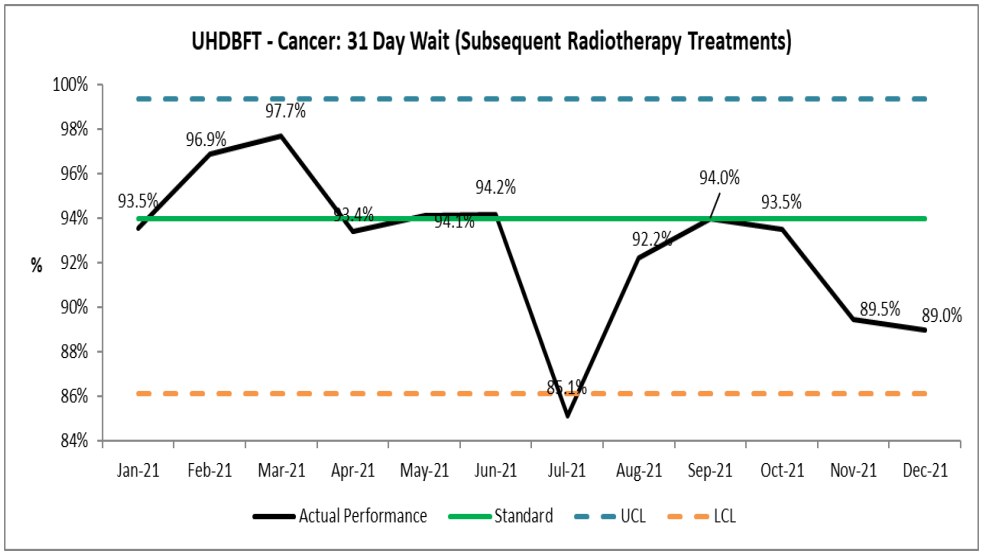
Performance Analysis

December performance for 31 day to subsequent surgery has increased to 87.5%, continuing to be non-compliant against the standard of 94%.

There were a total number of 48 patients treated along the subsequent surgery pathway in November with 42 of those patients being treated within the 31 day standard, resulting in 6 breaches.

Of the 6 breaches, 2 of those patients were treated by day 33, with the remaining four breaches after day 63.

UHDB - CANCER WAITING TIMES – 31day Subsequent Radiotherapy Treatment



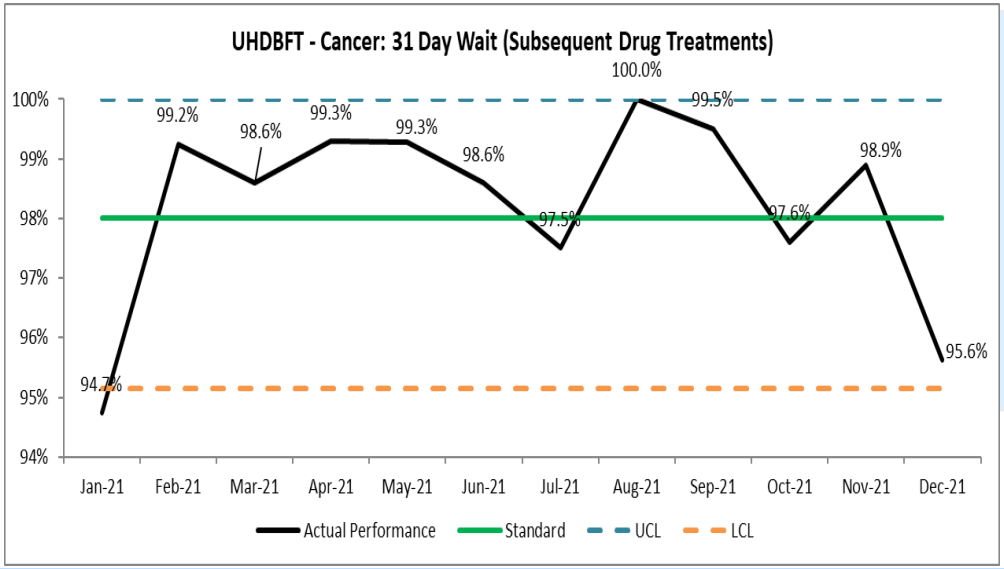
Performance Analysis

December performance for subsequent radiotherapy was 89.0%, a slight decrease on the 89.5% achieved during November, against the standard of 94%.

There were a total of 109 patients treated during November with 97of these receiving treatment before day 31.

Of the 12 breaches 5 received their radiotherapy treatment by day 38 with the remainder between 39 and 110 days – the longest waits were due to medical reasons.

UHDB - CANCER WAITING TIMES – 31 day Subsequent Drugs treatment



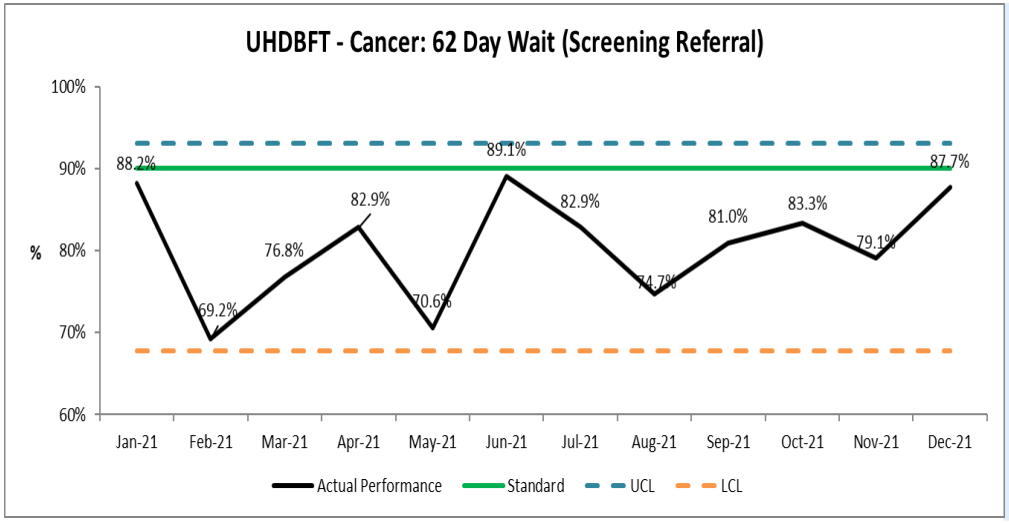
Performance Analysis

December performance for subsequent drugs treatment was 95.6%, a decrease on the 98.9% achieved during November.

There were a total of 160 patients treated during November with 153 of these receiving treatment before day 31.

Of the 7 breaches 4 received their radiotherapy treatment by day 38 with the remaining 3 treated between 48-51 days.

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



Performance Analysis

Performance in December was 87.69% which is an increase on the November performance of 79.1%.

There were a total of 32.5 patients treated in December who were referred through via a screening referrals with 28.5 being treated within 62 days (all breast screening referrals) resulting in just 4 breaches.

All four breaches were in Lower GI with outpatient capacity identified as the main reason of the breaches.

Appendix

PERFORMANCE OVERVIEW M9 – ASSOCIATE PROVIDER CONTRACTS

Provider Dashboard for NHS Constitution Indicators					East Cheshire Hospitals				Nottingham University Hospitals				Sheffield Teaching Hospitals FT				Sherwood Forest Hospitals FT				Stockport FT			
	Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Jan-22	↓	63.4%	62.1%	43	A&E pilot site - not currently reporting 4 hour breaches				↑	69.9%	73.1%	69	↓	85.7%	86.3%	15	↓	64.3%	68.7%	20
		A&E 12 Hour Trolley Waits	0	Jan-22	↓	101	329	10	↓	514	1762	7	↑	7	56	11	↑	40	137	6	↓	40	68	6
Planned Care	Referral to Treatment for non-urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-21	↓	64.1%	56.4%	52	↓	63.8%	67.2%	27	↓	74.6%	79.1%	23	↓	72.4%	69.8%	52	↓	51.8%	56.1%	47
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-21	↑	462	3770	24	↑	3677	31276	21	↑	1149	8093	21	↓	710	9634	21	↓	3772	34722	44
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Dec-21	↑	27.32%	53.82%	22	↑	49.63%	43.18%	22	↑	25.07%	16.92%	22	↑	25.26%	22.26%	24	↑	32.60%	41.73%	30
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Dec-21	↑	67.3%	90.1%	4	↑	75.1%	85.3%	9	↑	78.4%	82.5%	9	↓	88.0%	91.2%	7	↓	98.4%	97.8%	0
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Dec-21	↓	29.1%	76.4%	10	↑	23.1%	75.2%	2	↓	1.9%	26.9%	9	↓	92.5%	94.0%	1	↔	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%	Dec-21	↑	63.2%	63.7%	9	↓	78.8%	80.3%	0	↑	69.7%	67.2%	9	↑	77.7%	77.1%	0	↑	64.0%	59.3%	9
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Dec-21	↓	92.9%	92.1%	2	↑	89.3%	89.3%	33	↑	92.8%	91.2%	9	↑	91.9%	93.4%	7	↔	100.0%	97.9%	0
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Dec-21	↓	83.3%	92.3%	1	↑	69.0%	69.2%	44	↑	68.6%	74.4%	13	↔	100.0%	93.8%	0	↔	100.0%	94.9%	0
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Dec-21	↔	N/A	100.0%	0	↑	100.0%	98.6%	0	↓	98.8%	99.3%	0	↑	100.0%	91.4%	0	↔	100.0%	100.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Dec-21					↑	95.6%	94.2%	0	↑	95.9%	96.5%	0								
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Dec-21	↓	48.1%	63.0%	27	↓	61.7%	67.5%	21	↑	65.6%	61.9%	76	↑	66.8%	67.2%	24	↑	81.1%	75.9%	32
		First Treatment Administered - 104+ Day Waits	0	Dec-21	↑	3.0	32.0	16	↓	24.0	191.5	69	↑	19.5	173.5	69	↑	12.5	67.0	44	↑	2.5	20.5	32
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Dec-21	↓	80.0%	75.8%	13	↓	82.5%	74.6%	13	↑	66.7%	68.1%	13	↑	84.2%	77.4%	7	↔	N/A	40.0%	0
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Dec-21	↓	86.7%	86.9%		↓	73.7%	75.1%		↑	65.7%	73.6%		↑	82.8%	77.3%		↑	81.3%	80.3%	
Patient Safety	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Dec-21	↔	0	2	0	↔	0	0	0	↔	0	0	0	↓	1	1	1	↔	0	1	0
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Dec-21	↔		21		↓		90		↓		126		↔		61		↓		39	
			Actual				4	0			67	1			96	1			36	0			31	1
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Dec-21	↑	2	129		↔	52	517		↑	36	397		↑	21	250		↓	17	167	
		Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Dec-21	↑	2	45		↓	29	198		↑	14	144		↔	6	66		↓	3	37	

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

3rd March 2022

ITEM NO: 269

Report Title	CCG Risk Register Report at 28th February 2022
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair	N/A							
Which committee has the subject matter been through?	Governance Committee – 10.02.22 Primary Care Commissioning Committee – 23.02.22 Quality and Performance Committee – 24.02.22 Finance Committee – 24.02.22							

Recommendations

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

- The Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 28th February 2022;
- Appendix 2 which summarises the movement of all risks in February 2022.

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 28th February 2022.

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 28th February 2022 detailed in Appendix 1.

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEETING

RISK REPORT AS AT 28TH FEBRUARY 2022

1. INTRODUCTION

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

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

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

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

2. RISK PROFILE – FEBUARY 2022

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

Risk Register as at 28th February 2022

Risk Profile	Very High (15-25)	High (8-12)	Moderate (4-6)	Low (1-3)	Total
Total number on Risk Register reported to GB for February 2022	7	12	5	0	24
New Risks	0	0	0	0	0
Increased Risks	0	0	0	0	0
Decreased Risks	0	0	0	0	0
Closed Risks	0	0	0	0	0

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

3. COMMITTEES – FEBRUARY VERY HIGH RISKS OVERVIEW

3.1 Quality & Performance Committee

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

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

   The current risk score is 20.

   January performance:

   - CRH reported 88.6% (YTD 91.0%) and UHDB reported 65.7% (YTD 69.4%).
   - The combined Type 1 & streamed attendances were high at CRH, with an average of 82 Type 1 attendances and 149 streamed attendances per day.
   - There were further surges of COVID 19 admissions and outbreaks throughout the month, peaking at 80 positive inpatients, including 4 patients in ICU. This added more pressure to a trust with an escalated critical care position.
   - At UHDB the volume of attendances is high, with an average of 420 attendances per day at Derby (Type 1 and co-located UTC) and 202 at Burton (Type 1 and Primary Care Streaming).
   - The acuity of the attendances was high, with Derby seeing an average of 12 Resuscitation patients and 180 Major patients per day and Burton seeing 122 Major/Resus patients per day.
   - Attendances at Children's ED continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 100 per day during January 2022.

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

   The current risk score is 20.

   February update

   Current bed position:

   - CCG beds = 27 (Q4 2021/22 target 19).

- Adult Specialised Commissioning = 16 (Q4 2021/22 target 14).
- Children and Young People (CYP) specialised commissioning = 5 (Q4 2021/22 target 3).
- In response to the Operational Planning Guidance 2022/23 trajectories will need to be refreshed to mirror the changed ICB footprint. It is important to note that although the number of inpatients remain over trajectory there have been 15 patients discharged during Q3 one of which was a Specialised Commissioning patient and one CCG inpatient had been in hospital since 2009.
- During quarter 4 to date there have been 9 inpatients discharged. A time limited Task and Finish Group has been established to focus on ensuring the Dynamic Support Register (DSR) is evidence based and clinically led and that it focusses on enhanced wrap around provision in the community when appropriate, rather than admission avoidance.
- We are currently scoping the utilisation of the Cheshire and Wirral Dynamic Support Database and Clinical Tool. We are identifying ways in which to better utilise pre-commissioned community services such as the Intensive Support Team (IST) and Statutory Autism Team (SAT). This workstream will align itself with ASD Leads in NHSE/I.
- One of the substantive 1.0 wte Band 7 Commissioning Managers that will primarily lead on the delivery of Care Treatment Reviews (CTRs) has now concluded their induction. The provider Trust has funded the substantive appointment of a 1.0 wte Band 7 Commissioning Manager post to provide additional capacity to the TCP Team, this post holder will commence with the TCP team in March 2022.
- There continues to be no admin support within the team, block booking of a Band 4 agency admin continues to be a priority to enable coordination of C(E)TRs and support with admin within the team.
- Colleagues in the CCG Nursing and Quality team have been redeployed to support the enhanced COVID 19 vaccine programme, the TCP team have been asked to undertake the 8 week out of area commissioner oversight visits. There is currently no additional capacity within the TCP team to undertake this additional role and function. This may potentially impact on the timeliness of community CTRs and Local Area Emergency Protocols (LAEPs).
- In order to ensure timely and concise reporting to NHSE/I, mapping of required reporting and associated timeframes has

been undertaken. Clinical audit platform submissions continue to be completed in a timely manner on a monthly basis. A robust system is now in place to maintain compliance.

- Safe and wellbeing reviews (previously five eyes), Derby and Derbyshire have 31 of the regional 91 red RAG rated reviews, however as a system we have demonstrated most progress regionally in achieving completion of red RAG rated reviews. This requirement was paused from mid-December to mid-January though has now been resumed. All reviews must be completed before the end of February.

- ICS scrutiny panels are now being facilitated to identify themes and trends for local action, service delivery and/or improvement. We are focusing on the reviews that have identified concerns as our priority.

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.

   January/February update:

   - Focus on 104 day cancer waits with planned work to explore harm in more depth.

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.

February update:

- Letter received from NHSE/I on 27th January 2022 requesting that for the period up until 31 March 2022 that they are asking that practices and Primary Care Networks (PCNs) focus on the following three key priority areas while continuing to use their professional judgement to clinically prioritise care:
    - Continued delivery of general practice services, which includes timely ongoing access for urgent care with clinical prioritisation, the ongoing management of long-term conditions, suspected cancer, routine vaccination and screening, annual health checks for vulnerable patients, and tackling the backlog of deferred care events.
    - Management of symptomatic COVID-19 patients in the community, as part of the local system approach, including supporting monitoring and access to therapeutics where clinically appropriate. COVID-19 treatments will continue to develop and evolve as we learn more about the virus. Primary care will continue to play an important role in supporting the delivery of these treatments while caring for patients with COVID and long-COVID.
    - Ongoing delivery of the COVID-19 vaccination programme. It remains important that PCN Groupings focus on reaching the most vulnerable people and minimise any inequalities in uptake working with CCG, local authority, and community partners.
- The CCG provided an update to all practices to acknowledge that whilst the position in Derby and Derbyshire remains challenged with hospital flow and discharge, a persisting area of system focus, practices were requested to follow the guidance set out in the updated NHSEI letter.

2. Risk 04B: *Quality: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices*

are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.

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

**Workforce - recruitment and retention of all staff groups*
**COVID-19 potential practice closure due to outbreaks*
**Recruitment of GP Partners*
**Capacity and Demand*
**Access*
**Premises*
**New contractual arrangements*
**New Models of Care*
**Delivery of COVID vaccination programme*
**Restoration and Recovery*
**2021/22 Flu Programme*
**Becton Dickinson Blood Tube shortage*

The current risk score is 20.

February update:

- Improving Access in General Practice review has been completed. 13 practices that have been visited have been asked to submit an action plan detailing actions to increase appointment capacity and/or face to face appointments.
- The risk score remains the same, the COVID 19 vaccination programme has moved to vaccination of 5-11 year olds at risk and additional pressures within the system impacting upon demand and capacity.
- Demand on General Practice remains above pre-pandemic levels.

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.

February update

January position:

- The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource.
- The CCG is working with system partners to establish a sustainable a long term financial position and deliver a balanced in-Year position. As at Month 10 the CCG are not seeing any major financial pressures against planned expenditure with the exception of Continuing Health Care (CHC) and we continue to work with Midlands & Lancashire Commissioning Support Unit (M&LCSU) and providers to rectify this.
- The CCG are reporting a year to date underspend of £0.140m against total anticipated resources available of £1,750.629m for the period covering April 2021 to January 2022.
- Against total anticipated resources available in 2021/22 of £2,096.982m the CCG is forecasting a surplus of £0.468m. However, while the in-year position now shows a surplus the underlying recurrent position for both the CCG and the wider system remains very challenging and we are some way from achieving a sustainable system financial position.

3.4 Governance Committee – Very High Risks

One Governance Committee risk is rated as very high.

1. Risk 09: *Sustainable digital performance for CCG and General Practice due to threat of cyber-attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy. 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.* The current risk score is 16.

   February update

   - Connection to the national team with regard to the delivery of required actions for supplier assurance to address the Log4Shell vulnerability remain in place.
   - No reported instances or impact for Derby and Derbyshire has been reported or identified.
   - The risk score will remain at a very high 6 until assurance activities are completed and assured with colleagues at the national level.

5. RECOMMENDATION

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

- The Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 28th February 2022;
- Appendix 2 which summarises the movement of all risks in February 2022.

