Derby and Derbyshire
Clinical Commissioning Group

NHS DERBY AND DERBYSHIRE CCG

GOVERNING BODY – MEETING IN PUBLIC

Date & Time: Thursday 4th March 2021 – 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/2021/182	**Welcome, Apologies & Quoracy** Apologies: Dr Buk Dhadda, Dr Emma Pizzey	**Verbal**	**Dr Avi Bhatia**	**9.30**
GBP/2021/183	**Questions from members of the public**	**Verbal**	**Dr Avi Bhatia**	
GBP/2021/184	**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/2021/185	**Chair's Report**	**Paper**	**Dr Avi Bhatia**	**9.35**
GBP/2021/186	**Chief Executive Officer's Report**	**Paper**	**Dr Chris Clayton**	
FOR DISCUSSION				
GBP/2021/187	**Financial Planning and Budget Setting - 2021/22**	**Paper**	**Richard Chapman**	**9.55**
GBP/2021/188	**Vaccine Programme Update**	**Verbal**	**Dr Steve Lloyd**	
CORPORATE ASSURANCE				
GBP/2021/189	**Finance Report – Month 10**	**Paper**	**Richard Chapman**	**10.30**

GBP/2021/ 190	**Finance Committee Assurance Report – February 2021**	**Verbal**	**Andrew Middleton**	
GBP/2021/ 191	**Clinical and Lay Commissioning Committee Assurance Report – February 2021**	**Paper**	**Dr Ruth Cooper**	
GBP/2021/ 192	**Primary Care Commissioning Committee Assurance Report – February 2021**	**Verbal**	**Professor Ian Shaw**	
GBP/2021/ 193	**Quality and Performance Committee Assurance Report – February 2021**	**Paper**	**Andrew Middleton**	
GBP/2021/ 194	**CCG Risk Register – February 2021**	**Paper**	**Helen Dillistone**	
FOR INFORMATION				
GBP/2021/ 195	**Ratified Minutes of Corporate Committees:** • Primary Care Commissioning Committee – 27.1.2021 • Quality and Performance Committee – 28.1.2021	**Papers**	**Committee Chairs**	**10.45**
GBP/2021/ 196	**South Yorkshire and Bassetlaw Integrated Care System CEO Report / Sheffield Olympic Legacy Park Update – February 2021**	**Paper**	**Dr Chris Clayton**	
GBP/2021/ 197	**Mental Health Investment Standard (MHIS) Statement of Compliance – 2019/20**	**Paper**	**Richard Chapman**	
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/2021/ 198	**Minutes of the Governing Body Meeting in Public held on 4th February 2021**	**Paper**	**Dr Avi Bhatia**	**10.50**
GBP/2021/ 199	**Matters arising from the minutes not elsewhere on agenda:** • Action Log – February 2021	**Paper**	**Dr Avi Bhatia**	
GBP/2021/ 200	**Forward Planner**	**Paper**	**Dr Avi Bhatia**	
GBP/2021/ 201	**Any Other Business**	**Verbal**	**All**	

Date and time of next meeting: Thursday 1st April 2021 from 9.30am to 11am – via Microsoft Teams

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEMBERS' REGISTER OF INTERESTS 2020/21

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 Derbyshire Place Board	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	Director of Flourish Derbyshire Dales CIC, which aims to provide creative arts and activity projects and to support others in this activity for the Derbyshire Dales		✓			Feb 2019	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				GP partner at Hannage Brook Medical Centre, Wirksworth. Interests in Drug misuse	✓				Oct 2010	Ongoing	
				GP lead for Shared Care Pathology, Derbyshire Pathology		✓			2011	Ongoing	
Braithwaite, Bruce	Secondary Care Specialist	Governing Body	Audit Committee Clinical & Lay Commissioning Committee	Shareholder in BD Braithwaite Ltd and Vascular Ultrasound Ltd, which provide clinical services in the East Midlands (including NHS funded patients and those 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
Chapman, Richard	Chief Finance Officer	Governing Body	Clinical & Lay Commissioning Committee Finance Committee Primary Care Commissioning Committee	Nil							No action required
Clayton, Dr Chris	Chief Executive Officer	Governing Body	Clinical & Lay Commissioning Committee Primary Care Commissioning Committee	Spouse is a Director at PWC					2001	Ongoing	Declare interest at relevant meetings
Cooper, Dr Ruth	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Finance Committee	Locum GP at Staffa Health, Tibshelf	✓				Dec 2020	Ongoing	Declare interest at relevant meetings
			North East Derbyshire & Bolsover Place Alliance Group	Shareholder in North Eastern Derbyshire Healthcare Ltd	✓				2015	Ongoing	
			Derbyshire Primary Care Leadership Group CRHFT Clinical Quality Review Group GP Workforce Steering Group Conditions Specific Delivery Board	Fundraising Activities through Staffa Health to support Ashgate Hospice and Blythe House			✓		Ongoing	Ongoing	Declare interests at relevant meetings and Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair

Dentith, Jill	Lay Member for Governance	Governing Body	Audit Committee Governance Committee Primary Care Commissioning Committee Remuneration Committee	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	✓ ✓				2012 6 Oct 2020	Ongoing Ongoing	Declare interests at relevant meetings
Dewis, Dr Robyn	Director of Public Health, Derby City Council	Governing Body	Clinical & Lay Commissioning Committee Clinical Policy Advisory Group Joint Area Prescribing Committee Conditions Specific Delivery Board CVD Delivery Group Derbyshire Place Board Derby City Place Alliance Group Respiratory Delivery Group	Nil							No action required
Dhadda, Dr Bukhtawar S	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Finance Committee Quality & Performance Committee UHDB Clinical Quality Review Group Clinical Policy Advisory Group	GP Partner at 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 Finance Committee Governance Committee Remuneration Committee Individual Funding Requests Panel	Nil							No action required
Jones, Zara	Executive Director of Commissioning & Operations	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board	Nil							No action required
Lloyd, Dr Steven	Medical Director	Governing Body	CVD Delivery Group Clinical & Lay Commissioning Committee Conditions Specific Delivery Board CRHFT Contract Management Board 999 Quality Assurance Group Derbyshire Prescribing Group Derbyshire System Flu Planning Cell Finance Committee Primary Care Commissioning Committee Quality & Performance Committee	GP Partner at St. Lawrence Road Surgery Clinical sessions at St. Lawrence Road Surgery Shareholder in premises of Emmett Carr Surgery, Renishaw; and St. Lawrence Road Surgery, North Wingfield	✓ ✓ ✓				2012 2012 Ongoing	Ongoing Ongoing Ongoing	Declare interests at relevant meetings
McCandlish, Simon	Lay Member for Patient and Public Involvement	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Quality & Performance Committee Commissioning for Individuals Panel (Shared Chair)	Nil							No action required
Middleton, Andrew	Lay Member for Finance	Governing Body	Audit Committee Finance Committee Quality & Performance Committee Remuneration Committee Commissioning for Individuals Panel (Shared Chair) Derbyshire System Finance Oversight Group	Lay Vice Chair of East Riding of Yorkshire Clinical Commissioning Group Lay Chair of Performers List Decision Panels for NHS England Central Midlands Lay Chair of Appointment Advisory Committees at United Hospitals Leicester - chairing panels for appointing hospital consultants	✓ ✓ ✓				Jan 2017 May 2013 Mar 2020	Mar 2023 Ongoing Mar 2023	Declare interests at relevant meetings Will not sit on any case which has knowledge of the GP or their practice, or a consultant at Leicester
Pizzey, Dr Emma	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee Erewash Place Alliance Group DCHS Clinical Quality Review Group	Partner at Littlewick Medical Centre, with an interest in diabetes (but not clinical lead) Executive director Erewash Health Partnership	✓ ✓				2002 Apr 2018	Ongoing Ongoing	Declare interests at relevant meetings
Shaw, Professor Ian	Lay Member for Primary Care Commissioning	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Primary Care Enhanced Services Review Group	Professor at the University of Nottingham Subject Matter Expert and advisory panel member in relation to research and service development at the Department of Health and Social Care	✓	✓			1992 Jan 2020	Ongoing Jan 2021	Declare interests at relevant meetings