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

NHS
Derby & Derbyshire
Clinical Commissioning Group

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Residual/ Current Risk			Target Risk			Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	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.	Quality and Performance	Constitutional Standards/ Quality	3	4	12	Governance: - The CCG are active members of the Derbyshire A&E Delivery Board which has oversight and ownership of the operational standards. A performance dashboard has been produced to allow greater scrutiny of performance and any areas of concern to be highlighted and acted upon accordingly. - Providers update the OPEL reporting website daily by 11am and can escalate concerns and requests for support via the CCG urgent care team in hours, or the on-call director out of hours. - All providers participate in the COVID System Escalation Calls. - A robust Derbyshire System Winter Plan has been developed, and there will be an agreed process in order for this to be monitored and actioned throughout the Winter period - This will feed into the Derbyshire A&E Delivery Board. - Providers across the Derbyshire Health and Social Care System have now started to meet twice weekly as part of the System Operational Resilience Group. The purpose of this silver command level group is to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect, the functioning of an effective operation at a intra and inter sector level across the Health and Social Care System. This group reports into the System Escalation Group (SEC) which represents Gold Command.	Actions taken: - Review of the Directory of Services to ensure all appropriate patients go to UTCs rather than EDs - Imminent launch of the 111 First programme to move unheralded ED patients to more appropriate settings and embed a culture of patients calling 111 first - Work ongoing to develop digital consultations as part of the urgent care pathway - Enabling the direct booking of GP appointments via 111, when clinically appropriate and roll out of GP Connect to support this. - Increased Clinician to Clinician contact availability to assist EMAS clinical decision making and avoid unnecessary conveyances. - Identifying other failed pathway referrals that lead to unnecessary ambulance conveyances, forming a plan to remedy these. - Proactively manage High Intensity Users of urgent care to avoid their need to use emergency services. - Providing PCN-based enhanced care in Care Homes to improve quality and reduce unwarranted referrals. - Improving ambulance handover times through increased senior ownership within EDs and applying Releasing Time To Care principles in EMAS. - Expanding the mental health Crisis Service and enhancing the home treatment offer to improve gatekeeping. - Increasing A&E Mental Health Liaison team capacity to speed up response times. - Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. - Establishing an Orthopaedic Assessment Unit at RDH to treat patients in a more appropriate setting and improve flow. - Establishing a Surgical Assessment Unit at CRH to treat patients in a more appropriate setting and improve flow. - Increased GP Streaming at UHDB through commissioning changes and staff upskilling. - Embedding a weekly review process for patients with a length of stay of 21+ days in acute trusts. - Understanding Community demand and capacity to support the Improving Flow D2A pathways in South and City. - Increase OPAT capacity to enable more patients to be discharged from acute hospitals on IV antibiotics. - Altered handovers to enable more timely transfers from MAU/AAC to base wards at UHDB. - Same day emergency care (SDEC) and urgent treatment centre (UTC) pathways have been developed and in the process of increasing for EMAS to access, in order to reduce the number of patients directed to ED. - EMAS to undertake monthly audits with CRH and UHDB on patients that did not need to be conveyed to ED - in the process of starting to collate this data and then a system action plan will be developed, in order to make any necessary changes to reduce the number of unnecessary conveyances. - The SORG are currently reviewing the OPEL dashboard to support their operational discussion and to give a full picture on their operational resilience, which supports the system to understand where the pressures are, the impact this has and actions required to support. February: SEC has been stood down. SORG has reverted to meeting Tuesday & Thursday on a weekly basis.	January 2022 performance CRH reported 88.6% (YTD 91.0%) and UHDB reported 65.7% (YTD 69.4%). CRH: The combined Type 1 & streamed attendances were high, with an average of 82x Type 1 attendances and 149 streamed attendances per day. There were further surges of Covid19 admissions & outbreaks throughout the month, peaking at 80 positive inpatients, including 4 in ICU. This added more pressure to a trust with an escalated critical care position. UHDB: The volume of attendances is high, with an average of 420 attendances per day at Derby (Type 1 & co-located UTC) and 202 at Burton (Type 1 & Primary Care Streaming). The acuity of the attendances was high, with Derby seeing an average of 12 Resuscitation patients & 180 Major patients per day and Burton seeing 122 Major/Resus patients per day. Attendances at Children's ED continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 100 per day during January 2022.	5	4	20	5	4	20	3	3	9	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Zara Jones Executive Director of Commissioning Operations	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carlile Catherine Bainbridge, Head of Urgent Care 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	Quality and Performance	Statutory/ Financial	3	3	9	•The implementation date for LPS to replace DoL has been deferred until April 2022. The new code of practice is not expected until mid 2021. Midlands and Lancs CSU continue to re-review and identify care packages that potentially meet the 'Acid Test' and the MCA/DoLS staff member is preparing the papers for the CCG to take to the Court of Protection as workload allows. • CCG DoL policy will be updated when the LPS Code of Practice is available. • The CCG is required to submit 100% health funded packages of care that meet the DoL threshold to the Court of Protection (CoP) authorisation, there is an agreement with the LA for the joint funded cases which the LA submit on both our behalves and charge the CCG 50% of the submission fee. There is a reputational risk to CCG if found guilty of an unauthorised DoL for someone in receipt of CHC funding with associated compensation costs. • Due to the delay in the implementation of LPS until April 2022 the CCG will continue to make applications under the existing Re X process. There is still a large backlog of cases that the Court of Protection have not yet processed. • The Designated Nurse for Safeguarding Adults continues to meet once a fortnight with Midlands and Lancs to discuss ongoing management of cases. •The Designated Nurse for Safeguarding Adults sits on the CSU Operational Group where any issues in relation to this work are raised.	The Re X DoLS Options Paper was agreed by the December Governing Body meeting and is now being implemented. A further paper was taken Q & P to seek permission for the Safeguarding Adults Team and the CSU MCA/DoLS worker to submit Re X DoLS applications that are 100% funded directly to the CoP. This has been agreed and a framework for this to happen is being developed. The Safeguarding Adults Team continue to develop a framework for this to happen. This has been agreed and a framework for this to happen is being developed and an account with the COP has been set up.	September: The CSU will take over the ReX applications to the COP on behalf of the CCG once the SOP has been approved. This should ensure that the CCG has no outstanding ReX applications by the time LPS replaces the current DoL legislation. October 21 - Re X applications are slowly being processed. The risk remains the same as the numbers of Re X applications the CSU are making are not significant enough at the moment to reduce the risk. November 21: The CSU have been asked if they can transfer a worker to assist in the Re X applications for the CHC cohort because these numbers are far higher than the TCP cohort, yet have the same number of staff allocated to process. December: An LPS implementation group will be established in the New Year to take this work forward across health providers who will become responsible bodies under the new framework. January/February: No change this month.	3	4	12	3	4	12	3	3	9	March 2022	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Brigid Stacey - Chief Nursing Officer	Bill Nicol, Head of Adult Safeguarding Michelle Grant, Designated Nurse Safeguarding Adults/MCA Lead
03	21/22	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.	Quality and Performance	Quality/ Reputational	3	4	12	• System leadership group meets bi-monthly to review performance and address system issues, chaired by DHcFT SRO. • System wide plan developed identifying priorities for joint action and delivery • Additional funding and capacity in place for crisis response and forensic • Quality standards in place within contracts for NHS providers monitored quarterly at CQRG • Investment in Speech and Language Therapist for mental health wards to improve formulation in mental health care. • System Recovery & Restoration Plan implemented and ongoing • Weekly Discharge Review meeting to seek assurance against agreed trajectories • LD,MH,Autism delivery group have established a Provider development task and finish group to oversee the work to improve the capacity and resilience of local providers. - LD-A (Learning Disability and Autism) Delivery Group Meeting meet bi-weekly to monitor implementation of the seven 'lanes' on the improvement plan, with leads identified for the each workstream. - Weekly reconciliation meetings with DHcFT to ensure that admissions are appropriate with regards to confirmed diagnosis. - Mental health in-reach secondment: Funding agreed to establish a temporary in-reach post to acute mental health wards from Dec 2020 – May 2021. - Proposal to enhance the Derbyshire Autism offer: The System Delivery Board (via TCP SRO and Director of Quality) has requested a costed options proposal. This will go to the December meeting - Interim services to support Autistic people scoped and provided. The temporary secondment post and Case Managers will enhance oversight for people admitted with an ASD diagnosis. - Monthly NHSE/I regional Escalation assurance meetings - Weekly DDCCG TCP meeting • Derby and Derbyshire all-age Dynamic Support Register (DSR) for people with a formally diagnosed Learning Disability and/or Autistic Spectrum Disorder implemented • Weekly 1:1 – TCP Programme manager and NHSE TCP Lead Nurse • Covid-19 – impacting on transitions from Locked Rehab hospitals into community placements causing delays in discharges. Alternative transition planning being explored, • Case Managers redeployed to support DHcFT services – each Case Manager redeployed for 2 days per week to ensure they are able to continue to support case load.	TCP Recovery Action plan developed and monitored weekly: - Revised assurance systems and processes led by new TCP Programme Manager (Discharge Review Meeting (DRM), weekly NHS Provider meetings, appointment of two CCG Case Managers) - Mental health in-reach role: establish a temporary in-reach post to acute mental health wards from November 2020 – May 2021. - Weekly procurement updates: Multi agency weekly meetings with providers developing new services in Derbyshire led by Local Authority. - NHSE training sessions and case reviews for Ministry of Justice (MoJ) cases with Christine Hutchinson. - 1:1 support for TCP Programme Manager Admission avoidance - Proposal to enhance the Derbyshire Autism offer: The System Delivery Board (via TCP SRO and Director of Quality) has requested a costed options proposal is submitted to the group in December 2020. - Local Area Emergency Protocol (LAEP) notifications: It is an expectation that LAEPS are requested as part of meeting national and contractual expectations to notify about potential admissions. - Strengthen management of people in distress: These will focus on detailed review of care plans and provision for people with previous high levels of admissions & development of the Dynamic Support Register - Review of short breaks provision. - New Strategic Commissioner posts	Current bed position: CCG beds = 27 (Q4 2021/22 target 19) Adult Specialised Commissioning = 16 (Q4 2021/22 target 14) Children and Young People (CYP) specialised commissioning = 5 (Q4 2021/22 target 3). In response to the Operational Planning Guidance 2022/'23 trajectories will need to be refreshed to mirror the changed ICB footprint. It is important to note that although the number of inpatients remain over trajectory there have been 15 patients discharged during Q3 one of which was a Spec Comm patient and one CCG inpatient had been in hospital since 2009. Q4 to date there have been 9 inpatients discharged. A time limited Task and Finish Group has been established to focus on ensuring the DSR is evidence based and clinically led and that it focusses on enhanced wrap around provision in the community when appropriate, rather than admission avoidance: We are currently scoping the utilisation of the Cheshire and Wirral Dynamic Support Database and Clinical Tool. We are identifying ways in which to better utilise pre-commissioned community services such as IST and SAT: This workstream will align itself with ASD Leads in NHSE/I. One of the substantive 1.0 wte Band 7 Commissioning Managers that will primarily lead on the delivery of CTRs has now concluded their induction. The provider Trust has funded the substantive appointment of a 1.0 wte Band 7 Commissioning Manager post to provide additional capacity to the TCP Team, this post holder will commence with the TCP team on March 16 2022. There continues to be no admin support within the team, block booking of a Band 4 agency admin continues to be a priority to enable coordination of C(E)TRs and support with admin within the team. Colleagues in the CCG nursing and quality team have been redeployed to support the enhanced Covid 19 vaccine programme, the TCP team have been asked to undertake the 8 week out of area commissioner oversight visits. There is currently no additional capacity within the TCP team to undertake this additional role and function. This may potentially impact on the timeliness of community CTRs and Local Area Emergency Protocols (LAEPs). In order to ensure timely and concise reporting to NHSE/I mapping of required reporting and associated timeframes has been undertaken. Clinical audit platform submissions continue to be completed in a timely manner on a monthly basis: A robust system is now in place to maintain compliance. Safe and wellbeing reviews (previously five eyes), Derby and Derbyshire have 31 of the regional 91 red RAG rated reviews, however as a system we have demonstrated most progress regionally in achieving completion of red RAG rated reviews. This requirement was paused from mid-December to mid-January though has now been resumed: All reviews must be completed before the end of February. ICS scrutiny panels are now being facilitated to identify themes and trends for local action, service delivery and/or improvement. We are focusing on the reviews that have identified concerns as our priority.	5	4	20	5	4	20	2	3	6	tbc	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Brigid Stacey - Chief Nursing Officer	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A	21/22	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	Primary Care Commissioning	Primary Care	5	4	20	**Early warning systems**: CCG works with LMC and other partners to systematically identify and support practices that may be in trouble, including: reviewing information on practice performance via an internal, cross directorate review of practices looking at a range of data sources; linking with the LMC to pool soft intelligence on practice 'health' and to jointly support struggling practices; directly approaching practices identified as at risk **CCG support: C**CG commissions and funds a range of supportive measures designed to increase the resilience of General Practice, in line with the GP Forward View and GP Contract. Key working groups and committees have been established to support the delivery of the work programmes, these include: *Primary Care Leadership Committee *Primary Care Workforce Steering Group - sub group GPN 10 Group *Primary Care Estates Steering Group *General Practice Digital Steering Group The groups have a wide range of objectives and outcomes to mitigate this corporate risk, these include , managing allocation and monitoring of additional funding to support the PC workforce (recruitment and retention, new roles) Funding of practice nurses to promote the National GPN , work with CCG nursing team. Identification and delivery of training to support and improve GP practice resilience; funding increased capacity; supporting practices to manage workload, development of leadership[p roles. Utilisation of the GP Task Force and Health Education Derbyshire to support the delivery of these objectives **Peer support:** the Primary Care Networks will provide a way that practices can support each other in smaller groups. Over time this will provide a safe forum for practices to seek help from peers and another route for help for struggling practices who are not willing to approach the CCG directly **Strategy**: implementation of the CCG's primary care strategy will bring additional resources, capacity and support to General Practice, and develop its role at the centre of an integrated system, thus increasing resilience and mitigating against individual practice failure. The CCG has financially supported the development of the GP alliance, who have supported the development of the PC strategy and are also undertaking a review of PC demand and capacity in order to have a understanding of access to Primary Care in Derbyshire .	The Derbyshire wide Primary Care Strategy agreed and in place. Primary Care Networks (PCNs) established county wide. PCNs undertaking self-diagnostic to establish current position and development needs. Funding identified to support development. First cross directorate review meeting of practice data set for September. Primary Care Team to continue to work closely with practices to understand and respond to early warning signs including identification of support/resources available including practice support in discussions around workload transfer from other providers. Derbyshire wide Primary Care Commissioning Committee to oversee commissioning, quality and GPFV work streams. Assurance provided to NHS England/JUCD through monthly returns and assurance meetings.	September no change to risk score. There continues to be increasing demand and pressure General Practice are facing. Appointment levels are already at least 10% higher than pre pandemic levels (additional 50,000 per month appointments across Derbyshire) as well as Primary Care continuing to deliver 75% of the COVID vaccination programme to date largely through the existing workforce. The regular sitrep report is providing an accurate picture of the situation in General Practice that can be reported into the wider system meetings so partners have a clear understanding of what is happening in general practice and how it can be supported. Planning for support for General Practice for the winter period is in progress to support requests for additional funding and resources in Primary Care to increase capacity in Primary Care to support the system. In addition, Primary care will also be starting the flu programme in January - NHS E/I issued guidance to practices to focus and priories urgent care to support the Covid-19 vaccination booster programme until end of December 2021. A programme of national support for practices was set out including partial protection of QOF, protection of majority of PCN Investment and Impact Fund, protection of minor surgery Direct Enhanced Services (DES) payments. In January 2022, there continues to be increasing demand and pressure that general practice are facing as a result of restoration and recovery, continued support to the Covid-19 vaccination programme, increasing in practices having Covid-19 outbreaks and/or increasing numbers of practice staff being off work. As a result, the need has now switched from an urgent-only service due to the need to vaccinate, to an urgent-only service because that is all there is the capacity to provide. The delivery of urgent appointments is expected to continue until at least the end of January. Winter Access funding additional capacity to support urgent appointments is agreed and has commenced end of December / early January. This risk remains under regular review and in view of the pressures there is no change recommended to the existing high risk level this month. February - Letter received from NHSE/I on 27th January requesting that for the period up until 31 March 2022 that they are asking that practices and Primary Care Networks (PCNs) focus on the following three key priority areas while continuing to use their professional judgement to clinically prioritise care: • continued delivery of general practice services, which includes timely ongoing access for urgent care with clinical prioritisation, the ongoing management of long-term conditions, suspected cancer, routine vaccination and screening, annual health checks for vulnerable patients, and tackling the backlog of deferred care events. • management of symptomatic COVID-19 patients in the community, as part of the local system approach, including supporting monitoring and access to therapeutics where clinically appropriate2. COVID-19 treatments will continue to develop and evolve as we learn more about the virus. Primary care will continue to play an important role in supporting the delivery of these treatments while caring for patients with COVID and long-COVID. • ongoing delivery of the COVID-19 vaccination programme. It remains important that PCN Groupings focus on reaching the most vulnerable people and minimise any inequalities in uptake working with CCG, local authority, and community partners. The CCG provided an update to all practices to acknowledge that whilst the position in Derby and Derbyshire remains challenged with hospital flow and discharge a persisting area of system focus, practices were requested to follow the guidance set out in the updated NHSEI letter.	4	4	16	4	4	16	4	3	12	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Dr Steve Lloyd - Medical Director	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
04B	21/22	Quality: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme *Restoration and Recovery *2021/22 FLU Programme *Becton Dickinson Blood Tube shortage	Primary Care Commissioning	Primary Care	4	5	20	**Primary Care Quality Team**: team providing monitoring of and support to practices county wide, proactive and reactive, direct contact available to practices to clinical team members, via telephone and email, for advice and support of any clinical queries and patient safety issues. Communication pathways established including membership bulletin, Information Handbook, web site development and direct generic inbox **Primary Care Quality and Performance Committe**e: The Committee will oversee monitoring support and action plans for the delivery of Primary Medical Services, gain assurance regarding the quality and performance of the care provided by GP practices, identifying risks to quality at an early stage. Monthly meetings established. **Cross directorate internal review (hub) proces**s - Primary Care Quality dashboard and matrix developed, discussed monthly at Hub meeting, integration, sharing and triangulation of PC data from Primary Care Quality, Contracting and Transformation. Provides the opportunity to oversee multiple data sources and gain information from wider CCG teams in order to gain collective view on quality of care offered and to identify areas of best practice and areas of concern where support or intervention is needed. Provides the opportunity to review and create action plans to support practices who may be experiencing / demonstrating difficulty or signs of potential deficit in quality or unwarranted variation of care provision. **Supporting Quality Improvement visits:**18 month rolling programme of practice visits with a focus on quality and support is being delivered, this provides the opportunity of direct clinical face to face discussion between individual GP practices and CCG. Provides an safe opportunity to discuss individual practice quality metrics and for the practices to highlight / raise any issues or concerns directly to the CCG. **Clinical Governance leads meetings:** Established and held quarterly across Derbyshire PCN footprint, provides the interface between CCG and individual practices, opportunity to share best practice, practice concerns, learning and recommendations, support the implentation of GP practice governance. **Quality Schedule**: being developed as part of the enhanced service review to provide a formal mechanism to contract for improved quality standards in areas such as sepsis and safeguarding - following model developed with acute and other provider organisations. Primary Care Quality Schedule Included (October 2021) to DCCG Commissioned Primary Care Contracts, to maintain and support the delivery of continuous quality improvement in Primary Care. JUCD FLU Planning cell set up to plan and provide oversight of the Flu Programme.	Primary Care Quality Team now fully recruited to and delivering on quality programme including SQI visits. Continuing work to track and support quality of General Practice - Primary Care Quality and Performance Committee established and functioning well. Work is ongoing on development of quality schedule. Production of a Primary Care dashboard being finalised, review of quality reporting methodology and governance structures to PCCC being undertaken. Primary Care Dashboard and Matrix established. Supporting Governance Framework implemented. July: Continuing work to track and support quality of General Practice - Primary Care Quality and Performance Matrix in place and reviewed monthly. Primary Care Quality and Performance Sub Committee re established June following return to BC3, supported by an escalation methodology to ensure consistency and timeliness of response. Hub (pre meet) also established and working well to support the identification of concerns/ triangulate information across the CCG/ national data.	• A range of mitigations have been put in place both Nationally and Locally to support general practice; Local services include • Red hubs and red home visiting service; • DHU support for practices to provide cover Long COVID pathway development System support to deliver COVID vaccination programme Intelligence both qualitative and quantitative continues to be captured to both support and monitor care provided by general practice from both a contractual and quality perspective Whilst the Primary Care Quality and Performance committee has been stepped down due to the level four CCG pandemic response a monthly meeting to determine / highlight any new risks / emerging themes continues. Any actions from this will be addressed with individual practices as required . Reporting arrangement will be undertaken directly to PCCC August - JUCD moving into Phase 3 of the Covid Vaccination Programme/ FLU programme whilst General Practice also working as BAU. Demand on general practice is above pre pandemic levels September - Flu Programme - Delays in delivery of flu vaccine to GP practices. Where flu clinics have already been organised, this is adding additional pressures. Shortage of Becton Dickinson blood tubes is being managed as a system - updates and associated information is being issued to GP practices and there are only four instances where phlebotomy can be undertaken currently, due to the shortage. Therefore, phlebotomy undertaken within GP practices is severely restricted which will have a future impact on QOF prevention. It is expected that the situation will improve from 20.09.21 but pressures will still be felt. From 31.08.21 to 17.09.21 blood tests carried out in GP practices will be only in the four instances. Phase 3 COVID delayed until 22.09.21, planning taking place. October - The risk score remains the same this month but this may increase over the coming months due to the fragility in the system. This is due to the COVID pandemic and as we move into the winter months additional pressures will be experienced. November - The blood tube shortage has stabilised. Issue around the impact of the recent government announcement on the mandatory COVID vaccination of NHS staff. The mitigation in place for this is that the CCG is working with the GP taskforce to understand the impact on Primary Care. The GP taskforce are organising practice feedback to ascertain the numbers affected and the possible impact. December: Improving Access in General Practice has begun, this will support an increase in appointment capacity. February: Improving Access in General Practice review has been completed. 13 practices that have been visited have been asked to submit an action plan detailing actions to increase appointment capacity and/or face to face appointments. Risk score remains the same, COVID 19 vaccination programme has moved to vaccination of 5-11 year olds at risk and additional pressures within the system impacting upon demand and capacity. Demand on General Practice remains above pre-pandemic levels.	4	5	20	4	5	20	4	4	16	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Dr Steve Lloyd - Medical Director	Marie Scouse, Assistant Director of Nursing & Quality - Primary Care 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.	Quality and Performance	Patient Experience/ Quality	4	3	12	A national mandated programme of community delivery with specific recommendations for psychological therapies is expected. This will change how DDCCG commissions current services and stopped the planned STP Psychological therapies review. . For children there are growing waits from assessment to psychological treatment .Some investment is being made through core CAHMS investment in 2019 and 2020 in both CRH and DHCFT CAHMS linked to waiting times. A newly commissioned targeted intervention service was introduced in June 19 and digital offer for cyp in September 19 (KOOTH) . Funding for wave 2 Transformation from NHSE to support MH in school was successful with an intended start date of may 2020. A service for Looked after children was due to start in May 2020. These initiatives are intended to provide support without CAHMS being required to help manage waits. COVID 19 has reduced face to face therapies and increased waits delayed recruitment and investments and wait times have become longer. This is a concern raised by safeguarding board and partners and children's commissioner for England.	Once national research and guidance released recommission DHCFT to deliver services to new model. Continue to monitor within contract meetings once these are restarted. For children introduce increased digital offer during pandemic . Consider Further services to manage expected demand when schools return in September 20202. Progress CAHMS review to a JUCD plan of improvement with if necessary provider improvement plans. report to safeguarding board and JUCD in September 20. Report to CLC on COVID19 arrangement analysis and potential mitigations .	October update. Waiting lists for ND pathway all have come down as a consequence of mitigating actions taking effect. However there is now a surge of demand doubling for Psychology CYP 30% up for CAHMS and 40% up for targeted interventions. Eating disorder cases up 70% all pandemic related. Further waiting list initiatives utilising slippage from transformation schemes being taken forwards. November update: Slippage identified and schemes to support waiting times agreed by MH,LDA,CYP Board and being initiated. (CAMHS core, ND pathway, targeted intervention, sexual violence). December update: System MH,LDA,CYP Board approved outline plan to reduce ND wait list for cyp to get to 18 weeks by 2024/5 . work underway across east midlands to support choice agenda and wait times for ADHD adults .Recommended to review and subdivide this risk from April as system risk update with impact of Covid -19 escalation. DHCFT CAMHS ASIST (assessment) team have reported on their targeted waiting list initiative in Oct to reduce the external wait for CAMHS Initial assessment. This has reduced their waiting list to 266 young people on the CAMHS external wait list (down from 444 in August 2021) with the longest wait reducing from 52 weeks to approximately 25 weeks at this time. CAMHS have maintained all critical/essential services and continue to prioritise these. Further waiting list initiatives with Action for Children, DHCFT and CRH underway. January update - Emergence of Omicron and impact on workforce capacity has resulted in reduced access to services. February update - CAMHS have maintained all critical/essential services and continue to prioritise these. Concerns about waiting time for routine remain. Waiting list initiatives with Action for Children, DHCFT and CRH have commenced. CLCC approval for additional expenditure with Autism Assessment providers to support reduction in waiting list.	4	3	12	4	3	12	3	3	9	Mar 22	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Zara Jones Executive Director of Commissioning Operations	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.	Quality and Performance	Commissioning	5	3	15	Beds commissioned on block and to be extended for a further year. STP developing a plan for Derbyshire PICU. Use has escalated during COVID19 and funding recoverable from COVID funding this therefore has resulted in no change to the financial risk despite numbers doubling to 24 from 12. However plans will need to be in place to ensure numbers return to agreed baseline. 07.08.20 Length of stay rising is a factor in increased use mitigated by reduced use of additional observations. DHCFT have submitted 250M capital funding Bid to national capital scheme. this includes a new build PICU for men. Options for Women will need to be considered within the estate changes made possible if the bid is successful.	Continue to Explore regional options for bed optimisation being taken forward with clinical network DHcFT to take a lead provider role . OOA bed reduction plan to include PICU and manages through STP. Report on Options for Derbyshire PICU and controls to be brought back to DDCCG in September, Ensure plan in place to reduce PICU usage post COVID. Ensure that DHCFT returns patients back to Derby as soon as possible. Maintain reduced additional observation costs with continued provider challenge. 07.08.20 Issue raised in MH recovery Cell . short life group formed to address . Report on Options for future dependent on outcome of 250Mcapital bid. Subgroup of recovery cell to produce plan to reduce numbers . Finance teams to discuss how COVID funding arrangements can be taken forward with DHcFT as "top up funding" announced in phase 3 arrangements may be linked to provider costs not CCG costs. This is being investigated further.	November update: Outline Business Cases for the development of 14 bedded Derbyshire Male PICU service have been reviewed by the CCG and JUCD governance and are supported to progress to full business case. Negotiated procedures have been conducted with current contracted providers of PICU services to agree contract terms for the provision of block funded beds until the proposed Derbyshire unit is in place, this will provide an increased level of block funded access and will support the JUCD system in the achievement of no OOAP through the provision of continuity of care arrangements with the contracted providers. Contracts will be agreed by the end of November with full implementation of CoC arrangements to be in place Q4 2021/22. December update: Contracts agreed with providers for block funded beds. Mobilisation period commenced and actions agreed. Risk score amended to reflect actions taken. January Update - On track to agree new contracts. Impact of Covid on staff capacity will delay implementation of system links by +4 weeks. February update - Contract documentation shared. Mobilisation work underway.	2	3	6	2	3	6	2	3	6	Dec 21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Zara Jones Executive Director of Commissioning Operations	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	**Mitigations** (What is in place to prevent the risk from occurring?)	**Actions required to treat risk** (avoid, reduce, transfer or accept) and/or identify assurance(s)	**Progress Update**	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
09	21/22	Sustainable digital performance for CCG and General Practice due to threat of cyber attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy. 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.	Governance	Corporate	3	4	12	• NECS receive and acts on CareCERT alerts, received in response to NHS Digital monitoring of threats to the external system. Actions taken are reported via the NECS contract management meetings, and escalated to the Digital Lead where required. • The network infrastructure is proactively monitored and anti-virus signatures are maintained adequately. • NECS actively provide compliance evidence for the DSPT and provides assurance to the CCG regarding network security. • The Governance Committee has responsibility to oversee the arrangements for ensuring that technology is secure and up-to-date and IT systems are protected from cyber threats. • The NECS contract management board receives routine assurance reports regarding cyber security preparedness and resilience. • Hygiene reports (progress against technical security measures) are provided to the NECS contract management board The CCG has agreed a local policy for the shared tenancy and Microsoft Office 365 that seeks to prevent the introduction of new functionality into Microsoft Teams and other associated software until the business case has been proven that this functionality would be beneficial and until such time as the Governance is in place. Where changes are known in advance, these are communicated to staff appropriately including the effect of the change. The CCG are also working with NECS to develop system policies at the local level to allow as much local control over changes as is feasible while feeding back to the national teams. Our CCG is also two/three weeks behind the rollout in other NECS Customers to enable us to learn lessons from their experiences and adjust accordingly. The CCG receives regular automated updates from NHS Digital to enable them to identify any new risks or variations or escalation in existing risks. These are also automatically published into a Microsoft Teams environment which is shared with Primary Care to allow further propagation of the information. NECS has also agreed to provide named contacts within the CCG with regular updates around critical and high priority changes such that the CCG can actively participate in any risk management decisions and remains information of progress. Following discussion and approval at PCCC, the CCG is procuring dedicated connections into currently shared sites to remove the dependency upon AGEM and their supplier chain. This will ensure that NECS own the connection from the desktop to the data centre and out to the Internet.	CCG proposes to work closely with cyber awareness training provider / Cyber Resilience Support team which may include identification and recommendations of cyber issues that may impact on cyber security, for example developing and implementing further strategies and policies - and identification of practical opportunities where necessary to support operational awareness. Development of local policies and working with the national team to devolve as much responsibility as possible to the local level thereby allowing us to have more control over the deployment, removal and changes to functionality within the Microsoft Teams and other environments linked to the NHS shared tenancy and Microsoft Office 365. Additionally, the migration of the CCG and colleagues within General Practice away from the previous NHS Mail system and onto the NHS' national shared tenancy brings both benefits and risks. While there are economies of scale and additional functionality available, there is a lack of control over the launch of new functionality and removal of existing functionality. There are also configuration issues between settings at the national and local level, leading to a temporary pause in the deployment of Microsoft Office 365 within Derby & Derbyshire until these are remedied. Visibility of the NECS responses and strategies to dealing with critical and high priority risks.	14.12.21 - At the time of writing the update there is currently a high severity CareCert in place for a vulnerability within the Log4j component which is to be found in a number of different systems including Apple's iCloud and a number of systems in use across Derbyshire. This vulnerability can lead to remote agents taking control of a host system and as a result NECS has already identified Internet facing systems which cause a potential threat and has taken steps to suspend these pending further investigation. There is currently no evidence to suggest any breaches of any NHS organisations within Derbyshire including the CCG or Primary Care. Mitigations also include local business recovery plans. However, given the severity of the vulnerability, the current status of not knowing all affected systems and the duration that this situation is likely to be ongoing, it seems prudent to raise the probability significantly to identify this increased risk 12.01.2022 - With regard to the Log4Shell vulnerability above, the CCG and cyber colleagues from NECS are engaged with the national response programme, delivered by NHSEI, and are in receipt of the national validations and patch requirements. We are assured at this point that as much as is possible to be delivered is in train, and the national team are advising where attempts may have been made to exploit this. We have had no reported instances of impact from this across Derby and Derbyshire, and we remain vigilant. 08.02.2022 - Connection to the national team with regard to the delivery of required actions for supplier assurance to address the Log4Shell vulnerability remain in place. No reported instances or impact for Derby and Derbyshire has been reported or identified. The risk score will remain at 16 until assurance activities are completed and assured with colleagues at the national level.	4	4	16	4	4	16	1	4	4	No target date added as Cyber Security is a continuing risk/threat and will need to be reviewed constantly	Links to Strategic Aim 4	Feb-22	Mar-22	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	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.	Governance	Corporate	4	4	16	• CCG active in Local Health Resilience Partnership (LHRP) and relevant sub groups • On-call staff are required to receive Met Office Weather Alerts. These will be cascaded to relevant teams who manage vulnerable groups • Executive attendance at multi agency exercises. • Internal Audits have evaluated Business Continuity preparedness. • Derbyshire-wide Incident Plan in existence • Joint Emergency Services Interoperability Protocol (JESIP) training made available to on-call staff • Staff member trained in Business Continuity and member of professional body • Staff member competent to train Loggists internally and there are sufficient number now trained • Derby and Derbyshire CCG represented on LHRP and LRF sub-groups including, HEPOG, Training and Exercising sub-group. Risk Assessment Working Group, LRF Tactical, Human Aspects and Derbyshire Health Protection Response Group. • On-call rota being revised to introduce two tier system with improved resilience • Comprehensive training undertaken for On-call staff to National Standards Accountable Emergency Office and Deputy AEO attended EU Exit conference 17th September 2019 •On Call Forum has been established and has held productive meetings sharing knowledge and experience • Table top exercise took place in December 2019 to test the robustness of the CCG response to IT and Telephony failure and to Fuel Shortage leading to improvements in processes and procedures • CCG participating in local response to Coronavirus risks as part of the Derbyshire LHRP system following national guidance from PHE. • The Director of Corporate delivery and the Business Resilience manager took part in a national seminar Effective Communication Around Major Incidents Digital Forum on Friday 16 October, 2020. • The Director of Corporate Delivery and the Business Resilience Manager took part in a national seminar EU Exit End of Transition period workshop on 04 November 2020. This has resulted in key areas of work being identified and CCG Leads mobilised to provide a response • Senior Responsible Officer for EU Exit designated for the CCG and contact details made available to NHSEI • EU Exit now a standing item on weekly SEC Meetings	• Practices updating Business Continuity Plans to include consistent contact details for CCG in-hours and out of hours. • Business Resilience Manager developed a single operational Business Continuity Plan. This will now be reviewed in the light of learning from the COVID pandemic. • Confirm and challenge meeting with Providers and NHSEI took place on 2nd October 2019 and agreement reached with Providers on final level of assessment against the core standards. • CCG on call arrangements reviewed and CCG is operating a 2 tier on call system. Training has been provided to all on call staff from November to March 19. • Accountable Emergency Office and Deputy AEO attended EU Exit conference 17th September 2019, to gain assurance on EU Exit assurance. • CCG took part in daily SitRep reporting to NHSE until stood down on 28 October 19. • CCG provided exception reports on EU Exit through Local Resilience Forum. • Derbyshire System wide EU Exit Plan developed and distributed to Providers • Two "dry runs" at preparing for EU Exit date puts the CCG in a stronger position • Business Impact Assessments for each function within the CCG have been completed and approved the Governance Committee in March 2020. • Lessons learned from Toddbrook Reservoir will be incorporated into the Business Continuity plan when the EPRR review becomes available. • A review of the recent power outage situation at Cardinal Square is scheduled this month (November) and lessons learned incorporated into the Business Continuity Plan. • The On Call Forum has met regularly and has provided an opportunity to share experience and knowledge •The CCG has fully participated in the response to the COVID pandemic and submitted evidence to NHSEI as part of the 2020/21 EPRR National Core Standards • Continued collaborative working with Provider organisations and other stakeholders including the LRF and NHSEI Regional teams	February Update • Substantial Assurance for EPRR confirmed by NHSEI and reported to Governance Committee • System Wide On Call Rota embedded • On Call member of staff attended LRF exercise on 2 February • Awaiting revised EPRR guidance for the planned ICB • ICB will be designated as a Category 1 organisation The score has been reviewed and remains the same as there are additional demands on the system due to winter pressures and the effects of COVID	2	4	8	2	4	8	2	2	4	On going	Links to Strategic Aims 3, 4	Feb-22	Mar-22	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager
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.	Finance	Finance	4	4	16	Internal management processes – monthly confirm and challenge by Finance Committee Monthly reporting to NHSEI Development of system I&E reporting including underlying positions by organisation and for the system as a whole	Due to the uncertainty of the financial regime in the NHS it remains unclear what the impact on the CCG of failure to live within agreed resources for the 2021/22 financial year would be.	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. As at M10 the CCG are not seeing any major financial pressures against planned expenditure with the exception of CHC and we continue to work with M&LCSU and providers to rectify this. The CCG are reporting a year to date underspend of £0.140m against total anticipated resources available of £1,750.629m for the period covering April to January 2022. Against total anticipated resources available in 2021/22 of £2,096.982m the CCG is forecasting an surplus of £0.468m. However, while the in-year position now shows a surplus the underlying recurrent position for both the CCG and the wider system remains very challenging and we are some way from achieving a sustainable system financial position. The score remains the same as while the in-year position now shows a surplus, the underlying recurrent position for both the CCG and the wider system remains very challenging and we are some way from achieving a sustainable system financial position.	4	4	16	4	4	16	2	3	6	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Richard Chapman, Chief Finance Officer	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.	Quality and Performance	Quality/ Reputational	3	4	12	• Joint working in place with Derbyshire County Council to quantify the potential impact on current service users. * Joint working in place with Derbyshire Community Health Services NHS Trust to ensure business continuity plans in place and operational risks mitigated * Communications and engagement teams are being involved throughout to manage consultation process and ensure information is shared within public domain to enable a balanced view. * Project team meeting weekly to monitor progress and resolve issues - Task and finish group has been established with representation from local authority, CCG, DCHS and DHFCT Action plan has been developed and sent to the BRS Delivery Group for comment. Task and finish group will now take the action plan forward The crisis element of respite has been discussed in the wider system and agreement has been reached The original short break review - a position statement paper has been produced and will be discussed with Director to agree on next steps. Work to be carried out by the Strategic Commissioners	• Working closely with Comms and Engagement Team. • Assurance of process received from Consultation Institute.	Covid-19 restrictions – impacting on discharge planning, inconsistent policies across different providers. - Orchard Cottage maintained significant damage by a patient unable to be used at moment,, This will not be re-opened until 2021 - Amberleigh - previously closed. Discussions have taken place to re-open to provide an urgent provision for transforming care patients. Discussions continue. - The third unit remains closed as not currently fit for purpose. The crisis element of respite has been discussed in the wider system and agreement has been reached Ownership of 'Crisis' Lane as part of the Three Year LD/A Road Plan changed to DDCCG Strategic Commissioner. BRS LD A Delivery Group Extraordinary Meeting scheduled for the 21st April. Progress to be reviewed against: 1.The expansion of IST 2.Commissioning of crisis accommodation 3.Commissioning of crisis in reach 4.Review of approach to respite January Update: · Proposal being taken to MH, LD&ASD and CYP System Delivery Board Finance Sub Committee for use of monies to support delivery of the programme. · Programme infrastructure being established. February Update: · Derbyshire County Council reviewing capacity to conduct reviews, including recruitment timetable for agency.	3	3	9	3	3	9	2	3	6	December 21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Brigid Stacey - Chief Nursing Officer	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
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.	Engagement	Communications/ Engagement/ Statutory	3	4	12	Systematic completion of S14Z2 forms will provide standardised assurance against compliant decision making and recording of decisions at project level. Engagement Committee established to strengthen assurance and risk identification.	PMO processes are not being applied to restoration and recovery projects, therefore there are no checks and balances as projects proceed to ensure that they have completed either the S14Z2 or EIA forms. An equality and engagement policy is being developed to address this gap in part, for proposed adoption by all JUCD partners. EIA/QIA process adopted by JUCD. Not all projects follow a systematic project management/commissioning/transformation process to ensure standardisation of process and application of legal duties. June update: Engagement Governance Guide and training being developed to support consistency of approach for officers involved with transformational change. Meeting with new ICS Director of Transformation to be arranged to ensure processes embedded in future project management approaches. September: Completion of Engagement Governance Guide in October and alignment with transformation/PMO processes.	Engagement Committee re-established in June 2020 following pause during peak of COVID-19 pandemic. Training for Engagement committee members on consultation law completed. Replacement lay members recruited to ensure sufficient lay voice on Engagement Committee following recent resignations. S14Z2 log reviewed regularly by Engagement Committee. CCG planning approach under review to identify potential annual commissioning business cycle, thus enabling rolling engagement programme in commissioning development and activity. July: Consultation Law refresher training undertaken for engagement team to support governance process review and strengthen our approach to planning and delivery of engagement, including additional context of engagement requirements in a virtual world. Will feed Governance Guide production this month, to be reviewed by Engagement Committee in August 2021. August: Meeting with ICS Director of Transformation taken place 17.8.21; meeting with QEIA panel leads on 18.8.21. Governance Guide remains in development, aligned to revision of Engagement Model. Will also align with emerging JUCD transformation processes, with agreement that that S14Z2 check will be included in documentation and digital tool. Further strengthening of S14Z2 process also agreed with QEIA Panel process, to improve quality and timeliness of submissions of S14Z2 forms. These actions combined will serve to achieve the target score this risk during Q3. September/October: Engagement Model refresh to September Engagement Committee, governance guide sits behind this as a resource for teams undertaking service change. Planning for guide to be completed in October 2021, with parallel alignment into Transformation/PMO processes. Target risk score achievable by October/November 2021. November:The Governance Guide is progressed and submitted for approval at November Engagement Committee. December: Governance Guide verbal update given at November Committee - final amendments required prior to approval that could not be completed in time for the meeting due to team capacity challenge. To be reviewed at January 2022 Engagement Committee. January/February: Engagement Committee has reviewed the risk and ongoing work and determined that the score can be reduced to target 2x3=6. This reflects the breadth of engagement governance, infrastructure and delivery during 2021/22 that supports greater mitigation of this risk. The risk remains on the register for review for a further two months and if the position is the same, the risk will be recommend for closure.	2	3	6	2	3	6	2	3	6	Feb 22	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Sean Thornton Assistant Director Communications and Engagement
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	Quality & Performance	Corporate	3	4	12	Although not overspent to budget at this time the rising cost of care under s117 is around 38m to the system. The CCG is investing in additional case managers, re-introducing S117 work stream under MHSDB when this is possible. It is anticipated that both of these measures will positively affect outturn at system level. 17.09.20 The CCG have agreed to employ a number of case ,managers, which will cover s117 packages of Care. This is being negotiated with the CSU to start in October. The Commissioning for Individuals panel is now in place. This includes s117 cases. Although not overspent to budget at this time the rising cost of care under s117 is around 38m to the system. The CCG is investing in additional case managers, re-introducing S117 work stream under MHSDB when this is possible. It is anticipated that both of these measures will positively affect outturn at system level.	There is slippage in the introduction of case managers, so the savings have slipped from October 2020 to January 2021. Further re-design of specification now means delivery start date now Q1 21-22	Recruitment challenges 17.08.21 Risk remains unchanged pending case load review, CSU have not yet confirmed timeline. 12.10.21 Discussed with MLCSU today, she confirms that reviews are now ongoing and that potential savings will be quantified over the next quarter. The risk remains high due to the ongoing issues that need resolving with systems partners. 17.11.21 Reviews remain on track as per previous report, potential savings quantified over next quarter still. December/January/February 22: Reviews continuing as per previous updates, potential savings to be quantified in Q4	3	3	9	3	3	9	2	2	4	tbc	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Zara Jones, Executive Director of Commissioning Operations	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.	Governance	Corporate	4	3	12	• Staff files from Scarsdale site are to be moved to a locked room at the TBH site. This is interim until the new space in Cardinal is available. There are still staff files at Scarsdale and Cardinal Square they are safely secured. Due to Covid-19 the work has been placed on hold as staff are all working from home. • EA's/PA's at Cardinal Square have been contacted and a list is being pulled together of names and files (current or leavers) held ensuring that these are all securely saved in locked filing cabinets. Work is being completed at Cardinal Square by staff who do regularly attend site to compile the list and confirm who may be missing. • Consider an electronic central document management system (DMS) This action remains once we are in a position to move the project forward.	• A project team has been organised to work on the risks, ensuring that a standardised format and tick list is developed of the relevant paperwork to keep in HR files. This piece of work will take a significant amount of time before the CCG can even consider looking at a document management system. • Information Governance are currently working to secure a contract for archiving, this will ensure that staff leavers files are securely archived with the correct paperwork. • Project team are obtaining guidance with other NHS organisations to consider a document management system.	10.12.21 - Project group met on17.11.2021 - agreed that work can commence on current personal files as all the paperwork was agreed previously, with a front sheet added to everyone's HR folder. At this stage any that are required to be archived will remain in a separate filing cabinet clearly marked with meta data. Files to be reviewed ahead of transition to ICS on 1 April 2022.Update 13.12.2021 - Government advice to work from home wherever possible will temporarily pause project. 17.01.22 - Government advice to work from home wherever possible has temporarily paused project. 11.02.22 - Project group to recommence review of HR files. Although the requirement to work from home has been lifted, the restrictions have impacted on the ability of the CCG to review files.	3	3	9	3	3	9	1	2	2	On going tbc	Links to Strategic Aim 4	Feb-22	Mar-22	Beverley Smith, Director of Corporate Strategy & Development	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.	Governance Committee	Corporate/Clinical	3	3	9	Daily Team Meetings/catch up's held between Managers and their staff. Weekly All Staff virtual meeting held, led by Dr Chris Clayton, to update and inform CCG staff of developments etc. Weekly Staff Bulletin email from Dr Chris Clayton outlining the CCG activity which has occurred during the week, with particular focus on the people aspect of the CCG. Twice daily COVID-19 Staff update emails issued outlining all progress, news and operational developments. CCG employees trained as Mental Health First Aiders available for all CCG staff to contact for support and to talk to. This is promoted through the daily COVID-19 Staff updates. Included in the Staff update emails is the link to the Joined Up Care Derbyshire website staff support area which is available and continues to be updated. This now also includes a new section for leaders and a section for parents or carers of children. This also offers wellbeing, health advice and support for health, social care and community staff in relation to the Covid-19 virus. For confidential support and counselling the CCG employee assistance programme provider (EAP) can be accessed by all CCG colleagues and family members in the same household and is available 365 days a year, 24 hours a day. They have also launched a 25 minute web based "Working from Home and Resilience" seminar details of which have been included in the CCG Staff update email. 1 to 1 wellbeing checklist introduced for line managers to facilitate support for members of their team. Virtual tea breaks and initiatives to promote social connectivity introduced and ongoing.	08.04.20 A range of ideas to support the wellbeing of staff working from home will be launched shortly, with a toolkit to help staff all maintain a positive outlook and ensure interaction with colleagues 'off topic' to maintain spirits during the working week. Staff are encouraged that they should all take time to remember that they are not "working from home", but "at home, during a crisis, trying to work". 17.04.20 continue to monitor and assess sickness returns for trends and patterns and review good practice for staff H&WB e.g. NHS Employer, Social Partnership Forum etc. 12.05.20 The CCG will develop and run briefings for line managers to support them in undertaking 1 to 1 wellbeing checks with their team (to include wellness action plan, display screen equipment review and risk assessments for vulnerable staff).	10.12.21 - Majority of mid-year review conversations focussing on health & wellbeing & support required by staff have now taken place. All staff webinar held on personal resilience and change by Thrive psychologists Promotion of virtual exercise classes and exercises to undertake whilst working to maintain good MSK health. Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions. From 13.12.2021 staff will no longer be able to book a desk to work from a CCG location, however, exceptions will be looked at for health and wellbeing grounds as previously. 17.01.22 - Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, exercise classes and maintaining good MSK. Staff working from home with exception of a few CCG staff for health & wellbeing reasons. 11.02.22 - As above. With the lifting of the restrictions, staff are again able to book a desk and work from a CCG base.	2	3	6	2	3	6	1	3	3	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Beverley Smith, Director of Corporate Strategy & Development	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
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.	Governance Committee	Corporate	3	4	12	Staff asked to complete Skills Survey for redeployment. Detailed analysis of deployment within and outside of the CCG completed. Backup rota compiled for Incident Control Centre (ICC). Majority of CCG staff working from home. Business Continuity Plan escalation level increased to 4 allows for pausing of functions within the CCG.	Running a mixed model of remote/base work Possible shadowing of staff working in the ICC by backup rota staff. General capacity issues in covering staff absences. Staff illness could compromise the operation of the ICC. Develop a resilient rota for the ICC, PPE and Testing Cells over 7 days	20.12.21 - Increasing number of redeployments away from the CCG, due to requirements to support the system with the COVID booster and vaccination programme. Risk probability score increased accordingly from 1 to 3. Permanent structure developed for VOC to support continuity & deployment and submitted to Executive Team for consideration. Additional interim resource being brought in to boost capacity in the short-term (until 31 March 2021) from underspend on both running and programme costs. 17.01.22 - Increasing number of redeployments away from the CCG, due to need to increase surge capacity (clinical) and open wards plus ongoing requirements to support the system with the COVID booster and vaccination programme. Permanent structure developed for VOC to support continuity & deployment to be further reviewed in 1 month. 11.02.22 - Number of redeployments are starting to reduce with several Nursing & Quality returning to undertake essential CCG work. Appointments to permanent VOC structure pending further review.	3	4	12	3	4	12	1	3	3	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Beverley Smith, Director of Corporate Strategy & Development	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.	Quality & Performance	Clinical	5	4	20	National and local campaigns across all media platforms to promote access and availability of health services. Weekly performance brief to monitor patient attendance across providers (A&E, 111, NEL, Elective Care, Cancer etc.) Primary Care agreed to prioritise LTC reviews for all priority (red) patients and have agreed to see all amber patients by 31st March 2021. Includes messages to voluntary sector to strengthen messages to patients. COVID vaccination roll out to commence in December, based on a prioritisation framework.	On-going public communication campaigns regarding service provision as we move across each phase. To support winter pressures, PCN's are developing contingency plans to support patients that display COVID/ Flu symptoms. Learnings to be taken from the red hub concept. Proposals to restore services and reintroduce appointments by utilising digital technology and reviewing provision of service (acute v community) e.g. rehab services, diagnostics, phlebotomy, MDT's etc. System Cell leading on the co-ordination of vaccine roll out, commencing in early December.	10/12/21- Concern over Omicron variant and national measures have been introduced to tackle the spread. Booster jab roll out for all 40+ commenced. Advise to keep the risk on the tracker due to forthcoming winter pressures and the spread of COVID variants. January - The spread of the Omicron COVID-19 variant across our communities has not yet resulted in the increased use of our Intensive Care Services but general admissions to our hospitals with COVID-19 are increasing, together with an increase in care activity and requirements in our community-based services. With circa 200,000 confirmed cases each day nationally (7/1/22) , it is inevitable that our staff will pick up the virus themselves. At present, this is the main challenge to service delivery; in both health and social care we have the estate and the facilities to meet much of the demand, but we are challenged in sustaining the staffing levels required to use it fully. Feb 22- Advise to keep the risk on the tracker due to winter pressures and the spread of COVID variants. Continued pressures in the system and impact on workforce/service delivery caused by COVID-19. COVID infections are now starting to reduce nationally and COVID restrictions are set to be lifted in Feb/March by the government.	2	3	6	2	3	6	2	3	6	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Dr Steve Lloyd, Medical Director	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.	Quality & Performance	Clinical	4	4	16	Derbyshire-wide Condition Specific Boards continue to review information, guidance, evidence and resources to understand the repercussions e.g. NHSE After-care needs of inpatients recovering from COVID-19, BTS Guidance. System working to co-ordinate and implement guidance. Primary Care agreed to prioritise LTC reviews for all priority (red) patients and have agreed to see all amber patients by 31st March 2021. NHSE have launched the 'Your COVID Recovery' service to provide advice and guidance (self-care) online, and a national COVID rehab service is in development Post COVID rehab pathways for admitted and non-admitted patients being developed, and criteria for referral to secondary care if patients have ongoing needs. vMDTs set up across the county in respiratory between Acute and Community Respiratory Teams. Working towards implementation with Acute and Primary Care. Post COVID Syndrome Assessment Clinic service implemented to support patients suffering with post/long COVID symptoms. MDT approach to provide physical and psychological assessments, to ensure patients access the required service and treatment.	Review COVID inpatient data to identify pre-existing LTCs to proactively support patients. Derbyshire-wide Condition Specific Boards to amend/ develop pathways through embedding new guidance and good practice to allow effective follow-up of patients. Keep virtual consultations / on-line support (amplify). Proposals to restore services and reintroduce appointments by utilising digital technology and reviewing provision of service (acute v community) e.g. rehab services, diagnostics, phlebotomy MDT's etc. To support the roll out of the 'Your COVID Recovery Service' throughout Derbyshire as required. To include communications and implementation of rehab service. Review and scoping of pan-Derbyshire end to end rehab pathway Develop and implement a Post COVID Assessment Clinic to ensure patients are referred to appropriate services. Post COVID integrated pathway (system) and Post COVID Assessment Clinic to be communicated across the health system. Including culturally relevant communications to raise awareness amongst patients and the public.	12/11/21- Agreed to develop two rehab centres at CRH and Florence Nightingale. Recruitment to the workforce has commenced and system wide partners are dialogue to develop the patient pathway. 12/11/21- Concern over waiting lists and recruitment at the Assessment Clinic. Funding being utilised to recruit additional clinician time to eradicate backlog by Dec 21. 10/12/21- Ongoing development of the rehab service, and DCHS are implementing a revised plan to reduce the assessment clinic waiting list. January- The North and South Long COVID rehab centres have appointed case managers and assistant practitioners. Aiming for a March launch of both centres. To support the Post COVID Syndrome backlog, DCHS are triaging referrals and have recruited bank staff to eradicate the 230 patient backlog by March 22. Feb 22- No update. Still aiming to launch the rehab centres in March/April 22.	3	3	9	3	3	9	3	3	9	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
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.	Quality & Performance	Clinical	5	3	15	o Derbyshire Healthcare NHS Foundation Trust have developed a 24 / 7 crisis helpline for people of all ages and their carers to seek advice regarding MH difficulties including those arising or being exacerbated by Covid-19. Helpline is accessible via 111 warm transfer. o Multi-agency approach in place collating all sources of support and advice that will also support the help line in terms of where people can be triaged to get the most appropriate help. o Working with Communications teams to ensure that information is disseminated effectively across all stakeholders and the system. o Actively working with providers to understand their business continuity measures and how they are planning for fluctuations in demand and capacity, e.g. to meet and respond to reduction in referrals and/or anticipated surge in demand going forward. o CYP services, targeted intervention predominantly online. CAMHS RAG rating and prioritising urgent cases. Digital offer Kooth and Qwell uplift continue until March 21. Ongoing CYP communications strategy with partners to send information out across the system. o IAPT providers fully operational and accepting referrals - Attend Anywhere utilised across the trust for online consultations Mental Health System Delivery Board to provide Covid oversight recovery and planning	o To further recruit and upskill clinical triage & assessment team staff responding to the helpline in CYP, LD & Autism o Additional community based LD beds -there needs to be an agreed list of identified staff that can be called on this responsibility lies with LA not CCG. Building needs to be furnished and cleaned. o Re above – need to develop a training programme for staff working in the specialised unit- being actioned via LD delivery group. o Need to finalise the LD & Mental Health All Age COVID Recovery Planning Group process to feed into LRF across providers. o Wellbeing in education training to all schools Sept - March to include local MH resources and pathways . Close monitoring of service demand to be prepared to respond to any anticipated surge in referrals now CYP returned to school o IAPT providers are funded on AQP basis so there is no cap on activity - frontline staff vaccinations will support increase in face to face capacity and engagement in care and improve resilience of staff capacity reducing absences	November 21 - Additional CYP crisis staff starting to come in to post i.e. in CAMHS Eating Disorder urgent care team . Continued pressures on paediatric units and in community. Working up / reviewing opportunities for CYP short term accommodation. December update - Continuing to recruit to Crisis, Liaison and Intensive Home treatment team. Ongoing pressures affecting flow across in tier 4, paediatric units and community January update - Emergence of Omicron and impact on workforce capacity has resulted in reduced access to services. Continued focus on planning for additional investment in crisis response offers. February update - Work force capacity remains stretched, providers continuing to try to recruit to Crisis, Liaison and Intensive Home treatment team although some posts difficult to fill.	4	3	12	4	3	12	2	2	4	Oct-21	Links to Strategic Aims 1, 2, 4, 5	Feb-22	Mar-22	Zara Jones, Executive Director of Commissioning Operations	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 Helen Van Rastell TCP Programme Manager Jenn Stothard Head of Mental Health
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 are predicted to increase as COVID restrictions ease.	Quality & Performance	Clinical	5	4	20	Key statutory partners such as Health , Local Authority, Police and Voluntary Sector are working closely together to ascertain who are at enhanced risk. Safeguarding meetings and assessments are continuing to take place via virtual arrangements. Families and individuals are being signposted to relevant support services.	Domestic Abuse is likely to increase as family groups are forced to be together for extended periods of time, children are at home on a full time basis, there are financial pressures due to restrictions upon employment, and adults at risk from abusive partners become socially isolated. It remains at an early stage. Referrals are expected to increase with another sharp spike in activity predicted when COVID restrictions are eased and victims feel safer in making disclosures Self Neglect. Individuals are finding it problematic to obtain aids to daily living and basic essentials. They do not have the motivation or ability to access sources to access or replenish essential items. Scamming. Individuals are targeted due to their physical or cognitive vulnerability and persuaded and cajoled to trust unscrupulous individuals During the COVID19 pandemic the number of referrals to adult social care services has increased but not as yet at the rates envisaged and predicted at the outset of lockdown and enforced isolation. Ongoing close partnership working is required. The Derby and Derbyshire Safeguarding Adult Boards are continuing to work collaboratively to gather information / intelligence and data regarding domestic abuse and adult abuse prevalence during the COVID 19 pandemic to formulate relevant action / contingency plans. Police are undertaking safe and well checks as appropriate and will use powers of entry if deemed necessary and proportionate.	September: The Safeguarding Adult Boards and their Quality and Performance Committees have taken a view that the risk of escalating adult safeguarding activity remains an unknown quantity. Referrals have continued to rise every quarter as more adults at risk are in contact with families and service providers. Self-Neglect and Domestic Abuse, particularly within those aged 65 plus have increased. It would be fair to say that systems are under increasing pressure and it would be optimistic and naive to amend the risk factors and threats at this time. As stated previously we are only likely to begin to understand the impact of Covid upon adults at risk when we have had a sustained and consistent period of normality. This has been exacerbated by a heightened alert around Prevent and anti-terrorist activity particularly within extreme right wing groups. This is in itself linked to the Black Lives Matter strategy and the recent Afghan migration to the UK No further update to add for October. November - Safeguarding Adult referrals have increased by 16% over the last Quarter. This was anticipated due to an easing of lockdown restrictions began to take effect. These referral rates and types are monitored through the Safeguarding Adult Boards and also via case file audit. There should be little doubt that systems and resource es are stretched and challenged but at the time of writing there are no particular areas of concern requiring escalation. Suggest that we continue with the risk levels as they currently stand until completing a root and branch review during March 2022. December - No changes this month. January - This is currently under review. Update February/March. No change this month. February - Both Derby & Derbyshire Safeguarding Adult Boards (SABs) have development days this/next month and will review and revise the register accordingly.	4	3	12	4	3	12	3	3	9	Dec-21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-22	Mar-22	Brigid Stacey, Chief Nursing Officer	Bill Nicol, Head of Adult Safeguarding
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.	Quality & Performance	Clinical	4	4	16	• Risk stratification of waiting lists as per national guidance • Work is underway to attempt to control the growth of the waiting lists – via MSK pathways, consultant connect, ophthalmology, reviews of the waiting lists with primary care etc. • Providers are providing clinical reviews and risk stratification for long waiters and prioritising treatment accordingly.	• An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SQP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	• Monthly groups are in place with all 4 providers represented • Completion of assurance framework quarterly is undertaken by all providers and reports to PCDB quarterly, and to SQG • Identified harm is reported on STEIS and all providers are monitoring this • A risk stratification tool is being piloted by providers November: Nothing further to add this month. December: Provider Governance processes have been reviewed and strengthened regarding oversight. January/February: Focus on 104 day cancer waits with planned work to explore harm in more depth.	4	4	16	4	4	16	3	2	6	Feb-22	Links to Strategic Aims 1, 2, 3, 4	Feb-22	Mar-22	Brigid Stacey, Chief Nursing Officer	Alison Cargill Assistant Director of Quality
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.	Quality & Performance	Clinical	4	5	20	Short term work has been undertaken and assurance re the safety of services has been provided by the Medical and Nursing Director at CRHFT, however the long term sustainability of the service now needs to be addressed. March update: CRH Stroke Service Contingency Plan has been implemented, with sign-off from impacted surrounding trusts (Kings Mill, Hallamshire, UHDB, and Stepping Hill). Short-term mitigations in place to support service continuity, reducing the risk of service suspension and patient divert.	• Locum Consultant cover is in place • Clinical Leadership support is being provided by Liverpool Consultant • Trust to go out for advert to recruit new Stroke Lead consultant & work being done to make advert attractive • CCG , NHSE & System working with Trust Medical Director to contact other organisations and the Stroke Network for support. • Trust reviewing staff daily and escalating as per safer staffing policy as required, including red flag acuity reporting • CRHFT and Integrated Stroke Delivery Network (ISDN) leads to develop service contingency plan to understand internal measures, mutual aid options, and patient divert impact. • SOP to operationalise the contingency plan. • A task and finish group to commence a service review of the HASU, including options appraisal. All options to be reviewed with the aim of providing a sustainable service.	12/11/21- Independent Panel is now due to meet virtually 13th December. The recommendations identified by the independent panel will be required to be presented to CCG, CRH and wider governance committees throughout Jan 2022. 10/12/21 HASU workshop was delivered on 25/11/21 and all outcomes/ information has been written up in preparation for the Independent Panel on 13th December. For each service option the panel is required to provide recommendations as to whether the option will be shortlisted, discounted, or could proceed for further review subject to caveats. The Clinical Senate has also been approached to undertake a desk top review of the process and outputs. 14/1/21- Independent panel recommend exploring the options of strengthening the HASU service by redesign. The working group will focus on the workforce challenges and consider all possible workforce models and good practice, taking learning from independent panel members. Support will also be sought from the East Midlands and South Yorkshire and Bassetlaw Integrated Stroke Delivery Networks. The working group will be required to develop a plan and provide detail of the service redesign for option 2. The independent panel will then be requested to reconvene and assess the fully worked-up option before the commencement of the implementation phase in March 2022. Feb 22- Stakeholder workshop to be held in Feb/March to gain consensus on the agreed service redesign option. The service option is to be worked up by April 22 for consideration by relevant Boards before full costed up model is presented in September 22.	3	4	12	3	4	12	3	3	9	Jan-22		Feb-22	Mar-22	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
40	21/22	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	Governance	Corporate	4	4	16	All healthcare contract extensions or renewals are reviewed via SLT, Execs, CLCC and then Governing Body for larger contracts. Any procurements issues and risks are highlighted as part of that process and the risk is accepted when agreement is given to proceed with the extension. Risks of challenge are small in most markets and the size of the risk will have been factored in to decision-making. Healthcare contracts expiring within 12 months are reviewed at Commissioning Ops Directorate SMT to ensure that timely action is taken before expiry. Where any challenge occurred from a provider, if the challenge were valid the risk could usually be mitigated by including the provider in future stages of procurement. Legislation is currently going through parliament to remove the requirement for NHS bodies to comply with the Public Sector Procurement Regulations for the procurement of healthcare services. This requirement will be replaced with a Provider Selection Regime which requires adherence to a decision-making framework but removes the right of legal challenge from providers except by judicial review.	A monthly meeting has been established between AGEM and the contracting team to review the procurement report and ensure that any issues around risk, progress or lack of engagement are escalated appropriately. The redesign of the procurement report has reduced the number of contracts of concern.	A monthly meeting has been established between AGEM and the contracting team to review the procurement report and ensure that any issues around risk, progress or lack of engagement are escalated appropriately. August Update: The Governance Committee will provide the oversight to decision-making processes in relation to the Provider Selection for the 20 services to give assurance that procurement processes are being followed and Conflicts of Interests are appropriately managed. September update: The CCG contracting team is monitoring and managing all contracts due for expiry including plans to extend or reprocure and identifying the governance path for decision-making. This is refreshed regularly and presented to SLT every two weeks. October update: With oversight described above the CCG continues to agree against advice for pragmatic reasons with a number of contracts. This will continue until the new procurement regulations come into force. The risk score is reduced due to the likelihood of challenge being small and impact also being small. November: The CCG contracting team continues to monitor and manage all contracts due for expiry including plans to extend or reprocure. December: The CCG contracting team continues to monitor and manage all contracts due for expiry including plans to extend or reprocure. The risk score cannot be decreased until the Provider Selection Regime comes into force. January: The new provider selection regime has not yet come into force. February: Risk remains the same because the new procurement regulations are not yet in force and the mitigations are the same – contract expiries regularly discussed through SLT.	2	3	6	2	3	6	1	4	4	Mar-22	BC	Feb-22	Mar-22	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chrissy Tucker - Director of Corporate Delivery