Stacey, Brigid	Chief Nurse Officer	Governing Body	Clinical & Lay Commissioning Committee Finance Committee Primary Care Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board CRHFT Clinical Quality Review Group UHDB Contract Management Board UHDB Clinical Quality Review Group EMAS Quality Assurance Group 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	✓ ✓ ✓	 ✓		 ✓	2009 2016 2009 18.03.20 2015	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Wallace, Dean	Director of Public Health, Derbyshire County Council	Governing Body	Derbyshire Place Board	Panel Member for Active Derbyshire part of a local charitable organisation		✓			April 2019	Ongoing	Declare interest at relevant meetings
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 Finance Committee Governance Committee Quality & Performance Committee Remuneration Committee	Nil							No action required

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

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

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

Glossary	
A&E	Accident and Emergency
AfC	Agenda for Change
AGM	Annual General Meeting
AHP	Allied Health Professional
AQP	Any Qualified Provider
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit
ARP	Ambulance Response Programme
ASD	Autistic Spectrum Disorder
ASTRO PU	Age, Sex and Temporary Resident Originated Prescribing Unit
BCCTH	Better Care Closer to Home
BCF	Better Care Fund
BME	Black Minority Ethnic
BMI	Body Mass Index
bn	Billion
BPPC	Better Payment Practice Code
BSL	British Sign Language
CBT	Cognitive Behaviour Therapy
CAMHS	Child and Adolescent Mental Health Services
CATS	Clinical Assessment and Treatment Service
CCE	Community Concern Erewash
CCG	Clinical Commissioning Group
CDI	Clostridium Difficile
CETV	Cash Equivalent Transfer Value
Cfv	Commissioning for Value
CHC	Continuing Health Care
CHP	Community Health Partnership
CMP	Capacity Management Plan
CNO	Chief Nursing Officer
COP	Court of Protection
COPD	Chronic Obstructive Pulmonary Disorder
CPD	Continuing Professional Development
CPN	Contract Performance Notice
CPRG	Clinical & Professional Reference Group
CQC	Care Quality Commission
CQN	Contract Query Notice
CQIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CSE	Child Sexual Exploitation
CSU	Commissioning Support Unit
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust
CSF	Commissioner Sustainability Funding
CTR	Care and Treatment Reviews
CVD	Chronic Vascular Disorder
CYP	Children and Young People
D2AM	Discharge to Assess and Manage
DAAT	Drug and Alcohol Action Teams
DCCPC	Derbyshire Affiliated Clinical Commissioning Policies
DCHSFT	Derbyshire Community Healthcare Services NHS Foundation Trust
DCO	Designated Clinical Officer
DHcFT	Derbyshire Healthcare NHS Foundation Trust
DHU	Derbyshire Health United
DNA	Did not attend

DoH	Department of Health
DOI	Declaration of Interests
DoLS	Deprivation of Liberty Safeguards
DRRT	Dementia Rapid Response Service
DSN	Diabetic Specialist Nurse
DTOC	Delayed Transfers of Care – the number of days a patient deemed medically fit is still occupying a bed.
ED	Emergency Department
EDEN	Effective Diabetes Education Now
EDS2	Equality Delivery System 2
EIHR	Equality, Inclusion and Human Rights
EIP	Early Intervention in Psychosis
EMAS	East Midlands Ambulance Service NHS Trust
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.
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.
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.
EMLA	East Midlands Leadership Academy
ENT	Ear Nose and Throat
EOL	End of Life
EPRR	Emergency Preparedness Resilience and Response
FCP	First Contact Practitioner
FFT	Friends and Family Test
FGM	Female Genital Mutilation
FIRST	Falls Immediate Response Support Team
FRG	Financial Recovery Group
FRP	Financial Recovery Plan
GAP	Growth Abnormalities Protocol
GBAF	Governing Body Assurance Framework
GDPR	General Data Protection Regulation
GNBSI	Gram Negative Bloodstream Infection
GP	General Practitioner
GPFV	General Practice Forward View
GPSI	GP with Specialist Interest
GPSOC	GP System of Choice
HCAI	Healthcare Associated Infection
HDU	High Dependency Unit
HEE	Health Education England
HLE	Healthy Life Expectancy
HSJ	Health Service Journal
HWB	Health & Wellbeing Board
IAF	Improvement and Assessment Framework
IAPT	Improving Access to Psychological Therapies

ICM	Institute of Credit Management
ICO	Information Commissioner's Office
ICP	Integrated Care Provider
ICS	Integrated Care System
ICU	Intensive Care Unit
IGAF	Information Governance Assurance Forum
IGT	Information Governance Toolkit
IP&C	Infection Prevention & Control
IT	Information Technology
IWL	Improving Working Lives
JAPC	Joint Area Prescribing Committee
JSAF	Joint Safeguarding Assurance Framework
JSNA	Joint Strategic Needs Assessment
k	Thousand
KPI	Key Performance Indicator
LA	Local Authority
LAC	Looked after Children
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LGB&T	Lesbian, Gay, Bi-sexual and Trans-gender
LHRP	Local Health Resilience Partnership
LMC	Local Medical Council
LMS	Local Maternity Service
LOC	Local Optical Committee
LPC	Local Pharmaceutical Council
LPF	Lead Provider Framework
m	Million
MAPPA	Multi Agency Public Protection arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
MH	Mental Health
MHMIS	Mental Health Minimum Investment Standard
MIG	Medical Interoperability Gateway
MIUs	Minor Injury Units
MMT	Medicines Management Team
MOL	Medicines Order Line
MoM	Map of Medicine
MoMO	Mind of My Own
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal
MTD	Month to Date
NECS	North of England Commissioning Services
NEPTS	Non-emergency Patient Transport Services
NHAIS	National Health Application and Infrastructure Services
NHSE	NHS England
NHS e-RS	NHS e-Referral Service
NICE	National Institute for Health and Care Excellence
NOAC	New oral anticoagulants
NUH	Nottingham University Hospitals NHS Trust
OJEU	Official Journal of the European Union
OOH	Out of Hours
ORG	Operational Resilience Group
PAD	Personally Administered Drug

PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PCCC	Primary Care Co-Commissioning Committee
PCD	Patient Confidential Information
PCDG	Primary Care Development Group
PCNs	Primary Care Networks
PEARS	Primary Eye care Assessment Referral Service
PEC	Patient Experience Committee
PHB's	Personal Health Budgets
PHSO	Parliamentary and Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PIR	Post-Infection Review
PLCV	Procedures of Limited Clinical Value
POA	Power of Attorney
POD	Point of Delivery
PPG	Patient Participation Groups
PPP	Prescription Prescribing Division
PRIDE	Personal Responsibility in Delivering Excellence
PSED	Public Sector Equality Duty
PSO	Paper Switch Off
PwC	Price, Waterhouse, Cooper
QA	Quality Assurance
QAG	Quality Assurance Group
Q1	Quarter One reporting period: April – June
Q2	Quarter Two reporting period: July – September
Q3	Quarter Three reporting period: October – December
Q4	Quarter Four reporting period: January – March
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QUEST	Quality Uninterrupted Education and Study Time
QOF	Quality Outcome Framework
QP	Quality Premium
Q&PC	Quality and Performance Committee
RAP	Recovery Action Plan
RCA	Root Cause Analysis
REMCOM	Remuneration Committee
RTT	Referral to Treatment
RTT Admitted	The percentage of patients waiting 18 weeks or less for treatment of the patients on admitted pathways
RTT Non admitted - The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways	
RTT Incomplete - The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period	
ROI	Register of Interests
SAAF	Safeguarding Adults Assurance Framework
SAR	Service Auditor Reports
SAT	Safeguarding Assurance Tool
SBS	Shared Business Services
SDMP	Sustainable Development Management Plan
SEND	Special Educational Needs and Disabilities
SHFT	Stockport NHS Foundation Trust
SFT	Stockport Foundation Trust
SNF	Strictly no Falling
SOC	Strategic Outline Case

SPA	Single Point of Access
SQI	Supporting Quality Improvement
SRG	Systems Resilience Group
SIRO	Senior Information Risk Owner
SRT	Self-Assessment Review Toolkit
STAR PU	Specific Therapeutic Group Age-Sec Prescribing Unit
STEIS	Strategic Executive Information System
STHFT	Sheffield Teaching Hospital Foundation Trust
STOMPLD	Stop Over Medicating of Patients with Learning Disabilities
STP	Sustainability and Transformation Partnership
TCP	Transforming Care Partnership
TDA	Trust Development Authority
T&O	Trauma and Orthopaedics
UTC	Urgent Treatment Centre
UEC	Urgent and Emergency Care
UHDBFT	University Hospitals of Derby and Burton Foundation Trust
YTD	Year to Date
111	The out of hours service 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.
52WW	52 week wait

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th March 2021

Item No: 185

Report Title	Chair's Report – March 2021
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

Further to my commitment at our February Governing Body meeting, we will commence live streaming of our meetings in public from April 2021. This means that we will revert to our previous approach where questions received in advance of the meeting will be read out and the responses will be supplied to the questioner and published on our website within 7 working days after the meeting taking place.

There have been some important changes since our last meeting including the Prime Minister's announcement regarding the roadmap out of lockdown. If the current trajectory of infection rates and demand for Covid related services continues to fall, this will have a positive impact upon the health and care services we provide and the staff who deliver those services. We all have a responsibility to continue doing everything we can to ensure that our move out of lockdown is sustained and "irreversible" as referenced in the recent announcement.

From a patient perspective we have worked on scenarios throughout the pandemic which will help us to plan how we prioritise the recovery of services. Patient safety and wellbeing is of paramount importance and is at the cornerstone of our planning. From a staff perspective, colleagues across primary and secondary care services continue to work under intense pressure so being able to see a sustainable way forward is incredibly important. Staff wellbeing is always one of our most important priorities and this has become even more over the last year of the pandemic when workloads and pressure have been so intense.

Throughout the pandemic, the Derbyshire system has worked to do everything possible to maintain continuity of services, albeit delivered in different and innovative ways due to the importance of social distancing. In primary care, our GP practices have continued to treat patients, with an increase in the use of telephone and video

consultations to ensure a reduction in unnecessary contact within the surgery. However, we have still seen patients face-to-face in surgery where this is necessary and it is likely that these approaches will continue as our practice teams are playing a key role in delivering the Covid-19 vaccination programme. People are understandably wanting to know how moving out of lockdown will impact upon our health and care system and our assurance is that we are working on this at pace in conjunction with the delivery of the vaccination programme. We will continually update on developments as they arise.

Our vaccination programme in Derbyshire continues to deliver and as we worked towards the end of the first cohorts we were the second highest performer in England in the 70 year old and over group. Equity has been a key objective for us and through the rollout of Primary Care Network led Local Vaccination Services, a Vaccination Centre at Derby Arena, community pharmacy led vaccination sites and Hospital Hubs, and we have worked to ensure that access is as fair and equitable as we can make it across the county. By the first milestone point in mid-February our vaccination levels were also broadly even across the county.

However, there is no room for complacency and we have new challenges as we move into Cohort 5 (65 to 69 year olds) and Cohort 6 (patients who are clinically vulnerable) alongside carers and other priority patients across the cohorts. We also want to reassure people in earlier cohorts who have not yet received their first vaccination that they are still eligible and should get in touch with the NHS if they wish to request one. The Joined Up Care website describes how people can do this.

We have good reason to be optimistic as we expect to see positive change in the pandemic over the coming weeks and months but I do urge us all to exercise care and caution because we still have a long way to go. The vaccination programme will run for several more months and our health and care system has established a good track record so far but we must sustain it and this will only be possible if everyone plays their part. We have some great examples of this including the Call To Arms for the vaccination programme where we are seeing volunteers and returners working alongside our substantive clinicians and support teams. We also have great examples of senior colleagues working in clinical support and administration roles alongside colleagues and it is this kind of collaborative effort that will help to see us through the pandemic.

I close once again with a huge thank you to our public and patients for supporting us in many different ways as we work through our battle with the virus, and to our staff across the health and care system and beyond for the work you are doing.

As always, please stay safe.

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

NHS
Derby and Derbyshire
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Governing Body Meeting in Public

4th March 2021

Item No: 186

Report Title	Chief Executive Officer's Report – March 2021
Author(s)	Dr Chris Clayton, Chief Executive Officer
Sponsor (Director)	Dr Chris Clayton, Chief Executive Officer

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

Recommendations

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

Report Summary

This month I am pleased to open my report with encouraging news further to the Prime Minister's announcement regarding the progressive easing of lockdown. Since my last report, we have also seen the Prime Minster in Derbyshire with a well-received visit to our Vaccination Centre at Derby Arena. In addition to meeting with patients he also met staff from both the Primary Care Led Vaccination Service and the Vaccination Centre operated by Derbyshire Community Health Services.

The announcement on the roadmap out of lockdown is great news for our communities in Derbyshire and across the country. However, for the health and social care system, it is tempered by the fact that our system is still under significant pressure as we continue to support the full range of health and care needs from our Covid and non-Covid patients. We know that this position will continue for some time as the third wave of the virus has seen Covid patients needing more intensive care and support for longer periods of time. The pressures that winter inevitably brings will also continue, although we are moving towards spring which will hopefully see an improvement in the weather and fewer incidences of injuries due to snow and ice and other cold weather related conditions.

As we look forward to the start of the gradual changes during March, it makes it all the more important that we do everything we can to manage the risk of infection transmission for ourselves and those around us. The hands face and space guidelines, the ongoing successful delivery of our vaccination programme and access to testing will form the vital components in our defence against the risk of rising infection rates. The easing of restrictions is tremendously exciting but extra vigilance will be vitally important during the coming weeks and months.

We also anticipate seeing a steady reduction in system pressures as we move through the next few weeks and whilst this, in conjunction with reducing staff sickness, will support increased capacity for our system, we will see the vaccination

programme ramp up. These elements will need to be carefully balanced against the work we are already doing on restoring some of the most urgently needed services which have inevitably needed to slow down as we have dealt with the consequences of the pandemic. Our objective is that we maximise every opportunity to build our non-Covid services back up whilst ensuring that we deliver against the aspects that will help to create a safe and sustainable lifting of lockdown for Derbyshire.