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Residual/ Current Risk			Target Risk			Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	Probability	Impact	Rating	Probability	Impact	Rating						
42	21/22	If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	Governance	Corporate	4	4	16	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and meets monthly Derbyshire ICS Greener Delivery Group established and meets bi monthly NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Green Plan in development	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Green Plan in development	Derbyshire Provider Trust Green plans ICS and NHS England February 2022 Derbyshire ICS Green plan in development and will be approved April 2022. NHSE Midlands Green Delivery Board Terms of Reference NHSE Midlands Green Delivery Board Agenda and Minutes Derbyshire ICS Greener Delivery Board Terms of Reference Derbyshire ICS Greener Delivery Board Agenda and Minutes Communications and Staff Engagement toolkits published by NHSE Nitrous Oxide Medicine Toolkit published by NHSE Net Zero – One year on Staff Communication from Helen Dillistone, Net Zero Lead. CCG Team Talk staff engagement session on the Greener NHS and Derbyshire arrangements in place – November 2021 Derbyshire ICS Green Plan workshop 16th December 2021 and Derbyshire ICS Green Plan and action plan in development and will be approved by the Shadow ICB Board April 2022 Medicines Executive Lead is a member of the Derbyshire ICS Delivery Group Medicines Management Lead is a member of the Derbyshire ICS Delivery Group Climate Change National Audit Office best practice risk assessment presented to Audit Committee November 2021 Risk score aimed to be reduced in April when the Green Plan is approved and in place.	4	3	12	4	3	12	3	3	9	Mar-22	Rc	Feb-22	Mar-22	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Suzanne Pickering Head of Governance