Last month, I mentioned that alongside all of these priorities we must also focus on our journey towards becoming an Integrated Care System. The Government White Paper which you can see in Section 4 of this report launched on 11 February and this confirmed some of the key aspects we have been discussing since the end of 2020. I am determined that colleagues are involved and have opportunities to contribute to shaping our transition to becoming an ICS and to start that process I have run dedicated virtual Team Talk sessions for all CCG staff in recent weeks. The next steps will include the launch of our next Our Big Conversation which will see workstreams created across our key functions and the opportunity for colleagues to be directly involved in a number of ways. I will be reporting regularly on progress as we move forward with this important agenda.

We continue our programme of public and patient engagement with an extensive range of activity which includes Patient Participation Group Network sessions and Derbyshire Dialogue events. The latter includes a recent session on Long Covid which attracted a lot of interest. An in depth programme of work with partners across the system is underway to encourage Covid vaccine take up in some of our seldom heard groups and communities where we are seeing high levels of vaccine resistance. We are also continuing to update our local authority scrutiny committees on both Covid and non-Covid programmes of work on a regular basis and we welcome their input. I would also like to thank our MPs across the county for their attendance at our weekly update sessions and for their important feedback which helps us to shape our plans and priorities.

As always, I want to recognise the tireless work of system colleagues in both frontline and supporting roles who continue to deliver their vital contributions every minute of every day. Many colleagues have been redeployed to roles supporting the vaccination programme where they are working alongside volunteers and returners to the NHS. It is tremendous to see everyone working towards a common aim. So again, thank you all on behalf of our public and patients and our health and care system.

Please do all you can to stay safe and to keep those around you safe too.

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

Meeting and purpose	Attended by	Frequency
NHS England and Improvement (NHSE/I)	Senior teams	Weekly
System Escalation Meetings	CEOs or nominees	Three per week
Local Resilience Forum Strategic Coordinating Group meetings	All system partner CEOs or their nominees	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
Senior Leadership Team Meeting	Directors	Three per week
Governing Body Meetings – Public & Confidential	Governing Body	Monthly
LRF/Derbyshire MPs	Members and MPs	Monthly
Derbyshire Quarterly System Review Meeting	NHSE/System/CCG	Quarterly
Derbyshire Chief Executives	System/CCG	Bi Monthly
EMAS Strategic Delivery Board	EMAS/CCGs	Bi-Monthly
Joint Health and Wellbeing Board	DCC/System/CCG	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/System/CCG	Monthly
Joint Committee of CCG	CCGs	Monthly
Derbyshire Covid-19 SCG Meetings	CEOs or nominees	Weekly
Outbreak Engagement Board	CEOs or nominees	Fortnightly
Partnership Board	CEOs or nominees	Monthly
Clinical Services and Strategies workstream	System Partners	Ad Hoc
Collaborative Commissioning Forum	CCG/NHSE	Monthly
Urgent and emergency care programme	UDB & CCG	Ad Hoc
System Operational Pressures	CCG/System	Ad Hoc
Clinical & Professional Reference Group	CCG/System	Ad Hoc
Derbyshire MP Covid-19 Vaccination briefings	CCG/MPs	Two per week

Regional Covid Vaccination Update	CCG/System/NHSE	Three per week
Gold Command Vaccine Update	CG/DCHS	Three per week
Integrated Commissioning Operating Model	CCG/System/NHSE	Ad Hoc
Team Talk	All staff	Weekly

3.0 National developments, research and reports

3.1 The Future of Health and Care Systems

The Government White Paper on Integrated Care Systems which you can see here launched on 11 February. The link also includes the Health Secretary's statement to Parliament.

3.2 Roadmap out of lockdown

The government has published the 'COVID-19 Response - Spring 2021', setting out the roadmap out of the current lockdown for England. You can find more here and more

3.3 Stopping the spread of Coronavirus

This guidance is for everyone to help reduce the risk of catching coronavirus (COVID-19) and passing it on to others. By following these steps, you will help to protect yourself, your loved ones and those in your community. This helpful document is available in Arabic, Bengali, Simplified Chinese, Traditional Chinese, French, Gujarati, Polish, Portugese, Punjabi and Urdu. Find out more here

3.4 Improvements to the home testing programme

The government has introduced a number of new accessibility improvements to the home testing programme to make it even easier to get tested. Find out more here

3.5 Long Covid research funding

People experiencing the longer-term effects of long COVID to benefit from research projects to help better understand the causes, symptoms and treatment. Find out more here

3.6 National campaign to encourage people to follow guidance

The national campaign featuring hospital staff and COVID-19 patients is designed to remind the public of the extreme pressures still facing the NHS. Find more about the campaign here

3.7 NHS gives women Human Papillomavirus Virus (HPV) home testing kits to cut cancer deaths

More than 31,000 women will be offered kits to carry out smear tests in the privacy and convenience of their own homes in a trial, NHS England has announced. The swab tests will be posted to women or given out by a GP to increase take-up of screening for the Human Papillomavirus Virus (HPV). Find out more here

4.0 Local developments

4.1 Supporting vaccine hesitant communities
As part of our work with partner organisations to target vaccine hesitancy we have recently launched our Community Representatives Communications Toolkit. This will be developed further as we target vaccine hesitancy across other communities and you can see the first version of the toolkit here

4.2 Find out more about the vaccination programme and regular bulletins
As we move through different cohorts for the vaccination programme it is important that people are clear about the eligibility criteria and to help with this we continually update the information on the Joined Up Care Derbyshire website. For the latest information about Covid-19 and the vaccination programme go to website here.

4.3 Information on "when will I get my vaccine?"
For more information about when and how you are likely to receive your COVID-19 vaccination if you have not already one. You will also find more information about the vaccination sites in operation across Derby and Derbyshire**.** Find out more here

4.4 Latest vaccination statistics
Since 21 January, NHS England and Improvement has published data on the vaccination programme at system level. As of 21 February, Joined Up Care Derbyshire had administered more than 305,000 vaccine doses, the third highest in the Midlands. As one of the key indicators, 97.54% of people aged 70 or over had been vaccinated, including 95.72% of people aged 80 or over. You can see the full data set here

4.5 Media update
We continue to see extensive media coverage of the vaccination programme. You can see examples of recent news releases on the vaccination programme and other issue 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

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting In Public

4th March 2021

Item No: 187

Report Title	Financial Planning and Budget Setting 2021/22
Author(s)	Darran Green, Associate Chief Finance Officer
Sponsor (Director)	Richard Chapman, Chief Finance Officer

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

Recommendations

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

- the NHS financial regime and position in 2020/21;
- proposed approach to Financial Planning for 2021/22 (Quarter 1);
- proposed approach to Financial Planning for 2021/22 (Quarter 2-4); and
- proposed approach to Budget Setting for 2021/22.

Report Summary

The report sets out the unique NHS financial regime that was established in 2020/21 and how this develops for 2021/22. The guidance for 2021/22 is currently being developed by NHSEI and the full extent of this guidance is not expected until the first quarter in 2021/22. This paper sets out how the CCG is proposing to proceed with establishing planning and budgeting while that guidance is being developed.

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

N/A

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

N/A

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

N/A

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

None identified

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

No

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
No
Have any Conflicts of Interest been identified/ actions taken?
None identified
Governing Body Assurance Framework
This paper supports the strategic objective towards the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.
Identification of Key Risks
Within the report.

NHS Derby and Derbyshire CCG

Financial Planning and Budget Setting 2021/22

1. Introduction

The purpose of this paper is to:

- describe to members of the Governing Body the financial regime for 2020/21 and how this is being developed for 2021/22;
- update members on the latest limited national guidance and how the CCG is progressing planning and budget setting in the absence of full guidance; and
- set out the next steps which the CCG and system partners will take in respect of financial planning, delivery and risk management for 2021/22.