Appendix 2 - Movement during February 2022

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
01	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	⟷	The volume of attendances is high.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carlile Catherine Bainbridge, Head of Urgent Care 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	⟷	Health providers will become responsible bodies under the new framework.	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	⟷	Clinical audit platform submissions continue to be completed in a timely manner on a monthly basis: A robust system is now in place to maintain compliance.	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	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	4	4	16	4	4	16	⟷	Letter received from NHSE/I requesting that for the period up until 31 March 2022 they are asking that practices and Primary Care Networks (PCNs) focus on three key priority areas while continuing to use their professional judgement to clinically prioritise care.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
04B	21/22	Quality: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme *Restoration and Recovery +C30	4	5	20	4	5	20	⟷	Improving Access in General Practice review has been completed.	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**		Waiting list initiatives with Action for Children, DHCFT and CRH have commenced.	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.	2	3	**6**	2	3	**6**		Contract documentation shared. Mobilisation work underway.	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.	4	4	**16**	4	4	**16**		The risk score will remain at 16 until assurance activities are completed and assured with colleagues at the national level.	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**		The score has been reviewed and remains the same as there are additional demands on the system due to winter pressures and the effects of COVID.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager
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.	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**		Derbyshire County Council reviewing capacity to conduct reviews, including recruitment timetable for agency.	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
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	3	**6**	2	3	**6**		Engagement Committee has reviewed the risk and ongoing work and determined that the score can be reduced. This reflects the breadth of engagement governance, infrastructure and delivery during 2021/22 that supports greater mitigation of	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement
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**		Potential savings to be quantified in Q4	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**		Project group to recommence review of HR files.	Beverley Smith, Director of Corporate Strategy & Development	Governance	James Lunn, Head of People and Organisational Development
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**		With the lifting of the restrictions, staff are again able to book a desk and work from a CCG base.	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.	3	4	**12**	3	4	**12**		Number of redeployments are starting to reduce with several Nursing & Quality returning to undertake essential CCG work.	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.	2	3	**6**	2	3	**6**		Continued pressures in the system and impact on workforce/service delivery caused by COVID-19.	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**		Aiming to launch the rehab centres in March/April 22.	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
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**		Work force capacity remains stretched, providers continuing to try to recruit to Crisis, Liaison and Intensive Home treatment team.	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**		Both Derby & Derbyshire Safeguarding Adult Boards (SABs) have development days this/next month.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
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**		Focus on 104 day cancer waits with planned work to explore harm in more depth.	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**		Stakeholder workshop to be held in Feb/March to gain consensus on the agreed service redesign option.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
40	**21/22**	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	2	3	**6**	2	3	**6**		Risk remains the same because the new procurement regulations are not yet in force. The contract expiries regularly discussed through SLT.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery

42	**21/22**	If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.	4	3	**12**	4	3	**12**		Risk score aimed to be reduced in April when the Green Plan is approved and in place.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Suzanne Pickering - Head of Governance

RATIFIED MINUTES OF GOVERNANCE COMMITTEE MEETING HELD ON 11 November 2021 AS A VIRTUAL MEETING VIA MICROSOFT TEAMS AT 13:00 TO 15:00

Present:		
Jill Dentith (Chair)	JED	Governing Body Lay Member – Governance, DDCCG
Dr Emma Pizzey	EP	Governing Body GP, DDCCG
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Ian Gibbard	ICG	Governing Body Lay Member – Audit, DDCCG
Martin Whittle	MW	Governing Body Lay Member – Patient and Public Involvement, DDCCG
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery, DDCCG
In Attendance:		
Chrissy Tucker	CT	Director of Corporate Delivery, DDCCG
Ged Connolly-Thompson	GCT	Head of Digital Development, DDCCG
Ruth Lloyd	RL	Information Governance Manager, DDCCG
James Lunn	JL	Head of Human Resources and Organisational Development, DDCCG
Lisa Innes	LI	Head of Procurement, NHS Arden and GEM CSU (part meeting)
Lisa Butler	LB	Complaints and PALS Manager, DDCCG
Frances Palmer	FP	Corporate Governance Manager, DDCCG
Suzanne Pickering	SP	Head of Governance, DDCCG
Lucinda Frearson (Admin)	LF	Executive Assistant, DDCCG

Item	Subject	Action
GC/2122/76	**WELCOME, APOLOGIES & QUORACY** JED welcomed members to the meeting and confirmed the meeting to be quorate. No apologies had been received.	
GC/2122/77	**DECLARATIONS OF INTEREST** JED reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG). Declarations made by members of the Governance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk No declarations of interest were made for today's meeting.	
GC/2122/78	**DERBY AND DERBYSHIRE CCG PROCUREMENT HIGHLIGHT REPORT** LI presented the procurement highlight report giving an update on the amber risk rating projects which included: -	

	Historic Derby Initial Accommodation Centre (IAC): A meeting had been held with Commissioners to progress, a plan was now in place and currently awaiting the outcome of the Commissioners review process. Psychiatric Intensive Care Unit (PICU): The initial awarding decision to award the incumbent providers due to non-award had now been received at Clinical and Lay Commissioning Committee (CLCC) with a final sign off at Governing Body (GB) on the 2 December 2021. Locked/Unlocked Rehab: There had been a minor delay due to a collaborative procurement process with multiple CCGs and alignment with governance dates. Vasectomy and Audiology: For both contracts it was hoped the re-procurement process would have commenced, however Commissioners are still in their approvals stage but should conclude in the timelines given. LI advised within future projects (formally pipeline projects) the One Medical Urgent Care Centre contract had now been extended in line with the NHS111 contracts and due to be re-procured in 2023. There was ongoing engagement with Commissioners regarding an appropriate process and market testing. **The Governance Committee RECEIVED the report for Derby and Derbyshire CCG and NOTED the status of the projects.**	
GC/2122/79	**CORPORATE POLICIES AND PROCEDURES** **Raising Concerns at Work (Whistleblowing) Policy:** JL presented the policy advising of an amendment due to the introduction of the Freedom to Speak Up (FTSU) Ambassador roles within the CCG and where colleagues can find support. Committee offered the following comments and questions: - • JED, as the FTSU Guardian and having had conversations with the Freedom to Speak up Ambassadors, stated it was felt that there were differences in staff perceptions of the role. It should be made clear in the policy that the Ambassadors are there to offer support and sign posting. JED felt the policy would benefit from being more explicit about the expectations of the role. JL reported the role had been promoted and explained during the CCG Team Talk but would ensure it was reinforced in the policy and on the intranet. **The Committee APPROVED IN PRINCIPLE the NHS Derby and Derbyshire CCG's Raising Concerns at Work (Whistleblowing) Policy with JL to reword the policy being more specific around the Freedom to Speak Up Ambassador roles.** JL answered a question raised around TUPE, Transfer of Undertakings (Protection of Employment), advising that with existing CCG colleagues the transition to the ICB would be a statutory transfer enacted by legislation but within the HR Framework following the principles of TUPE. All staff will transfer on existing terms and conditions including any contractual policies and will	**JL**

include all CCG staff and any staff employed by Derbyshire Healthcare Foundation Trust who are affected by the transition.

From 1st April 2022 a suite of HR policies will be required that will apply to staff newly employed by the Integrated Care Board (ICB). The majority of the policies will be in existence already within the CCG and will be updated to reflect the ICB. If any contractual policies are significantly different, they will either remain as they are in the short term or will need to go through a process of consultation and engagement with the Trade Unions to change them.

- EP asked which committee in the new ICB governance architecture would be responsible for approving policies if there was not a separate Governance Committee. HD advised that current thinking was that the Audit and Governance Committee in the new ICB would perform this function.

Incident Reporting Policy:
SP presented this new policy which was to ensure reporting mechanisms were in place for the CCG for all corporate incidents to ensure accurate reporting and recording. The policy was to be incorporated with the Persistent Contacts Policy which had been approved by the Governance Committee virtually and the Violence Reduction and Prevention Policy and Strategy.

The Incident Reporting Policy ensures there is a systematic way of reporting incidents and to provide clear responsibilities for all staff. The policy applies to any employees of the CCG including members of Committees and GB.

Governance Committee raised the following comments and questions: -

- JED felt the policy was very clear.

- GS asked how the incidents were being fed back to staff. SP advised the more confidential incidents were reported to the Governance Committee, in terms of learning from other incidents this was reported back on a quarterly basis.

- EP highlighted that the policies were being generated that would only be valid for another 4 months and questioned whether policies were being drawn up for the ICS. SP explained that as part of the ICB transition work essential policies will be transferred over to the ICB on the 1st April 2022.

The Committee APPROVED the NHS Derby and Derbyshire CCG's Incident Reporting Policy.

Incident Management Plan:
This was a new plan setting out how the CCG responds to business continuity and critical and major incidents. The Plan was in line with a model received from NHSE.

Governance Committee offered the following comments and questions: -

- IG felt the key was ensuring staff were fully able to deliver on their part and how those that have to use the plan are fully engaged and trained.

	SP advised that as a new policy, and in line with the policy management framework, the policy implementation plans are completed and that includes how to engage and make staff aware. Virtual Lunch and Learn sessions will be held to promote the new suite of policies. **The Committee APPROVED the NHS Derby and Derbyshire CCG's Incident Management Plan.** **Violence Prevention and Reduction Standards Strategy and Policy:** At the September 2021 Governance Committee, the draft policy and strategy were presented for information and assurance, comments received have been reflected in the documents. The strategy sets out the plan for addressing how staff manage aggression and support for a safer environment. **The Committee APPROVED the NHS Derby and Derbyshire CCG's Violence Prevention and Reduction Standards Strategy and Policy.**	
GC/2122/80	**RATIFICATION OF VIRTUAL APPROVAL DECISIONS DURING OCTOBER 2021** SP presented the paper. The Governance Committee was asked to give formal ratification following quorate virtual approval of the Committee for the following: • Consideration of Staff Recognition • Persistent Contacts Policy • Hyper Acute Stroke Unit Options Appraisal Process- Chesterfield Royal Hospital **The Committee provided formal RATIFICATION following virtual approvals.**	
GC/2122/81	**PROCUREMENT DECISIONS IN ICS TRANSITION** CT presented the report. The report was now being produced regularly, detailing commissioning proposals and decisions taken at the System Delivery Boards for recommendation and to CCG Committees for a final decision. The report provides Governance Committee with oversight and assurance that conflicts of interest are being dealt with appropriately. Committee offered the following comments and questions: - • IG stressed that CLCC were scrutinising all cases even though they had gone through the Delivery Boards so Committee could feel assured. • EP felt assured and commented on the layout of the table enabling clear sight of how the conflicts of interests had been managed. **The Governance Committee RECEIVED the report.**	
GC/2122/82	**CONTRACTS OVERSIGHT GROUP - UPDATE** SP provided a verbal update. The Contracts Oversight Group were still in the process of sourcing the database, possibly using Microsoft Access. There was,	

	however, regular monitoring and updating of the databases of each type of contract. Training had been provided for the IRFS16 and was well received. There was assurance that all the primary care contracts were included, which completes the package. SP pointed out as part of the due diligence checklist through the transfer and close down of the CCG to the ICB there are specific requirements in terms of contract requirement, and these have been worked through and are assured. **The Governance Committee NOTED the verbal update.**	
GC/2122/83	**CCG Estates Update** CT reported that from 20 September 2021 some desks at the Cardinal Square and Scarsdale sites had been released for staff to book. There was a Standard Operating Procedure (SOP) which included wearing of masks in public places and shared offices on site. It had been a slow start with around 80 bookings at the beginning of October. From the beginning of this week (8 November) bookings were at 315 and desks were being used by around 113 staff, a quarter of the workforce. Scarsdale is booked more frequently than Cardinal Square which was believed to be due to the small offices and therefore less requirement to wear a mask when sat at desks. Work is underway with providers to try to gather more information on how workspace is being used and by whom and a mini survey is to be sent out to staff to collate their experiences and thoughts. With regard to leases, there are undocumented arrangements with NHS Property Services (NHSPS) for Cardinal Square and Scarsdale, following a review with NHSE, NHSPS are introducing a Memorandum of Terms of Occupation (MTO). Drafts are currently being worked through with the Solicitor's support and an update will be brought to the next meeting. Committee offered the following comments and questions: • MW asked about the ICB accommodation arrangements moving forward. CT replied no strategic discussions had taken place for the future, but current office sites are being used in the interim. • MW asked which address would be used as the registered address for the ICB. HD advised a paper went through System Transition Assurance Committee confirming the Headquarters for the ICB would be Cardinal Square but may be reviewed post April 2022. • JED, as the Freedom to Speak up Guardian, has been approached by some staff advising that they are struggling to work from home. She asked if the Committee could be assured that the CCG can accommodate these individuals if they wish to return to work at office sites. CT confirmed that there were already staff attending both sites that had been struggling to work from home. If staff speak to their line mangers the CCG would endeavour to facilitate requests.	**CT**

	The Governance Committee RECEIVED the report and NOTED the comments for information and assurance.	
GC/2122/84	**2021/21 Q2 FREEDOM OF INFORMATION REPORT** SP presented the Freedom of Information Quarter 2 Report covering July to September 2021. Key highlights being the increase to 46 requests, up by one from the first quarter. It was noted that two requests had been responded to just outside the statutory timescales of 20 working days due to the complexity of one of the cases but also due to capacity in the comms and engagement team. Governance Committee offered the following comment and questions: • JED questioned if the two delayed responses had been advised to those making the request stating the reason for the delay and agreeing an extension. SP confirmed the delay would have been communicated to them with an agreement to close as soon as possible. **The Governance Committee RECEIVED the report.**	
GC/2122/85	**2021/21 Q2 COMPLAINTS REPORT** LB presented the Quarter 2 complaints report for 01 July to 30 September 2021 and highlighting the key points. There had been an overall increase in complaints with much more activity on commissioned services and Primary Care which have come through the CCG. In terms of CCG complaints these were similar to the last quarter. Main themes related to Continuing Healthcare (CHC), processes, communications, decisions, and staff. Complaints were received around decisions made by the CCG cosmetic assessment service and commissioning concerns around children with long covid and access to support and psychological support. LB drew the Committee's attention to the Ombudsman's report advising the complaint had been fully upheld. This had been a joint complaint with the Local Authority around a CHC case for a lady with learning disabilities with criticism received over the handling of the joint disputes process. The CCG were asked to review some of the processes, ensure joint funding arrangements moving forward and to jointly pay £650 redress to the patient. Committee offered the following comments and questions: • EP queried the complaints that were not direct CCG complaints as there were only four specific CCG complaints. LB clarified that these complaints had come straight to the CCG instead of going to the appropriate organisation and under the complaints regulations a complaint can be made to the provider or the Commissioner. **The Governance Committee NOTED the report.**	

GC/2122/86	**BUSINESS CONTINUITY, EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR) UPDATE** SP presented and began by giving an update in terms of business continuity, the CCG remains at Level 4. With regard to Beckton Dickinson supply this was reviewed on 17 September 2021 and supply and distribution had now improved. In terms of the EPRR core standards self-assessment, the CCG have been working with NHSE and currently undergoing a confirm and challenge process. Positions have not been finalised yet but hoping to hear towards the end of November. The full CCG core standards have been reassessed and a meeting has been held with NHSEI to agree the position. A substantially compliant position will be reported. It was noted that 27 of the 29 standards are fully compliant and 2 standards have been rated as partially compliant. One standard relates to mutual aid agreements and the second is related to mass casualties. Work is underway to strengthen these 2 standards. The Incident Response Plan, approved earlier in the meeting, was an action as part of the self-assessment. Included in the paper was an update to the cold weather plan due to revised legislation. **The Governance Committee NOTED the contents of the report.**	
GC/2122/87	**Integrated Care Board (ICB) Constitution Update** HD provided an update advising that the CCG has responsibility and oversight for the development of the ICB and draft ICB Constitution had been brought to Committee for assurance and to outline the process and timescales. The ICB will have some commissioning functions but will also have other functions and will be system focused. The report sets out key steps required, the first being a submission next week setting out the proposed ICB composition, process by which those roles will be appointed to and the committee's structure to support the functioning of the ICB. Feedback from NHSE is expected around the 19 November 2021. The second submission, assuming all approved, will be the narrative of the constitution document, this is due 11 March 2022 with an interim submission expected around February 2022. A pragmatic approach was being taken in lifting and shifting functions into the ICB but recognising the importance of Place, provider partnerships and general practice in the corporate structure. **The Governance Committee NOTED the contents of the report.**	
GC/2122/88	**HEALTH AND SAFETY REPORT** SP presented the paper informing members the report detailed key actions undertaken during September and October 2021.	

	The action plan had been reviewed and the updates were highlighted in red. Once the CCG has moved out of the amber phase into a green phase and returned into work then most ongoing actions will be complete. It is hoped actions will be completed by March 2022. **The Governance Committee was ASSURED that Derby and Derbyshire CCG was coordinating work to meet its health and safety obligations to remain compliant with health and safety legislation.**	
GC/2122/89	**REPROCUREMENT OF HEALTH AND SAFETY CONTRACT** SP advised that the CCG currently commission health and safety expertise from Peninsula. The contract was extended last year to the end of July 2022 and the CCG are currently drafting a letter to give formal notice. In the transition to the ICB talks are continuing with Derbyshire system colleagues to assess the viability of a system health and safety provision. **The Governance Committee NOTED the verbal update.**	
GC/2122/90	**INFORMATION GOVERNANCE AND GDPR UPDATE REPORT** RL presented the report highlighting key points. It was understood from guidance issued within the DSPT that a full assessment and audit could be carried out with 360 Assurance during February and March 2022 as usual. Submission will be required by 30 June 2022. Several policy updates (detailed in the approval section at the end of these minutes) have been included within the report which reflect new national guidance and includes a new records management framework which will be placed into a staff comms. In relation to incidents, there has been a significant increase generated by finance due to a single provider sharing patient information on multiple occasions. This issue had now been addressed. Regarding IG training compliance the intention is to send identifiable lists to functional directors to confirm current status of training. Staff workloads and time issues are acknowledged so will provide multiple avenues of training to facilitate this. Governance Committee offered the following comments and questions: • IG asked if there will be a point reached were something different has to be done and what will happen if the target level of appliance is not met. RL advised there were a number of routes that could be taken if necessary, but it had not reached that point as yet. • JED asked when the end point for compliance would be. RL suggested looking at the position towards mid-February to March 2022 as submission is due end of June 2022 and then look to alternative provision methods. **Action: IG Compliance Training to be added to the forward planner for February.**	**LF**

	The Governance Committee REVIEWED and APPROVED changes to the Information Governance (IG) Policy. **The Governance Committee REVIEWED and APPROVED changes to the Network Internet and Email Acceptable Use Policy.** **The Governance Committee REVIEWED and APPROVED changes to the Records Management Policy.** **The Governance Committee REVIEWED and APPROVED changes to the Information Governance Strategy.** **The Governance Committee APPROVED and RECEIVED the update of actions and activities.**	
GC/2122/91	**DIGITAL DEVELOPMENT UPDATE** GED provided an update on current developments reporting that GP Information Governance Assurance Forum (GP IGAF) continues to have meaningful conversations around digital information governance matters and is proving really beneficial in terms of GP and Local Medical Committee (LMC) input into system wide discussions. A positive meeting took place with Birmingham and Solihull. It was discovered that they were undertaking very similar processes but done differently such as cyber security. The two organisations were looking to sign non-disclosure agreements to begin more collaborative work in this area. The GP practice agreement has been issued to practices for signing and some have been received back. The main issue for the CCG is to gain appropriate assurances from GP practices. The agreement is helping to identify what we provide in partnership but what practices need to provide to the CCG to ensure delivery of the agreement. Governance Committee offered the following comments and questions: • JED asked if the LMC were taking part in the discussions and was their going to be an impact as the LMC Chair had now retired. EP informed JED that they did have a new representative so there should be no impact. GED advised that the representatives on this particular group were GP representatives. • MW commented on the digitisation of Lord George notes and requested clarification around the funding not being ring fenced and used as the CCG indicated. GED explained that initially the CCG had carried out a bid process for nine GP practices to be digitised understanding the funding had to be used for those practices. NHSE have now clarified that funding was not ring fenced. **The Governance Committee RECEIVED the report for information and assurance.**	

GC/2122/92	**RISK REGISTER EXCEPTION REPORT** SP presented the Governance Committee Risk Report as of the end of October 2021. The Governance Committee are responsible for 7 risks on the report. SP highlighted to Committee the virtual approval received prior to GB in relation to the decrease of Risk 40 from a high 12 to a moderate 6, reduced on the basis of continued monitoring and decision making. **The Governance Committee RECEIVED the Governance risks assigned to the Committee as of October 2021.** **The Committee NOTED virtual approval received in relation to the decrease in risk score for Risk 40 from risk score of 12 to 6.**	
GC/2122/93	**GOVERNANCE COMMITTEE GBAF RISKS REVIEW** SP presented the Governing Body Assurance Framework (GBAF) for Quarter 2 with updates highlighted in red. The report will be presented to the next Audit Committee and was presented to the Governing Body in November 2021 The Governance Committee is responsible for 2 GBAF Strategic risks number 7 and 8. The committee was asked to review for quarter 3. Quarter 3 will end at the end of December and the next Governance Committee is not until February 2022, therefore updates will be reviewed via email virtually to enable reporting to GB in January 2022. Governance Committee offered the following comments and questions: • MW questioned the risk on retention and morale being scored at 6 when in the System Committee the score was 16 and the need for more consistency. SP offered to review and reflect in the Q3 position. • The Committee agreed with MW's comments but noted that the system risk was wider. HD agreed also with MW's suggestion to align the 2 scores and mitigations. The system risk was broader than the CCG but the score in the system report was meant to reflective staff more directly affected. • IG commented that the appointment of the ICB Designate Chief Executive had mitigated some of the risk with regard to GBAF Risk 8. **The Governance Committee NOTED the Quarter 2 Governing Body Assurance Framework and RECEIVED GBAF Risks 7 and 8 owned by the Governance Committee.**	**SP**
GC/2122/94	**NON-CLINICAL ADVERSE INCIDENTS** CT report there were no incidents.	
GC/2122/95	**MINUTES OF THE MEETING HELD ON: 23 SEPTEMBER 2021** **The Governance Committee APPROVED the minutes of the meeting held 23 September 2021 as a true and accurate record of the meeting.**	

GC/2122/96	**MATTERS ARISING** No further matters were identified.	
GC/2122/97	**ACTION LOG FROM THE MEETING HELD ON: 23 September 2021** **The Governance Committee REVIEWED the action log all actions were closed.**	
GC/2122/98	**GOVERNANCE COMMITTEE FORWARD PLANNER 2021/22 (FOR DISCUSSION/AGREEMENT)** **The Governance Committee APPROVED the Forward Planner 2021/22**	
GC/2122/99	**ANY OTHER BUSINESS** <u>Workforce Review:</u> This topic had been discussed at GB and it had been decided to bring to Governance Committee for further discussion. HD commented that Governance Committee clearly has responsibility for workforce employed by the CCG but was unsure how to have that broader conversation around some of the bigger workforce challenges with the clinical teams particularly around the pressures general practice and primary care colleagues are experiencing and what we see coming through from other providers. Governance Committee do not have a remit around those areas so there is a requirement to look at the areas that we can shape. The Committee considered how it could contribute to the wider conversation with the system moving forward. It was also noted that the boundaries are unclear at the moment and this is one of the areas the ICB will have a much clearer leadership around compared to the CCG's current remit. This will present opportunities to consider this issue strategically. JED agreed with HD and suggested the system People and Culture Board should lead this work. **Action: HD to speak to Linda Garnett in terms of updating the GB around what is happening in the context of the winter plan.**	**HD**
GC/2122/100	**FUTURE MEETINGS DATES** **Time: 13:00 – 15:00** <u>*NB. The meetings will be held as virtual meetings until further notice.*</u> Thursday 10 February 22 Papers due: Tuesday 2 February 2022 Thursday 24 March 2022 Papers due: Tuesday 15 March 2022	
	ASSURANCE QUESTIONS 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **Yes**	

	2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **Yes** 3. Were papers that have already been reported on at another committee presented to you in a summary form? **Yes** *4.* Was the content of the papers suitable and appropriate for the public domain? **Yes.** 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? **Yes** 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting*?* **– Workforce issue currently under AOB.** 7. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? **Policy issues, emergency preparedness and workforce.**	

MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

HELD ON

Wednesday 26th January 2022

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

PRESENT		
Simon McCandlish (Chair)	**SMc**	Deputy Chair, Lay Member, DDCCG
Niki Bridge	**NB**	Deputy Chief Finance Officer, DDCCG (for CFO)
Jill Dentith	**JeD**	Lay Member, DDCCG
Dr Steve Lloyd	**SL**	Executive Medical Director, DDCCG
Marie Scouse	**MS**	AD of Nursing & Quality, DDCCG (for CNO)
IN ATTENDANCE		
Hannah Belcher	**HB**	AD GP Commissioning & Development, DDCCG
Ged Connolly-Thompson	**GCT**	Head of Digital Development, DDCCG
Judy Derricott	**JDe**	Head of Primary Care Quality, DDCCG
Abid Mumtaz	**AM**	Service Commissioning Manager Public Health, Derbyshire County Council
Clive Newman	**CN**	Director of GP Development, DDCCG
Jean Richards	**JR**	Senior GP Commissioning Manager, DDCCG
Dr Peter Williams	**PW**	Derby & Derbyshire LMC
Jacqueline Gilmore	**JG**	Administrative Support – Corporate Directorate
Fran Palmer		Corporate Governance Manager *(Transcribed Minutes)*
APOLOGIES		
Richard Chapman	**RC**	Chief Finance Officer, DDCCG
Ian Shaw	**IS**	Chair, Lay Member, DDCCG
Brigid Stacey	**BS**	Chief Nurse Officer, DDCCG

ITEM NO.	ITEM	ACTION
PCCC/2122/167	**WELCOME AND APOLOGIES** The Chair, Simon McCandlish (SMc), welcomed Committee Members to the meeting, there were no members of the Public present at today's meeting. Apologies were received and noted as above. The Chair confirmed that the meeting was quorate.	
PCCC/2122/168	**DECLARATIONS OF INTEREST** 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. Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests and included within the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link:	

	www.derbyandderbyshireccg.nhs.uk **Declarations of interest from today's meeting** Dr Peter Williams (PW) declared an interest in Item 171, as PW is a member of the Derbyshire Dales PCN, which Brailsford and Hulland Medical Practice is a member of. It was agreed that PW would remain in the meeting as the interest was not a financial interest and the item was for discussion only. The Chair declared that the meeting was quorate.	
FOR DECISION		
	No items for decision.	
FOR ASSURANCE		
PCCC/2122/169	**FINANCE UPDATE** Niki Bridge (NB) apologised for the incorrect finance update paper being shared with members, this was due to an admin error and the correct version has now been circulated. The Month 8 finance position has been received by the Finance Committee and Governing Body, and the Committee were asked to note the following: • all strategic duties have been met as of today, and a YTD underspend of £730,000 has been reported, with a favorable forecast outturn of £30,000; • positive forecasts show that all monies for Covid reimbursement (mainly the hospital discharge program) will be received; • inequalities are showing around areas of vaccine, monies that we are claiming and electronic refund payments and Primary Care Co-Commissioning allocation and spend. Minor variances are within this position due to the increased forecast and the rise in allocations. The CCG has notified NHSEI that there is insufficient allocation monies to cover all the costs required to be spent; • for non-recurrent winter access funds, there has been an increase in costs for enhanced services and premises; • the Primary Care position is showing an overspend of around £1.5m forecast outturn due to the increased volumes and prescribing costs. SMc queried what mitigating actions are in place to address the primary care position overspend. NB assured the committee that there are mitigations in place to manage securities into the next financial year. **The Primary Care Commissioning Committee NOTED and RECEIVED the update on the DDCCGs financial position for Month 8.**	
PCCC/2122/170	**RISK REGISTER EXCEPTION REPORT** Hannah Belcher (HB) presented the report and gave an update on the current status of the GP Practice workforce. A number of practices have had staff off sick with Covid-19 over the last month, and this position has improved over the last week. HB assured the committee that the risks and scores are therefore reviewed on a weekly basis. **The Primary Care Commissioning Committee NOTED and RECEIVED the update on the two outstanding risks and:**	

	• **AGREED that the scores remain unchanged for Risk 04A and Risk 04B** • **were ASSURED that the risk scores are reviewed on a regular basis.**	
PCCC/2122/171	**BRAILSFORD & HULLAND MEDICAL PRACTICE UPDATE** Judy Derricott (JDe) provided an update following a previously submitted paper to the Committee, which detailed the outcome of a CQC inspection in June 2021. The Brailsford and Hulland Medical Practice was rated as 'inadequate'. CQC inspected the new provider of the practice in November 2021 and this rating has now been changed to a rating of 'requires improvement'. The practice will have a further inspection in a year's time if assurances are received by CQC from the practice in regards to the completion of actions, and no further concerns are raised via other channels. Future updates will be provided to the Committee via the quarterly quality and performance report. Jill Dentith (JeD) queried what measures are being implemented by the CCG to support the practice in the interim over the next year. JDe advised that the CCG are currently meeting with the practice on a monthly basis to review the action plan with them, a practice visit is also planned within the next month. **The Primary Care Commissioning Committee NOTED and RECEIVED the Brailsford and Hulland Medical Practice update.**	
FOR INFORMATION		
	There were no items for Information	
MINUTES AND MATTERS ARISING		
PCCC/2122/172	**Minutes of the Primary Care Commissioning Committee meeting held on 22nd December 2022** The minutes from the meeting held on 22nd December 2022 were agreed to be an accurate record of the meeting.	
PCCC/2122/173	**MATTERS ARISING MATRIX** There are no outstanding actions on the Action Matrix.	
PCCC/2122/174	**ANY OTHER BUSINESS** There were no items of any other business	
PCCC/2122/175	**ASSURANCE QUESTIONS** 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **Yes** 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **Yes** 3. Were papers that have already been reported on at another committee presented to you in a summary form? **Yes** 4. Was the content of the papers suitable and appropriate for the public domain? **Yes**	

	5. Were the papers sent to Committee members at least five working days in advance of the meeting to allow for the review of papers for assurance purposes? **Yes** 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? **No** 7. What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? **None**	
	DATE AND TIME OF NEXT MEETING	
Wednesday 23rd February 2022, 10:00-10:30am via Microsoft Teams Meeting		

MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON 27th JANUARY 2022
9AM TO 10.30AM
MS TEAMS

Present:		
Dr Buk Dhadda (Chair)	BD	Chair, Governing Body GP, DDCCG
Dr. Katherine Bagshaw	KB	Deputy Medical Director
Dr. Bruce Braithwaite	BB	Secondary Care Consultant
Niki Bridge	NB	Deputy Director of Finance
Alison Cargill	AC	Asst Director of Quality, DDCCG
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Lana Davidson	LD	Head of Provider Management - Acute Contracts
Mark Ellis	ME	Senior Clinical Quality Manager
Howard Ford	HF	Senior Commissioning Manager (Joint & Community Commissioning)
Steve Hulme	SH	Asst Director – Medicines Management & ICS Pharmacy Lead
Sarah MacGillivray	SMacG	Head of Patient Experience, DDCCG
Nicola MacPhail	NM	Assistant Director of Quality (CHC, Care Homes, End of Life & Personalisation)
Juanita Murray	JM	Designated Nurse Safeguarding Children
Andrew Middleton	AM	Lay Member, Finance
Simon McCandlish	SMcC	Lay Member, Patient Experience
Grace Mhora	GM	Senior Quality Assurance Manager
Harriet Nicol	HN	Healthwatch
Dr Emma Pizzey	EP	GP South
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG
Rosalie Whitehead	RW	Risk Management & Legal Assurance Manager
In Attendance:		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
Molly Robbins	MR	Acute Contract Support Officer

Apologies:		
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
Tracy Burton	TB	Deputy Chief Nurse, DDCCG
Helen Hipkiss	HH	Director of Quality, DDCCG
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Steve Lloyd	SL	Medical Director - DDCCG
Helen Henderson-Spoors	HHS	Healthwatch Derbyshire
Zara Jones	ZJ	Executive Director of Commissioning Operations, DDCCG
Phil Sugden	PS	Asst Director of Quality & Named Patient Safety Specialist

Item No.	Item	Action
QP2122 /184	**WELCOME, APOLOGIES & QUORACY** Apologies were received as above. BD declared the meeting quorate.	
QP2122 /185	**DECLARATIONS OF INTEREST** BD reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations 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 Declarations of interest from sub-committees No declarations of interest were made. Declarations of interest from today's meeting EP and KB referred to agenda item 191 – DCC Care Homes Consultation and declared one of the care homes listed in the report is linked to Littlewick Medical Centre. BD reviewed the declaration and concluded that as the agenda item did not require a decision, he would be happy for EP and KB to remain in the meeting for this agenda item.	

	BD 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.	
QP2122 /186	**Integrated Report** The report was taken as read. Performance remains challenging particularly in A&E and cancer, however the number of patients waiting over 52 weeks continues reduce. Both Trusts are seeing a reduction in 2WW for cancer. JC highlighted CRHFT do not get measured nationally for 2WW and breast symptomatic performance due to being a pilot site for the 28-day faster diagnosis and this is reflected in the report. There is a system wide breast review taking place with the first meeting taking place today, any discussions and action plans can be reported back into this meeting. Gynae is an issue at UHDBFT who are seeing increasing referrals. Both UHDBFT and CRHFT are exceeding their trajectories for the H2 plan for patients on a 2WW and on a 31-day pathway. BD asked what impact the Omicron virus had on performance in terms of staff absence and having reduced capacity. HW confirmed staff absence has increase by 12-13% during winter at both Trusts with 67% of absences being Covid related. AM asked if there was any capacity within the private sector that is not being utilised. HW explained Derby Nuffield and Practice Plus Barlborough are both under plan on their activity and costs. Derby Nuffield have a backlog of private patients and therefore cannot give any additional capacity to the NHS. Frequent meetings are taking place with the private sector providers to discuss more provision. **Activity Report** MW asked about the impact to the system around the requirement to have an appointment to attend an MIU or UTC. HW responded to say there is a national drive to redirect all urgent care activity through to 111 who will book an appointment in the UTC or A&E. MWa referred to the 12hr trolley breaches and the effects they are having on the system. BS spoke about the delays in discharges and confirmed that there are over 300 people in the trusts who are deemed medically fit for discharge, however due to the lack of availability of Domiciliary Care packages they are getting stuck in the system. To manage flow some patients are being moved into	

	residential care homes but this is having a knock-on effect and to ease the pressures Walton ward at DCHS was opened as a P0 / P1 16 bed ward, managed by therapists, and supported by HCA's. An additional ward is due to open at Ripley Hospital which will be a managed service through a private company. DCHS are overseeing the ward from a CQC perspective. There were no questions raised on the activity report. BD **APPROVED** the Integrated Report.	
QP2122 /187	**GBAF Q4** The paper was taken as read. The GBAF Task and Finish group met and agreed that the scores should remain the same due to the transition to the ICB being deferred until July 2022. AM asked how the system have prepared themselves to ensure the opening GBAF is set up to capture both the CCG risks and provider risks. BS confirmed that Helen Dillistone, Director of Corporate Governance will take the lead around how the GBAF and Risk Register is managed. In the interim the System Quality Group have created their own System Risk Register. As the CCG Quality and Performance Committee merge with the System Quality Assurance Committee any outstanding risks will be taken to the System Quality and Performance Committee who will take ownership of the risks. BD reiterated that there will be a formal handover process for each Committee and the handing over of risks will be part of that process. The Committee noted the contents and approved the paper.	
QP212 /188	**RISK REGISTER** The paper was taken as read. The Committee noted the contents of the report and noted the three very high risks for the committee. The Committee approved the recommendations in the paper, there were no changes to the risk scores during January 2022.	
QP2122 /189	**Mediscan Contract Service Termination** The paper was taken as read and there were no questions raised by the Committee. The Committee noted the contents and approved the paper.	