As we come to the end of 2020/21 the CCG would normally have well developed plans for the following financial year. Due to the absence of guidance as a result of the ongoing pandemic, this paper sets out how the CCG is proceeding with planning and budget setting for 2021/22.

2. 2020/21 Financial Position

Guidance was issued in April and May 2020 that set out a four month accounting period where CCGs were given different allocations to those previously notified and NHS providers would receive block contract payments each month, calculated nationally, based on the 2019/20 Month 9 Agreement of Balances exercise.

All NHS organisations were given confirmation that they would be given sufficient resources to report a breakeven position for the first 4 months of 2020/21. Throughout this period, guidance was continually refined and new guidance received. Eventually it was decided that these funding arrangements for CCGs and Providers were to be extended for a further 2 months, and this period then became known as H1.

Table 1. Income and Expenditure Summary in NHS in 2020/21 (H1)

CCGs		Providers	
Income	**Expenditure**	**Income**	**Expenditure**
Revised Allocations	NHS Blocks	NHS Block Income - lead CCG	Most normal expenditure
Reclaimable Covid	Reduced Non-NHS expenditure	No other NHS income	Additional Covid expenditure
Top-up to breakeven	Additional Covid expenditure	Reduced Non-NHS Income	
		Reclaimable Covid	
		Top-up to breakeven	

Late in the H1 period details of the second six months of the financial year (H2) were issued and this involved all funding initially coming to the CCG with defined system allocations for Covid and top-up, with system partners required to agree how to distribute these limited resources. This was the start of a process where NHSEI were requiring greater system collaboration. Plans submitted by the Derbyshire system

indicated a likely deficit of £43m, of which £33.9m sat with the CCG. These plans were based on a set of assumptions around the unwinding of the unprecedented hospital discharge arrangements, and an increase in substantive provider staffing levels to accommodate elective restoration and recovery as set out in the September operating an dplanning guidance.

Table 2. Income and Expenditure Summary in NHS in 2020/21(H2)

CCGs		Providers	
Income	**Expenditure**	**Income**	**Expenditure**
Revised Allocations	NHS Blocks	NHS Block Income - lead CCG	Most normal expenditure
System Covid allocation	Reduced Non-NHS expenditure	Covid funding - lead CCG	Additional Covid expenditure
System Top-up allocation	Additional Covid expenditure	Top-up funding - lead CCG	
Reduced reclaimable Covid		No other NHS income	
		Reduced Non-NHS Income	

Despite all the uncertainty and changing guidance the Derbyshire system partners have undertaken a considerable amount of work to ensure they are able to report a small surplus as opposed to a deficit of £43m for the end of the H2 period. The CCG is currently on plan to deliver a £2.4m surplus against the planned £33.9m deficit.

3. Financial Planning 2021/22

At this stage of the year the CCG would normally be completing the Operational Plan for the following year and this would be expressed in monetary terms in the form of an Annual Budget, with an NHSEI agreed Control Total. This would likely be seen in many iterations by the Finance Committee before a recommendation would be given to the Governing Body where final approval would be sought.

The CCG and the Derbyshire Providers will not be given individual Control Totals for 2021/22, but a Derbyshire System Control Total. It is important to recognise from a system perspective the only income the system has available (assuming no additional Covid related allocations or expenditure) will be the allocation the CCG receives, plus a smaller level of income the Providers receive from other commissioners and an even smaller level of non-NHS income. In a system approach, money transacted between the CCG and a Derbyshire NHS Provider is irrelevant. Understanding costs is therefore key to managing the system position.

4. Financial Planning 2021/22 (Quarter 1)

NHSEI has advised that for the first quarter of 2021/22 the extant H2 financial regime will continue, whereby specific system allocations will be given to CCGs to reflect the pandemic and Providers will receive nationally calculated block contracts. When the CCG is notified of these allocations it will work with the Derbyshire System partners to again agree distribution of these resources.

However, it has become apparent that some things will be different and this will involve individual contracting decisions being made. For example In 2019/20, the CCG had contracts in place with 2 acute Independent Sectore elective providers, Nuffield Derby and Practice Plus Barlborough, for the provision of elective care to CCG patients via

ERS. During the COVID pandemic, these contract arrangements were rescinded nationally by NHSE and new national contracts were put in place for Trust support activity delivered differently. The NHSE contracts will expire on 31st March, 2021 and NHSE confirmed on 16th Feb that new CCG contracts will be required to maintain activity from these providers from 1st April 2021.

A new national Procurement Framework has been put in place for Independent Sector providers which ensures compliance with Procurement Regulations of any new contract awards. It is proposed that, initially, a direct contract award is made to both these providers under this framework in order to secure activity from 1 April in the short timescale available. Under the terms of the framework, direct award contracts can only run for 6 months and will then need to be replaced by competitively awarded contracts for the future.

An activity plan for both contracts will be constructed on the basis of the 19/20 outturn value of £10,784,491 plus tariff uplift. NHSE have confirmed that this level of funding will be restored to the CCG baseline from April 2021. Additional funding may be made available as part of the £1bn committed for elective restoration but details of this are not yet available.

The system will use the time it has in the first quarter of the year to ensure a fuller understanding of system costs, that is; the cost incurred by Derbyshire NHS Providers and DDCCG costs outside the Derbyshire system, CHC, Prescribing, etc. There is a need for the system to be clear on what within the 2020/21 income and expenditure was recurrent and non-recurrent, along with what was related to Covid and how it was funded.

Quarter 1 will be used to develop a System Operational Plan for the remainder of 2021/22. The expectation is that this will be much like the years before the pandemic, with a greater understanding of recurrent financial positions with the goal of creating a Derbyshire healthcare system with a sustainable financial position.

5. Financial Planning 2021/22 (Quarter 2 - 4)

The CCG and Derbyshire system will be expected to enter the second quarter of 2021/22 with an agreed Operational Plan, with an agreed Control Total and an efficiency requirement to deliver that Control Total. At this point allocations for the 9 month period will be known, and it is expected that there will be a greater understanding of other funding available to the system.

The system also needs to develop a clear understanding of the capacity it is able to provide and understand the demand that will be placed on the Derbyshire healthcare system. This is very difficult to know at the moment as the NHS will be involved in a restoration period where it will look effectively to manage waiting lists that have built up, as well as meeting the emerging demand, with a view to improving waiting times and managing demand.

Plans will be made up of the:

- capacity the system is able to provide;
- costs of that capacity;

- demand which that capacity will be required to service; and
- resources available to fund that capacity.

It is known that the Derbyshire healthcare system exited 2019/20 with a c£125m efficiency gap. Delivering an Operational Plan in the way described above will identify the following:

- **Affordability gap** - closed by cash releasing efficiencies
- **Capacity gap** - closed by service transformation to drive the more efficient utilisation of that capacity, which is affordable

The efficiency gap identified will be extremely challenging, but for the first time will be owned by the whole of the Derbyshire system. This will ensure a more joined-up approach to delivering the efficiency needed to establish a sustainable financial system.

6. Budget Setting

The budget setting process is developed as part of the operational planning process and would normally be presented to the Governing Body for approval in March. Due to the two different periods in 2021/22 described above, the first of which is very prescriptive, it is expected that budgets will be set in a more usual way for the final 3 quarters of the financial year. These will be developed in line with the System Operational Plan and presented to Finance Committee and the Governing Body along with the System Operational Plan in the first quarter of the year.