QP2122 /190	**Child Death Report Q3 and CDOP Annual Report** The report reflects the first year of the Covid-19 pandemic and the impact it had on CDOP work. BD thanked the team and gave recognition to the work that had been carried out during this time. The Committee noted the contents of the paper.	
QP2122 /191	**DCC Care Home Consultation** The paper comes to Quality and Performance Committee so that the Committee is sighted on the consultation taking place and has the opportunity to contribute to an informal CCG response. A previous consultation on the same 7 care homes took place a number of years ago which was around closures, however this consultation contains several alternative options. NM has raised questions with DCC, and the next step is to formulate a response which will go through the various CCG governance routes. AM asked if there will be a refreshed look at the interface between acute and community facilities in order to resolve the issue of bed blocking. BS responded to say that through the transition into the ICS there will be opportunities to look at things differently in terms of the integration with health and social care and this will be looked at through the SQG. The main issue remains, which is around workforce and BS spoke about exploring alternative avenues to encourage people into the health care professions for example apprenticeships. AM suggested approaching Further Education Colleges. BD confirmed that he was happy for NM to progress further with the Local Authority as outlined. The Committee noted the contents and approved the paper.	
QP2122 /192	**CHC Policy Refresh** NM noted the policy was ratified in 2020 but not fully implemented due to the Covid-19 pandemic. The policy has now been refreshed and reflects the learning that has come from using the policy. There are 6 proposed amendments. The Committee were asked to review and approve the refreshed CHC policy. The Committee reviewed and approved the 6 recommendations in the refreshed CHC policy.	

QP2122 /193	**CONTINUING HEALTH CARE (CHC)** The paper was taken as read. AM asked about adherence to protocols and inappropriate decisions being made in terms of CHC. BS responded to say there is the expectation for the run rate for CHC to increase again due to the current pressures and the fact that any available beds are being used in order for people to be moved out of hospitals. NM added there is also an increased demand for enhanced observations which is having an impact. Due to the lack of Any Qualified Provider (AQP) all available beds are being used, despite costs. NM confirmed that due diligence around the quality of provision and governance around decision making continues however the situation is not likely to improve any time soon. BS noted the previous position of the CHC market 3 years ago and the improvements that had been made up until the Covid pandemic hit. BS stated that she is confident that once pressures ease and there is an element of normality then the market should restore back to this position. NM added that the contracts for AQP Domiciliary Care expire in 2023 and scoping is already taking place to identify what might be done differently with future contracts. The Committee noted the contents and approved the paper.	
QP2122 /194	**IPC** The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	
QP2122 /195	**CARE HOMES** The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	
QP2122 /196	**JUCD QEIA** The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	

QP2122 /197	**MINUTES FROM SUB COMMITTEES** The Committee noted the minutes from the following sub-Committees: Updates from Trust CQRG meetings. UHDBFT CRHFT DCHS	
QP2122 /198	**MINUTES FROM THE MEETING HELD ON 23rd December 2021.** The minutes were approved as a true and accurate record.	
QP2122 /199	**MATTERS ARISING AND ACTION LOG** The action log was reviewed and updated.	
QP2122 /200	**AOB** There were no matters raised under AOB. GS stated that he had received a BAME report around ethnicity health outcomes and the LeDeR programme via the Health and Wellbeing Board and asked if it was appropriate to have a discussion at a future meeting. **ACTION** – JP to add to forward planner	**JP**
QP2122 /182	**FORWARD PLANNER** The Forward Planner was reviewed. No updates were made.	
QP2122 /183	**ANY SIGNIFICANT SAFETY CONCERNS TO NOTE** None raised.	
	ASSURANCE QUESTIONS • 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 • 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: 24th February 2022
Time: 9am to 10.30am
Venue: MS Teams

South Yorkshire and Bassetlaw Integrated Care System

Chief Executive Report

Health Executive Group

8 February 2022

Author(s)	**Gavin Boyle** **Chief Executive designate NHS South Yorkshire Integrated Care Board**
Sponsor	
Is your report for Approval / Consideration / Noting	
For noting and discussion	
Links to the ICS Five Year Plan (please tick)	

Developing a population health system

- ☑ **Understanding health in SYB including prevention, health inequalities and population health management**
- ☑ **Getting the best start in life**
- ☑ **Better care for major health conditions**
- ☑ **Reshaping and rethinking how we flex resources**

Strengthening our foundations

- ☑ **Working with patients and the public**
- ☑ **Empowering our workforce**
- ☑ **Digitally enabling our system**
- ☑ **Innovation and improvement**

Building a sustainable health and care system

- ☑ **Delivering a new service model**
- ☑ **Transforming**
- ☑ **Making the best use of resources**

Broadening and strengthening our partnerships to increase our opportunity

- ☑ **Partnership with the Sheffield City Region**
- ☑ **Anchor institutions and wider contributions**
- ☑ **Partnership with the voluntary sector**
- ☑ **Committment to work together**

Where has the paper already been discussed?

Sub groups reporting to the HEG:

- ☐ **Quality Group**
- ☐ **Strategic Workforce Group**
- ☐ **Performance Group**
- ☐ **Finance and Activity Group**
- ☐ **Transformation and Delivery Group**

System governance groups:

- ☐ **Joint Committee CCGs**
- ☐ **Acute Federation**
- ☐ **Mental Health Alliance**
- ☐ **Place Partnership**

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 months of December 2021 and January 2022. The Health Executive Group adapted in December to become the Health Cell of the LRF in response to the new Omicron variant of Covid-19.

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 as appropriate.

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

Health Executive Group

08 February 2022

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) designate Chief Executive Officer provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of December 2021 and January 2022. The Health Executive Group meeting was adapted from December 202, becoming the health cell of the LRF to support leaders across the system with coming together to respond to the Omicron variant of Covid-19.

2. Summary update for activity during December/January

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

2.1.1 Covid cases

December and January were particularly challenging across SYB ICS, as they were in the rest of the country. In December, following the announcement of a UK-wide Level 4 covid alert, the NHS declared a national Level 4 Incident, which currently remains in place. At the time the last CEO report was written in late November, there were no cases of Omicron in SYB, but this situation changed rapidly during December. Omicron became the dominant strain of the virus in most of the population, except for under 15s where numbers of the Delta variant were initially similar. By 10 January, cases of Covid had risen to 2000 per 100,000; the highest rate seen during the pandemic. The number of children under 12 with Covid are at levels 20 times higher than previously seen with a notable spike in cases when schools reopened in January.

Although the overall numbers of new cases are now decreasing, we are still expecting a peak in bed occupancy to follow at the end of January into early February but do not anticipate that this will be on the scale of the previous waves. Bed occupancy will also be affected by hospital discharge figures and the numbers/levels of local outbreaks in care homes and assisted care accommodation sites. However, at the end of January bed occupancy numbers are stable and encouragingly, there continue to be fewer admissions to intensive care units. This reflects the impact of the booster programme and new treatments which are helping to reduce severe illness and death.

2.1.2 Staff absences

The emergence of the Covid Omicron variant in November 2021 led to predictions of a sharp increase in numbers of people affected nationally due to the high transmissibility of the virus. This proved to be the case, with very high levels of community infection, which in turn led to an increase in hospital admissions but fortunately not at the same rate as previous waves due to the impact of the vaccine. Because of the number of people infected with Omicron, high levels of staff absence were anticipated and as a system we put plans in place to mitigate against this. Despite this, mid-December to mid-January proved to be extremely challenging with higher rates of staff absence than would normally be seen at this time of year creating pressures across the system. Although some staff had Covid, many were absent because they were caring for relatives with Covid or were required to self-isolate.

However, I am pleased to report that by the end of January, the situation had improved considerably. We anticipate that the Heath Secretary's announcement on 14 January reducing isolation from seven days to five days following consecutive negative tests will also help to reduce staff absences. But as the level among school children under 12 remains high, the virus will continue to circulate in the community, potentially causing reinfection which is passed on to parents and carers which in turn can translate into further staff absences.

I would like to take this opportunity on behalf of the ICS to record our heartfelt thanks to all our staff, who yet again have risen to another challenge with great dedication, courage and professionalism.

2.1.3 Reducing Covid hospital admissions

SYB has successfully established five Covid Medicine Delivery Units, which can provide treatment with neutralising monoclonal antibodies (nMABs) to patients who are at high risk if they contract Covid. Each patient is individually assessed by a clinician, which means that they get rapid treatment to help ensure they don't become very unwell with the virus. nMABs are highly recommended as a treatment option for non-hospitalised adults and children (aged 12 years and above) in the highest risk patient groups. This service is also helping to reduce the number of admissions to hospital.

The government has also announced details on PANORAMIC, a new national Covid study which aims to recruit 10,000 UK patients at greatest risk of serious illness to a trial the drug Molnupiravir at home. This is a new antiviral which has proved to be successful in clinical trials in reducing the risk of hospitalisation and death among the most vulnerable of non-hospitalised adults by 30 per cent.

2.1.4 System pressures and recovery

Ongoing pressures to SYB's urgent and emergency services have required some adaptions to patient-facing services, mostly connected to elective care and non-urgent services, to redeploy staff to the most in need services.

The impact of Omicron on staff absence resulted in specific pressures for the Yorkshire Ambulance Service (YAS), which had to put temporary measures in place to prioritise its most important services. For a short period in January, YAS had to suspend its Patient Transport Services (PTS). But following support from military colleagues and the number of YAS staff able to return to work, the service recommenced for all eligible patients requiring PTS services from 24 January.

The on-going infection control measures for Covid have also helped to ensure that the numbers of cases of flu remain well below normal seasonal levels with few admissions to hospital, and no admissions to intensive care. Cases of norovirus also continues to be very low.

2.1.5 Vaccination programme

The drive for booster vaccinations to help protect people against the Omicron variant was ramped up across the country in December. Vaccination teams did an amazing job in SYB and vaccination centre hours were extended to 12 hours a day seven days a week and we worked with local authority partners on additional sites and pop-up centres. Currently, over 80 per cent of the eligible population in SYB have now received their booster, which is an extraordinary achievement in such a short time scale, and I would like to offer my thanks on behalf of the ICS.

During January the number of people coming forward for their Covid vaccinations has been falling and currently we are vaccinating around 2000 people a day. To counteract this, SYB's Covid Vaccination Programme has been redoubling efforts to increase uptake of the booster programme to support the immunisation of all over-18's in the region. We have been offering popup vaccination sites and arranging vaccination sessions at places of employment for example Amazon.

Work has begun to look at how we can best use the vaccination capability which has been built up since January 2021 going forward, which will be shaped by the vaccination requirement over the next 12 months.

From 31 January we will also be offering vaccinations to children aged 5 - 12 who are clinically vulnerable or live in a household with someone who is immunosuppressed.

2.1.6 Vaccination as a condition of deployment (VCOD)

Following an announcement from the Department of Health and Social Care (DHSC), all staff who undertake CQC regulated activities and have direct contact with patients must be fully vaccinated against Covid 19 by 1 April 2022. This applies to the NHS and independent sector and follows a similar requirement for those working in social care. Across the system we are doing everything possible to support staff who are currently unvaccinated who want to be vaccinated before the deadline.

2.2 Regional update

2.2.1 Leaders meeting

The North East and Yorkshire (NEY) Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During December and January discussions focused on the ongoing Covid response and vaccination programme, urgent and emergency care, winter resilience, planning and recovery and ICS development. Specific pressures on the system, particularly in the ambulance service due to staff sickness levels and the impact of delayed discharge from hospital.

2.3. National updates

2.3.1 Planning guidance

On 24 December, NHS England and NHS Improvement (NHS E/I) released new operational planning guidance for 2022/23, outlining 10 clear priorities for health and care systems to enact over the next two years. Key elements of the guidance include reinforcing and strengthening our workforce, enhancing our access and capacity across primary care networks (PCN's) and continuing with transformation to reduce health inequalities through data and analytics. Covid response and treatment (including vaccination) is also firmly embedded within these priorities aligning this more closely with business-as-usual activities.

These plans are all set against the proposed Integrated Care Board (ICB) formation, which although subject to the Health and Care Bill passage - provides both stability and assurances of the direction of travel for health and care systems in their future operational planning.

2.3.2 GP patient survey

The 2022 GP patient survey was launched on 10 January. The Survey is a key source of information about primary care in England. Last year, more than 850,000 people gave feedback on around 6,700 GP practices. The 2021 results are available on the website, and this year for the first time, ICS slide packs have been produced which provide an ICS level view of the results for key questions from the survey with comparative 2020 data where available.

2.3.3 Weight loss support on the High Street

People struggling to lose weight will now be offered help from their local high street pharmacy in the latest drive to tackle rising obesity levels and type 2 diabetes. Community pharmacy teams can now refer adults living with obesity, and other conditions, to the 12-week online NHS weight management programme. GPs have already referred 50,000 adults to the programme. Adults living with obesity plus hypertension or diabetes will qualify for the service, which people can access via an app on their smartphone.

2.3.4 Childhood MMR Campaign

A new national campaign launches on 1 February 2022 encouraging parents to get their children vaccinated against measles, mumps, and rubella. The goal is to boost parents' confidence that getting their children vaccinated is the right thing to do, by providing information on the risk of measles, mumps, and rubella. The campaign's call-to-action tells parents and carers whose children have missed one of their two MMR doses to contact their GPs and book their vaccine.

2.4 Integrated Care System update

2.4.1 Establishing ICBs postponed until 1 July 2022

In December, the government announced a revised target date for the establishment of ICBs to 1 July 2022 from 1 April as originally planned. The decision was taken based on the anticipated passage of the Health and Care Bill through Parliament. NHS South Yorkshire, the confirmed public facing name for the ICB in South Yorkshire, will now formally establish on 1st July. National and local plans are being adjusted to reflect the new target date.

The change in date does not change our direction but gives more time to deepen preparations and continue to develop more integrated services in our Places and in our Provider Collaboratives and Alliances. The ICB provides the best opportunity to address unfair, avoidable and systematic differences in the opportunity for all our citizens to live healthily and well.

Until 1 July, CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies. CCG leaders will be working closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting. NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

However, boundary changes will go ahead on 1 April. This means that Bassetlaw CCG will become part of Nottingham and Nottinghamshire ICS on that date. We are currently developing a Memorandum of Understanding between South Yorkshire and Nottinghamshire to ensure the continuation of joint working between Bassetlaw and South Yorkshire given the important of this to the population of Bassetlaw who access almost all their secondary and specialised care in South Yorkshire.

2.4.2 ICB constitution and establishing ICB Board

The ICB draft Constitution, which set out our Board size, its make-up and approach to our eligibility, nomination and selection criteria was approved by NHS England on 23 December 2021 England.

We began the process for recruiting new executive and non-executive appointments in December with closing dates in January. We have had very encouraging responses so far and particularly from non-executive roles representing local community interests. Interviews are scheduled for February and March. We are continuing advertise for non-executives with specific areas of expertise in finance and strategy.

Over the next couple of months as the new Board is recruited, we will be focusing on discussions with our partners on co-production work to inform wider governance and how NHS South Yorkshire can best support the ambitions and priorities of our Places, Provider Collaboratives and Alliances. We will also be revisiting our current ICS governance in advance of the new statutory arrangements. The new target date of 1 July gives us more time to get the new shadow Board up and running in the first quarter.

The development work in our Places and Provider Collaboratives also continues to progress focussing on ambition and priorities and the arrangements needed to continue to work well together. We are considering the relationship and arrangements needed between these and the future ICB / ICP to continue to support thriving Places and strong and vibrant Provider Collaborates and Alliances.

2.4.3 Organisational development work on functional design

The organisational development work on functional design of the emerging new organisation is now well underway, although some workshops were delayed by a month because of the declaration of a level 4 incident and the need focus on system pressures. Workshops are now rescheduled and are back on track. The process began with the staff most affected by the changes who will become employees of NHS South Yorkshire (ICB) but will now involve the wider one workforce of the ICS and partners. A key objective of the work is to ensure there an understanding of the transferring functions and good practice supporting integration and opportunities.
We have also published a formal response to the Consultation on the proposed new executive board level roles in SY ICB Integrated Care Board. A copy of the report is available to all staff on the SYB Hub. I hosted a webinar for staff to go over the feedback received and answer questions.

2.4.4 ICCS £57.5m capital investment from treasury

SYB ICS have secured £57.5m from the Treasury to invest in primary and community facilities across our region. Only two areas in the country were selected and we will see over 20 projects delivered by the end of 2023 which will be instrumental in allowing us to provide seamless services, improve service quality, improve patient experience and deliver value for money.

2.5. Finance

The system had a £28.7m surplus at Month 8 which was £28.8m favourable to plan. The surplus all sits with provider organisations. The forecast position is a £0.3m surplus which is £0.3m favourable to plan. Organisations have been asked to undertake a detailed review of forecasts at Month 9 and revise forecast accordingly. This exercise is expected to increase the forecast surplus.

Capital spend at Month 8 showed a spend of £57.6m which was £7.4m or 12.8 per cent behind plan. The forecast adjusted performance is break even against plan. Providers have been asked to undertake a detailed review of the forecast at Month 9 and revise the forecast accordingly.

Final draft system allocations have been issued that shows that the system will receive £40.3m additional net resource compared to the opening baseline allocation (1.2 per cent increase). This includes allocation reductions of £147.2m or 4.5 per cent.

2.6 Retirement of Sir Andrew Cash

I would like to formally record my thanks to Sir Andrew Cash on behalf of SYB ICS on his retirement as System Lead for the ICS at the end of January 2022. Andrew has had a long and very distinguished career dedicated to improving patient care. He has made an enormous contribution to the development of the NHS in South Yorkshire and Bassetlaw and the wider NHS over the last six years in developing the ICS and prior to that as CEO of Sheffield Teaching Hospitals NHS Trust from 2004 to 2018. He has also championed partnership working which has been hugely instrumental in ensuring we have become one of the leading ICSs in the country. The transformational work across SYB has touched the lives of many thousands of people improving health and care services and addressing health inequalities.

I know that colleagues within the NHS locally and nationally, local authorities and the voluntary and community sector will join me in thanking him and wishing him well in his retirement. ‘Although Andrew has stepped down as SYB ICS executive lead at the end of January 2022 he will remain involved on a part time basis in helping lead the transition to the new ways of working across the wider NHS , in the North East and in the Yorkshire and Humber (NE and Y and H) for a while yet. He will chair the NE and Yorkshire and Humber Transition Oversight Group for the four ICSs and

Region. I know that he will continue to contribute his wisdom and energies to health and care both locally and nationally'.

Gavin Boyle
Chief Executive designate NHS South Yorkshire Integrated Care Board
Date: 01 February 2022

NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
3rd February 2022 via Microsoft Teams

UNCONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement / Vice Chair

Apologies: None received

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
GBP/2122/234	**Welcome, Apologies & Quoracy** Dr Avi Bhatia (AB) welcomed members to the meeting. No apologies were received. It was confirmed that the meeting was quorate.	
GBP/2122/235	**Questions received from members of the public** No questions were received from members of the public.	

GBP/2122/236	**Declarations of Interest** 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. 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 Item GBP/2122/239 – COVID vaccination and treatment update – All GPs declared a conflict of interest in this item as PCNs, of which practices are members, receive Directly Enhanced Services (DES) funding for administering the COVID-19 vaccines. As this is not a decision item it was agreed that all GPs would remain in the meeting but would not partake in any discussions which may arise in relation to this matter. Item GBP/2122/246 – Primary Care Commissioning Committee (PCCC) Assurance Report – January 2022 – Dr Penny Blackwell (PB) declared a conflict of interest in this item as discussions were held at the PCCC on the Brailsford and Hulland Medical Practice; PB is a Partner of the practice that has taken over the Hulland and Brailsford practice. As this is not a decision item it was agreed that PB would remain in the meeting but would not partake in any discussions which may arise in relation to this matter. No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2122/237	**Chair's Report – January 2022** AB presented a report, a copy of which was circulated with the meeting papers; the report was taken as read and the pertinent points noted included the pressures on the System, the forthcoming move from a CCG to an Integrated Care Board (ICB), the impacts of COVID-19, and the ongoing pressures on General Practices and the mitigations around that. **The Governing Body NOTED the content of the report provided**	
GBP/2122/238	**Chief Executive Officer's Report – January 2022** Dr Chris Clayton's (CC) presented a report, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made: • This continues to be a challenging time for the whole System. • Although a reduction in the numbers of COVID cases has been seen in hospitals, it is important to note that patients are still being admitted and are dying with COVID, hence the need to remain vigilant. • There have been increases in the community COVID prevalence which are being carefully monitored. • The position in General Practice has seen changes in terms of the asks. December and January saw receipt of a national letter advising practices to undertake more routine work as the booster programme diminishes in scale. • Section 2 listed the meetings CC has attended over the last few weeks.	

	• Section 3 highlights national developments, research, and reports. • Section 4 highlights local developments. CC will be sorry to see Angie Smithson, CRHFT CEO, retire in April; Dr Hal Spencer will take on the interim CEO role. A link was provided to the Joined-Up Care Derbyshire January Newsletter. The following points of note were made / questions raised: • General Practices were thanked for increasing the number of appointments provided. • The System was thanked for the work they are doing in providing services. The System is still extremely stretched, and people have been working very hard for a long time now. • It was enquired how the increase in waiting lists for surgery and treatment are being monitored in terms of the overall picture of deterioration in health during the wating period, and whether there is a collective System overview of what this looks like. CC responded that this is being carefully monitored. Prior to the Omicron wave the backlog was being overseen; this backlog was exacerbated by Omicron. There is clarity on the waiting list position, and the different types of waits within it. There are many types of backlogs across the System including General Practice, in terms of Long-Term Condition Management which is not as easy to quantify as hospital waiting lists. There are also backlogs in community care, with many things not being attended to in the usual manner in order to free up resources; for example, MSK physiotherapy where the physiotherapists were utilised to support the urgent care discharge position. The health and care System is acutely aware of the backlog in social care; the NHS has had an accelerated focus on discharge and flow, in conjunction with its social care colleagues. It is important to understand the backlogs in routine domiciliary social care in order to maintain the current care capacity and provide additional new capacity. The strategic planning team will be undertaking a stocktake to determine the current care gaps. Although the numbers are understood at a patient level regarding the care gap, there are challenges in understanding the health gap, which is more difficult to measure due to the time lag attached to it; thought will be given to this through the strategic intent and health inequalities work. • Reassurance was provided by Dr Buk Dhadda (BD) that the health and care gaps are on the radar of the Quality and Performance Committee. Over time, both locally and nationally, the impact of the pandemic on waiting lists will emerge; however, although those patients most at risk are being prioritised and treated urgently, the waiting lists continue to increase as new patients are added, assessed, and prioritised accordingly. • Dr Robyn Dewis (RD) added that there are individuals on waiting lists who are impacted by the capacity of services to provide care, and there are also individuals that have not yet presented themselves for treatment. There will have been behaviour and lifestyle changes over the course of the pandemic which have been difficult to quantify, for example obesity and alcohol intake; it will take time to understand the impact of this. It was noted that the MMR uptake has fallen, and this could also be the case with other immunisation programmes. These issues will affect communities differently, impacting hardest on those most disadvantaged. • It was queried whether consideration is being given to a national vaccination strategy. CC has received no official instruction from NHSE on the next stages of the vaccine programme. There is a need to work	

	through what this would look like and how it would be delivered; it would be reasonable to think that the Government and NHSEI are working through this. The message is well understood around how to go into a business-as-usual setting regarding vaccination programmes in order to prevent surge occurrences having an adverse impact on routine care. **The Governing Body NOTED the content of the report provided**	
GBP/2122/239	**South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Joint Committee of Clinical Commissioning Groups (JCCCG) Transitional Arrangements** CC advised that DDCCG is a formal member of SYB ICS JCCCG, linked to North Derbyshire and Hardwick CCGs' patient flows into Chesterfield and Sheffield. CC regularly attends the committee on behalf of the Governing Body. It has become clear that only specific items pertain to Derbyshire, for example service reconfiguration. The position of Derbyshire is an associate member as opposed to a standing member; however, CC has been made most welcome and values the learning from it. As the legislation for the creation of ICBs has been delayed, there is a need to maintain the JCCCG committee structure until ICBs are created in statute on 1st July 2022. CC recommended supporting the continuation of the JCCCG, and his attendance, and for the Governing Body to continue to receive updates. South Yorkshire will change as Bassetlaw moves into Nottinghamshire; a conversation will be held with SYB ICS on the continued need for Derbyshire to be involved in committees in common. The following questions were rasied: • Clarity was sought as to whether there is a requirement for the Governing Body to approve the proposal or note it as an associate member. The Derbyshire position is slightly different as it only has one CCG whereas SYB has several CCGs, hence the proposal to take this arrangement forward. CC stated that the paper has been written principally for the core members of SYB ICS, it is not particularly set out for associate members; his advice was that a decision to support the proposal from a position as an associate member perspective is required. • It was enquired whether the Glossop situation would have an impact and whether Derbyshire would be required to do something similar. CC advised that formal confirmation is awaited from NHSEI as to whether the boundary change will be effective from 1st April or 1st July; if it is effective from 1st April, it will require a change in the CCG's boundary, whereas any changes from the 1st July will be included in the ICB's boundary. The need to create a formal committee with Tameside and Glossop is not anticipated. • Insofar as Bassetlaw and Mansfield Hospitals will be used by our patients, it was queried whether there is a need for a relationship with Doncaster and Bassetlaw Hospital Trusts. CC responded that there are patient flows both in and out of Derbyshire; this has always been the case and will continue to be so. Where there is a significant patient flow, a proportionate oversight arrangement is established. Where smaller numbers are involved, DDCCG acts in the associate commissioner space, working through the Lead Commissioner. A lot of work is done with the Nottinghamshire and Leicestershire Systems through associate commissioners. DDCCG is the Lead Commissioner for the EMAS 111 contract and has worked closely with the associates to this contract. A	

	new set of relationships will need to be defined post July in terms of ICBs and their remits. A different commissioning landscape will be developed with larger ICBs and less commissioning bodies to link in with. **The Governing Body APPROVED the proposed changes to the SYB ICS Joint Committee of CCGs (JCCCG) for its continued operation until the end of June 2022, on an associate member basis**	
GBP/2122/240	**COVID vaccination and Treatment Update** All GPs declared an interest in this item Dr Steve Lloyd (SL) gave a presentation providing an update on the current COVID-19 vaccination programme, the treatment response, and the journey undertaken to reach this point. An update on the flu programme was also provided. A copy of presentation will be shared with members post meeting. SL considered that the point has now been reached to turn away from an urgent response to a business-as-usual programme going forward; however, there are a number of constraints to this. Boosters are not an optimal way to use vaccines; further guidance is awaited on this. A move to 6-month boosters for the most vulnerable members of society and 12 months for everyone else would be preferable. A vaccine to target the virus on a 12-month basis is currently in development. Conversations are ongoing as to what the future infrastructure would look like in order to prevent drawing down on the whole System. The necessary emergency response has seen teams stood up to meet the challenge of the vaccination programme to protect communities however it is impractical to continue it on this basis. The charge now is to develop a service line for System delivery through a different infrastructure, looking at what existing assets could be included in the ongoing mix. The huge contribution made by General Practice throughout the pandemic is not sustainable in the long term. The rise in the community pharmacy delivery needs to be expanded. The Vaccination Operational Cell (VOC) will continue to be required in the ICS space to provide a powerful emergency response vehicle of coordination across the whole System; this was led by the CCG, but cut across the whole System, with input from providers, and silver and gold command elements feeding into the SORG and SEC. The following questions points of note were made / questions raised: • The performance on the vaccination programme is exemplary. • It was enquired whether the inequality and ethnicity data were developed through postcodes for the vaccines. SL responded that data has been a challenge both nationally and regionally; locally postcode data is being used however the work of public health is being drawn upon, which is a powerful vehicle with which to reach into the community. This will also provide the potential to address health inequalities in the future. • The presentation clearly highlights the success of the vaccination programme and the new nMAB antiviral service; the communications around the nMAB service have been exceptional, and one of the main reasons why it is running so successfully. • RD advised that Derby City has received funding for community vaccine champions and is working with Community Action Derby to establish a service; this will enable the champions to hold individual conversions with	

	concerned individuals. The challenge now is to manage the incorrect narrative that COVID is going away. • SL's leadership of the programme is legendary, going above and beyond, which is very impressive; his commitment has been translated to the principle of addressing health inequalities in a comprehensive manner. • It was enquired what lessons could be learnt about reaching hard to reach groups from the work undertaken with COVID and, given that COVID has been a well-funded programme with no resource constraints, it was asked how the focus will be kept on the inequalities alongside existing budget pressures. SL responded that this is not about resources but about how best to use the people available; it has become clear that there are champions within our own organisations. The concept of the NHS as an anchor organisation is a powerful one and translating the ambition of the ICS to support socio-economic growth is important. Our staff are members of communities and they have taken it to heart to get the messages into their communities. It is not only about informing people but about training the trainer and incorporating people into the programme as leaders and champions themselves. There will be a different approach to reaching out into communities which does not require a significant amount of funding to achieve. Building on the good work already undertaken, it will be a powerful evolution in the way health inequalities are dealt with, by thinking about what is already available and providing a more comprehensive offer. • A move to 6 monthly boosters for the clinically vulnerable was suggested; a definition of clinically vulnerable was requested. SL stated that the JCVI will define this; although the cohort framework will be useful, it does not lend itself easily to strategic planning. Research would suggest that the antibody levels for the most vulnerable, as defined by the JCVI, will reach critical levels at around 6 months; however, repeat boosters are not the optimal way to use vaccinations. Although the vaccination programme went well in the UK, other countries have found it challenging due to a lack of vaccine availability; unvaccinated populations are a breeding-ground for new variants, which is a danger on a global scale. • There is no doubting the successful nature of the Derbyshire programme, however it has taken a lot of clinical time out of the System which is not sustainable in the long term. The move towards community pharmacy sites, using pharmacists to deliver vaccines, has been good. It was enquired whether there are plans to train up a new cohort to deliver the vaccines to prevent the use of health and social care staff. This is probably going to be an ongoing programme therefore the longevity of it requires further thought. SL advised that conversations are now being held not just in terms of the delivery of future programmes but the infrastructure to undertake it within a separate service line. It will demand a new approach to prevent drawing down on the System through emergency responses that are not sustainable; more resources will be required to deliver it in a different way. A plan cannot be developed without a national framework; to date the System has been faced with directives which it has had to urgently respond to however challenging this may have been. • The important aspect of any future programme will be the staffing; there are many other things that the GPs and Consultants undertaking the vaccinations could be doing; there is a need to ensure that the right staff are stratified into the right place. SL highlighted the huge effort the CCG's teams have made for the vaccination programme; resources have been drawn down from every directorate to support the programme directly at sites, and as volunteers	

	across the whole System. There has been a mammoth effort by the whole organisation and SL gave his grateful thanks to everyone for the huge and enthusiast effort made above and beyond; the way in which this organisation has mobilised to support the programme is admirable and was recognised. AB concurred with this statement. **The Governing Body NOTED the update provided**	
GBP/2122/241	**Finance Report – Month 9** Richard Chapman (RCp) provided an update on the financial position as at Month 9 (H2). The following points of note were made: • All targets will have been met with a year-to-date surplus of £875k. • A further £2.27m COVID reimbursement is expected, giving a total year to date surplus of £3.145m. • Forecast outturn has moved to a £604m surplus from breakeven following receipt of additional allocations for the community diagnostic hub programme and discharge funding which is unlikely to be spent in year as the capacity will not be available. • Running costs remain underspent year to date, however, these have reduced as they will be required to fund the development of the ICS; this reduces the forecast outturn underspend to £824k against a year-to-date surplus of just over £1m. • £2.284m of the H2 contingency has been released into the year-to-date position in line with the plan signed off by the Governing Body. • A straight-line extrapolation of year-to-date expenditure against forecast outturn was provided for information. The largest variations are in Additional Roles Reimbursement Scheme (ARRS) expenditure and winter access funds in primary care services. This also includes material sums in mental health, with some movements the other way, reducing the year to date run rate in acute and primary care services where expenditure was incurred against specific funding in H1 but is not anticipated for H2. • £9m of elective recovery funding was received in H1; however, it is not anticipated that this will be repeated in H2. • There are some potential flexibilities for resources not yet committed however it is anticipated that they will be committed by the year end for cancer recovery, ambulance services and discharge support. • CHC pressures continue with increased discharge pressures being felt across the System; controls remain in place to manage this. **The Governing Body is requested to NOTE the following:** • **Allocations have been received for the full year at £2.090bn** • **The YTD reported underspend at month 8 is £3.146m** • **Retrospective allocations received for Half 1 COVID spend on the Hospital Discharge Programme were £5.498m; further additional funding is expected of £1.358m relating to Quarter 3** • **Additional anticipated funding includes:** - **Elective Recovery Fund reimbursed £0.761m for April to December with an additional £0.306m forecast** - **Winter Access fund forecast to spend and reimbursed £3.472m** - **Additional Roles Reimbursement Scheme (ARRS) forecast to spend and receive £5.759m** • **The year-end position is forecast at £6.403m underspent**	

GBP/2122/242	**Joint CCG Finance Committee / System Finance and Estates Committee (SFEC) Assurance Report – January 2022** Andrew Middleton (AM) provided a verbal update following the Joint CCG Finance Committee / SFEC meeting held on 27th January 2022. The following points of note were made: • This is the first time that both System partners and CCG Finance Committee members have met as one Committee. The current performance of both the CCG and the System are in positive forecast outturn territory therefore did not warrant extensive discussion. It is an unusual scenario that we find ourselves in, however normal financial disciples are expected to return, with efficiency challenges and less COVID allocations. Going forward, in the five further meetings before the demise of the CCG, there will be an intrinsic benefit from having both future partners and current CCG people in the same meeting with shared agendas, providing the ability to learn from each side of the argument. This scenario was recommended for other Committees. • A new element for the System partners was the inclusion of GP members, who are very astute and not afraid to ask questions, adding value to the discussions. • Next month a progress report will be provided on the System's intelligence and the plans for System efficiencies, given the underlying deficit of circa £150m. It is anticipated that the discussions will become more challenging as savings need to be found. **The Governing Body NOTED the verbal update provided for assurance purposes**	
GBP/2122/243	**Audit Committee Assurance Report – January 2022** Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 20th January 2022. The report was taken as read and the following points of note were made: • The Committee received the External Audit Plan from KPMG; no significant risks were identified. KMPG will be forming a view based on the CCG as a going concern. • As the surplus at year end is deemed to be minimal, the month 12 estimations, accruals and transfers across the System will be closely examined for appropriateness; however, the Committee felt confident that this would not be challenged as a report presented by Internal Audit on the quality and accuracy of the integrity of the general ledger and financial reporting provided significant assurance. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/244	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – January 2022** Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 13th January 2022. The report was taken as read and no questions were raised. **The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC**	

GBP/2122/245	**Derbyshire Engagement Committee – January 2022** Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 18th January 2022. The report was taken as read and the following points of note were made: • The Committee received an update on the progress made towards creating the ICB, including the delay in its establishment from April to July 2022. The current position regarding the formal ICB committee structure will be progressed over the next few months with an update provided at the March meeting. An update was also received on the ICS Communications and Engagement Plan. • Communications and engagement response to the vaccination programme and System pressures – A presentation was given on the work undertaken on the COVID-19 vaccination programme (including the approach to tackling vaccine inequalities) and the activities in support of ongoing System pressures. • Accessible services for deaf people – A proposal was made to work with the British Deaf Association and local deaf people to set up a discussion session to highlight experiences in accessing health services. The feedback will be presented to the Committee, with an action plan for developments to help ensure that the voice of deaf people is heard, and reasonable adjustments agreed and made. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/246	**Primary Care Commissioning Committee (PCCC) Assurance Report – January 2022** Dr Penny Blackwell (PB) declared a conflict of interest in this item Simon McCandlish (SM) provided a verbal update following the PCCC meeting held on 26th January 2022. The following points of note were made: • No items for decision were received. • A finance update was provided. • No changes were made to the Risk Register. • A positive change has been seen at the Brailsford and Hulland Medical Practice; it is now being rated as good. **The Governing Body NOTED the verbal update provided for assurance purposes**	
GBP/2122/247	**Quality and Performance Committee (Q&PC) Assurance Report – January 2022** Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 27th January 2022. The report was taken as read and the following points of note were made: • The Committee received the Annual Report for the Children's Safeguarding Overview Panel. Assurance was provided that the teams have maintained a very high standard, whilst working in difficult circumstances due to the pandemic. Thanks were recorded for the achievements of the team. The following question was raised:	

	• Breast screening – Clarification was requested on the current position. BD explained that although there has been a dip in performance, the data is from November 2021 when there were issues around staffing. It was assured that if the pandemic had not occurred, a new cancer 28-day faster diagnosis standard would have been implemented from April 2020; on that standard both Trusts would be close to target, however the Omicron variant and staffing pressures, caused a slight dip. It was assured that once patients were diagnosed, they were treated in a timely manner, and the standard was only slighted missed. The Q&PC will be relooking at this again to ensure that the position has been recovered. It was noted that Hull Royal Infirmary had the same figures as Derbyshire and were escalated to Region; Region fed back that the service would close in Hull and patients would have to travel to Leeds, which is a 126-mile round trip; it was enquired whether, should improvements not be seen, the service in Derbyshire may not be sustainable. BD is aware of the issues in Hull and reassured that Derbyshire's issues are not the same. It was noted that the breast service is nationally challenged; this is not unique to Derbyshire. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/248	**CCG Risk Register – January 2022** HD advised that this report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 31st January 2022. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis to ascertain if any amendments in risk score are required. Closure of Risk 32 – It was proposed through the Governance Committee that the risk of exploitation by malevolent third parties if vulnerability is identified within any of the Microsoft Office 2010 applications after 14th October 2020 be closed on the basis that NECS has confirmed that a complete upgrade has been undertaken to remove all unsupported devices from the network. **The Governing Body RECEIVED and NOTED:** • **The Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 31st January 2022;** • **Appendix 2 which summarises the movement of all risks in January 2022** • **The decrease in risk score for Risk 16 relating to a lack of standardised process in CCG commissioning arrangements** **And APPROVED the closure of Risk 32 relating to the risk of exploitation by malevolent third parties if vulnerability is identified within any of the Microsoft Office 2010 applications after 14th October 2020**	
GBP/2122/249	**Ratified Minutes of DDCCG's Corporate Committees:** • Audit Committee – 18.11.2021 / 17.12.2021 • Derbyshire Engagement Committee – 16.11.2021	

	• Primary Care Commissioning Committee – 22.12.2021 • Quality and Performance Committee – 23.12.2021 **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2122/ 250	**South Yorkshire and Bassetlaw – ICS Development Update – January 2022** **The Governing Body RECEIVED and NOTED to update provided**	
GBP/2122/ 251	**Minutes of the Governing Body meeting in public held on 13th January 2022** **The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held**	
GBP/2122/ 252	**Matters Arising / Action Log** Action Log – January 2022 – No outstanding items	
GBP/2122/ 253	**Forward Planner** **The Governing Body NOTED the Planner for information**	
GBP/2122/ 254	**Any Other Business** None raised	
DATE AND TIME OF NEXT MEETING – Thursday 3rd March 2022 at 9.30am via MST		

Signed by: ……. Dated: ……
(Chair)

Derby and Derbyshire
Clinical Commissioning Group

GOVERNING BODY MEETING IN PUBLIC
ACTION SHEET – February 2022

Item No.	Item title	Lead	Action Required	Action Implemented	Due Date
2021/22 Actions					
	There are currently no outstanding action items				

Derby and Derbyshire CCG Governing Body Forward Planner 2021/22

	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 • 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												
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 • Quality & Performance Report • Serious Incidents • Never Events	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee Assurance Report • Business Continuity and EPRR core standards • Complaints • Conflicts of Interest	X		X		X		X		X		X	

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
• 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	
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		
Strategic Risks and Strategic Objectives		X		X	X							
Annual Report and Accounts			X			X						
AGM						X						
Corporate Committees' Annual Reports					X							
Joined Up Care Derbyshire Board Update	X		X		X		X		X			
FOR INFORMATION												
Director of Public Health Annual Report												
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	
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
Minutes of Health and Wellbeing Board Derby City	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 Derbyshire County	X		X		X				X			
Minutes of Joined Up Care Derbyshire Board	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												