If approved by the Governing Body, the relevant Executive Directors will be given a Budget Manual along with a copy of their delegated budgets, which they will sign off and these will be monitored, in support with the Finance Department and reported to the Finance Committee and Governing Body throughout the year.

7. Conclusion

As the NHS enters a second financial year that has been affected by the pandemic the CCG continues to adapt to the ever changing environment. While, due to the lack of guidance, there remains uncertainty on the detail around the Operational Planning process for 2021/22 the CCG remains committed to working with the Derbyshire healthcare system to build a sustainable financial environment.

8. Recommendations

The Governing Body are asked to **NOTE**:

- the developing NHS financial regime for 2021/22;
- proposed approach to Financial Planning for 2021/22 (Quarter 1);
- proposed approach to Financial Planning for 2021/22 (Quarters 2 – 4); and
- proposed approach to Budget Setting for 2021/22.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th March 2021

	Item No: 189

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**	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Finance Committee – 25.2.2021				

Recommendations

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

- the financial arrangements for H2, October 2020 to March 2021;
- the reported YTD underspend is £6.581m;
- Allocations of £8.878m for Covid costs M7 to M8 were received in M10. £6.645m relating to M9 and M10 are expected to be reimbursed in future months;
- the cumulative Covid allocation stands at £42.198m;
- the cumulative top-up allocation stands at £6.386m; and
- a full year expenditure underspend of £2.398m is forecast

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
No
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
No
Have any Conflicts of Interest been identified/ actions taken?
None identified
Governing Body Assurance Framework
Any risks highlighted and assigned to the Finance Committee will be linked to the Derby and Derbyshire CCG Board Assurance Framework.
Identification of Key Risks
Within the report.

Financial Performance Summary
Month 10, January 2021

NHS
Derby and Derbyshire
Clinical Commissioning Group

Statutory Duty/ Performance	Target	Result	Achieved	Key	Comments/Trends
YTD achievement of expenditure to plan	£1,548.471m	£1,548.534m		Green <1%, Amber 1-5% Red >5%	This target will be achieved as the CCG has claimed £6.645m of Covid funding, although we have yet to receive confirmation all of this will be reimbursed.
Forecast - remain within the Running Cost Allowance	£18.739m	£18.470m		Green <1%, Amber 1-5% Red >5%	Running costs are forecast to be underspent against planned expenditure.
Remain within cash limit	Greatest of 1.25% of drawdown or £0.25m	0.55%		Green <1.25%, Amber 1.25-5% Red >5%	Closing cash balance of £0.836m against drawdown of £152.5m.
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 95% for invoices categorised as NHS and non NHS assessed on value and volume.

Operating Cost Statement For the H2 Period Ending: January 2021

Derby and Derbyshire Clinical Commissioning Group

	H2 (Months 7 to 12)				H2 (Months 7 to 12) Plan and FOT			
	Months 7 to 10 Planned Expenditure	Months 7 to 10 Actual Expenditure	Months 7 to 10 Variance	Variance as a % of Planned Expenditure	Months 7 to 12 Planned Expenditure	Months 7 to 12 Forecast Outturn	Months 7 to 12 Forecast Variance	Variance as a % of Planned Expenditure
	£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
Acute Services	343,482	347,148	(3,666)	(1.07)	515,089	517,405	(2,316)	(0.45)
Mental Health Services	76,494	70,995	5,498	7.19	114,479	109,813	4,667	4.08
Community Health Services	51,087	53,991	(2,904)	(5.68)	75,991	79,401	(3,410)	(4.49)
Continuing Health Care	57,342	37,139	20,204	35.23	79,970	60,134	19,836	24.80
Primary Care Services	78,202	70,279	7,923	10.13	115,977	109,546	6,431	5.55
Primary Care Co-Commissioning	48,868	48,286	582	1.19	72,965	72,168	797	1.09
Other Programme Services	32,083	29,023	3,060	9.54	47,623	45,005	2,617	5.50
Total Programme Resources	**687,558**	**656,861**	**30,697**	**4.46**	**1,022,094**	**993,472**	**28,623**	**2.80**
Running Costs	6,948	6,698	250	3.59	9,899	9,573	326	3.29
Total before Planned Deficit	**694,506**	**663,559**	**30,946**	4.46	**1,031,993**	**1,003,044**	**28,949**	2.81
In-Year Allocations	(0)	0	(0)	100.00	3,471	2,446	1,025	29.53
In year Planned Deficit (Control Total)	(23,199)	0	(23,199)	100.00	(33,900)	0	(33,900)	100.00
Total Incl Covid Costs	**671,307**	**663,559**	**7,747**	1.15	**1,001,564**	**1,005,490**	**(3,926)**	(0.39)
Covid Costs Expected in Future Months	8,878	15,523	(6,645)		8,878	23,013	(14,135)	
Total Including Reclaimable Covid Costs	**662,429**	**648,037**	**14,392**	2.17	**992,686**	**982,477**	**10,209**	1.03

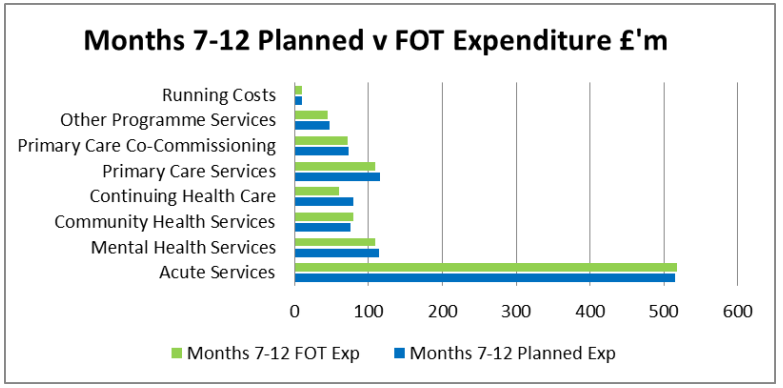
The CCG received Covid and top up allocations relating to H1 in month 8. In the ledger system, transactions cannot be backdated and therefore this gives a difference between the position shown in the ledger and the true position for H1 and H2. This is shown in the details below.

	True Position	Ledger Position
Year to Date		
H1	(3,301)	(7,811)
H2	9,882	14,392
	6,581	6,581
Forecast Outturn		
H1	(3,301)	(7,811)
H2	5,699	10,209
	2,398	2,398

The reported FOT variance for the second half of the financial year (H2) before planned deficit plus in-year allocations is an underspend of £29.974m. The CCG has a planned deficit for 2020-21 of £33.900m, giving an overall forecast position of an overspend of £3.926m.

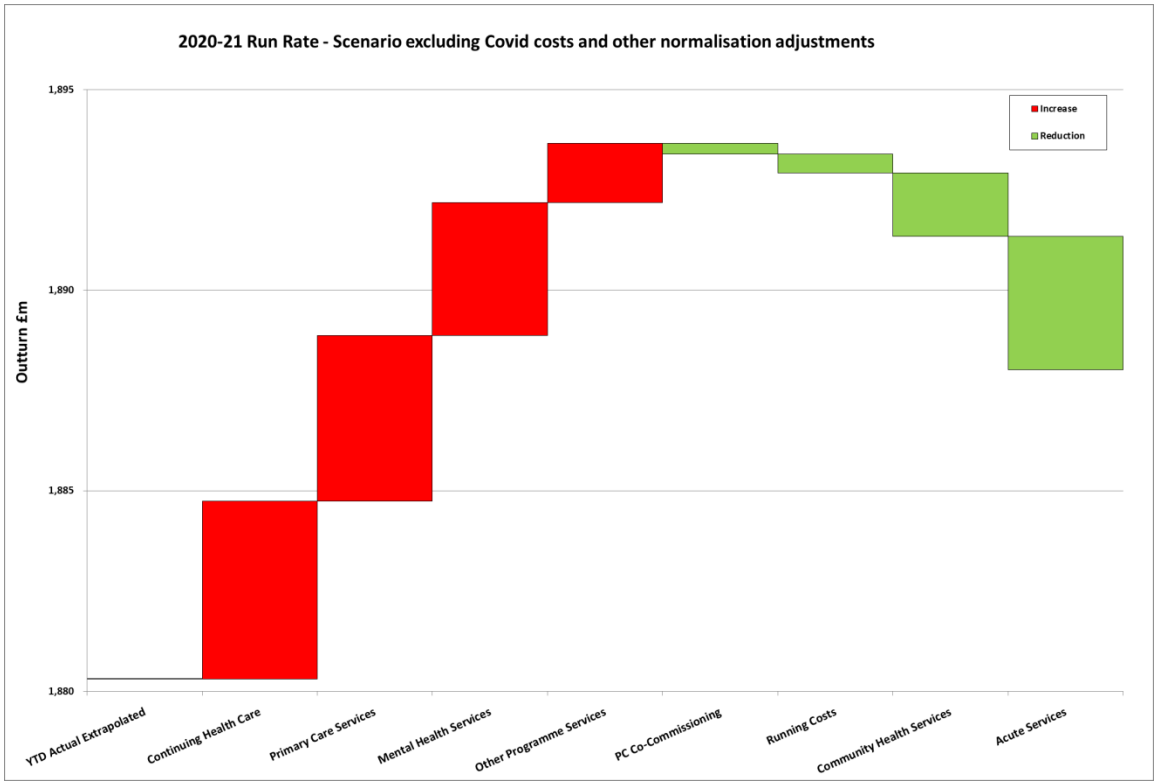
This position includes Covid costs totalling £14.135m which are reclaimable.

If these are reclaimed as expected this would give a surplus position of £10.209m for the second half of the financial year (H2).



Run Rate based on H2 Expenditure

Derby and Derbyshire
Clinical Commissioning Group



£7.705m variation between the H1 plus the H2 position to date continuing at its current rate and the full year forecast.

- **CHC**– YTD includes the full amount of releasing prior year accruals. Forecast includes continued conversion to CHC packages from Hospital Discharge Programme for cases reviewed.
- **Primary Care** – Prescribing costs phased differently throughout year with higher costs anticipated in quarter 4. Further GPIT expenditure is expected in remainder of year.
- **Mental Health** - Learning Disabilities increase in forecast outturn for CHC recharges and invest to save schemes.
- **Other Programme** – Increase in testing and 111 calls alongside BCF reflecting the YTD underspend in H2.
- **Co Commissioning** – Small reduction relating to prescribing phasing and list size changes.
- **Running Costs** – YTD includes full amount of potential non-recurrent property costs.
- **Acute** – Additional costs for amendments to block payments partly offset by prior year credit balances relating to NCA activity.
- **Community** – YTD includes full year amount of non-recurrent costs relating to hospices and care home beds.

Movement of YTD to FOT Position

Derby and Derbyshire Clinical Commissioning Group

	YTD Position £m	FOT Position £m	Movement £m
Total Variance to Plan before Planned Deficit	23.135	21.138	(1.997)
In Year Allocations	0.000	1.025	1.025
Planned Deficit	(23.199)	(33.900)	(10.701)
Forecast Covid Cost to be Reclaimed	6.645	14.135	7.490
	6.581	**2.398**	**(4.183)**

The reduction in forecast outturn position compared with the year to date position mainly relates to:

- **Acute** – Amendment to block payments partly offset by release of prior year accruals
- **Mental Health** – High Cost Patient numbers decreasing and Learning Disabilities CHC costs in FOT
- **Community Services** – There is a gradual increase anticipated between months 10- 12 on Non-NHS Independent Care Providers as activity increases following easing of lockdown
- **CHC** – Conversion of patients from Hospital Discharge Programme offset by prior year balances
- **Primary Care** – Prescribing cost increases reflecting seasonal fluctuations and additional allocations in H2 including Covid Expansion Fund
- **PC Co-Commissioning** – Expected recruitment into Additional Roles partly offset by income to be received
- **Other Programme** – Covid costs for DHU included in FOT partly offset by lower than planned 111 activity

	Movement YTD to FOT
	£'000's
Acute Services	1,351
Mental Health Services	(831)
Community Health Services	(506)
Continuing Health Care	(367)
Primary Care Services	(1,492)
Primary Care Co-Commissioning	215
Other Programme Services	(442)
Running Costs	76
Total before Planned Deficit	**(1,997)**
In-Year Allocations	1,025
In year Planned Deficit (Control Total)	(10,701)
Total Incl Covid Costs	**(11,673)**
Covid Costs	**(7,490)**
Total Including Reclaimable Covid Costs	**(4,183)**

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th March 2021

Item No: 191

Report Title	Clinical and Lay Commissioning Committee Assurance Report – February 2021
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 – 11.02.2021				

Recommendations

The Governing Body is requested to **RATIFY** the decisions made by the Clinical and Lay Commissioning Committee (CLCC) on the 11th February 2021.

Report Summary

CLC/2021/228 - Clinical Policy Advisory Group (CPAG) updates

CLCC VIRTUALLY RECEIVED and RATIFIED the following CPAG updates:

1. Not commissioned statement – Acupuncture

2. Sedation for 'Non Standard' MRI scans

3. Continuous Glucose Monitoring Policy

Policies Extension (approved at CPAG on 21 January)

The Clinical Policies Team have identified a number clinical polices that are due to expire in the next 6 months.

The significant rise in Covid-19 cases and the rollout of Covid-19 vaccinations has led to reduced capacity for non-essential activities. The Clinical Policies Team has decided to seek assurances from the relevant clinicians to determine whether it is safe to extend the review date of these policies by 6 months.

Consultants at CRH & UHDB contacted to confirm if policies due to be reviewed in the next 6 months are deemed to be clinically safe and no new evidence had been produced.

CLCC APPROVED the extension of policies for 6 months for the following:

- Hysterectomy for Menorrhagia
- Intra-uterine Contraceptive Device and Mirena Coils
- Oraya Therapy
- Male Breast reduction (Gynaecomastia)

- Epidermoid/pilar (sebaceous) cysts
- Lipoma/lipomata
- Cataract Surgery (1st and 2nd eye)
- Congenital pigmented lesions on face
- Laser treatment

Individual Requests for Funding (IFRs) / Interventional Procedures Guidance (IPGs) for December 2020 (approved at CPAG on 21 January)

CLCC APPROVED the new policies and commissioning statements for NICE technologies IFR cases which have been screened and sent to panel.

CLCC NOTED the CPAG bulletin and minutes for December 2020.

CLC/2021/229 – Emerging Risk Tracker and Risk report

CLCC NOTED the Emerging Risk Tracker and Risk report. No further risks were added.

CLC2021/230 - Risk Report

CLCC RECEIVED and DISCUSSED the CLCC risks assigned to the committee as at February 2021 and APPROVED the closure of Risk 21 below:

Risk 21: *Risk of the CCG not being able to enforce a standard rate of care meaning costs may increase significantly as the CLCC have supported the decision to directly award a 12 month contract to the existing AQP CHC Care Homes Framework from 1st August 2020.*

CLC2021/231 - GBAF Risk 3

CLCC DISCUSSED and **REVIEWED** Governing Body Assurance Framework Strategic Risk 3 owned by CLCC for February, Quarter 4 (January to March).

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
Going forward any risks highlighted and assigned to the CLCC will be linked to the Derby and Derbyshire CCG Board Assurance Framework
Identification of Key Risks
As detailed in the report

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th March 2021

Item No: 193

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

Paper for:	**Decision**		**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair					Dr Buk Dhadda, Chair of Quality and Performance Committee			
Which committee has the subject matter been through?					Quality and Performance Committee – 25.02.2021			

Recommendations

The Governing Body is requested to **RECEIVE** the report for assurance purposes.

Report Summary

Performance

Urgent and Emergency Care:

- The A&E standard was not met at a Derbyshire level at 76.8% (YTD 85.3%) with both trusts failing to achieve the 95% target in January 2021. Performance deteriorated at Derbyshire's main Acute Trusts with CRH achieving 89.8% (YTD 93.6%) and UHDB achieving 68.6% (YTD 80.1%).
- UHDB had one 12hour breach due to Medical Assessment Unit capacity.
- EMAS were compliant in 1 of the 6 national standards for Derbyshire during January 2021.

Planned Care

- 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 63.1% (YTD 59.2%) This is an improvement, following the deterioration due to the COVID pandemic.
- CRHFT performance was 66.3% (YTD 66.4%) and UHDB 58.3% (YTD 52.6%).
- Derbyshire had 4,245 breaches of the 52 week standard across all trusts - there were 3,388 the previous month so these have increased by 25%.
- Diagnostics – The CCG performance was 36.2%, a deterioration from the previous month. Neither CRH nor UHDB have achieved the target due to the cancellations of investigations due to the COVID pandemic and the current waiting list backlog.

Cancer

During December 2020, Derbyshire was non-compliant in 6 of the 8 Cancer standards:

- **2 week Urgent GP Referral** – 84.0% (93% standard) - Compliant for East Cheshire, Nottingham, Sheffield and Sherwood Forest.
- **2 week Exhibited Breast Symptoms** – 72.9% (93% standard) - Compliant for Sheffield and Sherwood Forest.
- **31 day Subsequent Surgery** – 89.2% (94% standard) - Compliant for Chesterfield, East Cheshire and Stockport.
- **62 day Urgent GP Referral** – 69.1% (85% standard) – Non compliant for all trusts.
- **62 day Screening Referral** – 82.9% (90% standard) – Compliant for Sherwood Forest and Stockport.
- **104 day wait** – 24 CCG patients waited over 104 days for treatment. The patients were treated at the following trusts: UHDB (10), Sheffield (8), NUH (3), Manchester (2), CRH (1).

During December 2020, Derbyshire was compliant in 3 of the 8 Cancer standards:

- **31 day from Diagnosis –** 96.4% (96% standard) – Compliant for Chesterfield, East Cheshire and Stockport.
- **31 day Subsequent Drugs** – 98.9% (98% standard) – Compliant for all trusts.
- **31 day Subsequent Radiotherapy** – 99.0% (94% standard) – Compliant for all relevant trusts.

<u>Quality</u>

Chesterfield Royal Hospital FT

Provider concerns:
The Trust, were asked to provide a deep dive on themes and outcomes into provider concerns around discharge which had increased. Feedback on this was provided February 2021 and themes identified related to TTOs, communication to the patient and contents of the discharge letter. A task and finish group led by the Trust Patient Safety Lead is being set up to further look at these**.**

IPC Visit:
The CCG conducted a supportive assurance IPC Visit which included visits to two wards: a cohort ward and a COVID ward. Whilst some issues regarding clutter and use of management of infected waste were noted, overall the observations were positive.

University Hospitals of Derby and Burton FT

Discharge concerns:
A new Discharge Matron is looking at concerns around discharge and developing plans going forward to address. A QIA is also being completed for QHB to mirror the model at RDH in terms of discharge processes.

CQC action plan
The Trust continues to monitor progress against their CQC action plan. Falls work remains a priority though limited by available resource.

Derbyshire Community Health Services FT

Freedom to Speak Up (FTSU): During Q1-3 2020/21 78 concerns were raised via the Freedom to Speak up Guardian (FTSUG), as compared to the same period in 2019/20 when 36 cases were raised, a rise of 117%. Nationally there was been a 34% increase in FTSU activity during Q1 and Q2 (Q3 data is not yet available), in comparison DCHS was 133%
The significant increase in activity could relate to a number of reasons.

- The current FTSUG being established in the role (commenced Sept 2019), with associated promotion, increased awareness, and staff confidence in the process
- The impact of Co-vid on staff utilisation of the FTSU process
- Freedom to Speak up Month during October 2020 with a range of site visits and promotional communications

This will continue to be monitored at CQRG.

Derbyshire Healthcare Foundation Trust

CQC inspection to Hartington Unit: Actions are now complete following the CQC inspection to Hartington Unit in September 2020. The CQC have made contact with DHcFT to begin an acute inpatient review using the new Transitional Monitoring Approach (TMA) adopted nationally. Outcomes will be monitored at CQRG.

East Midlands Ambulance Trust

Serious Incidents (SIs): There were no SIs in December. This will be monitored through QAG.

Committee Update 25th February 2021

The Committee introduced a new format to the structure of the agenda and how the meeting was conducted. This consisted of having a number of reports on the agenda for information only. The Committee were asked to submit any questions relating to the papers in advance and responses to the questions were provided prior to the meeting. However the Committee members were given the opportunity for debate and further questions to be answered during meeting. The new format gave the opportunity for a focused debate and this was further enabled by the quality of the papers submitted. The Committee considered that this new format did not detract from their ability to gain full assurance.

The Integrated Report was noted and approved by the Committee.

Areas discussed included

- Concerns regarding long waits in particular those over 52 weeks and CAMHS waiting times.

- The Committee noted and gained assurance from the risk stratification work being undertaken by the system to ensure that there are appropriate mitigations in place to address the risks related to the long waiting times.
- Discussions regarding restoration and recovery work took place and the Committee were keen to highlight the need for staff health and wellbeing to be taken into consideration when formulating these plans.

The minutes of the previous Quality and Performance Committee were approved.

The governance questions were approved.

The Committee agreed that the same format would be used for the March Quality and Performance Committee meeting and that the reinstatement of the CQRG meetings would be discussed as an agenda item. The move to a more detailed agenda will be done over the next two months.

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 9
Quality & Performance Report
2020/21

February 2021

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 76.8% (YTD 85.3%) with both trusts failing to achieve the 95% target in January 2021. Performance deteriorated at Derbyshire's main Acute Trusts with CRH achieving 89.8% (YTD 93.6%) and UHDB achieving 68.6% (YTD 80.1%). • UHDB had one 12hour breach due to Medical Assessment Unit capacity. • EMAS were compliant in 1 of the 6 national standards for Derbyshire during January 2021.
Planned Care	• 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 63.1% (YTD 59.2%) This is an improvement, following the deterioration due to the COVID pandemic. • CRHFT performance was 66.3% (YTD 66.4%) and UHDB 58.3% (YTD 52.6%). • Derbyshire had 4,245 breaches of the 52 week standard across all trusts - there were 3,388 the previous month so these have increased by 25%. • Diagnostics – The CCG performance was 36.2%, a deterioration from the previous month. Neither CRH or UHDB have achieved the target due to the cancellations of investigations due to the COVID pandemic and the current waiting list backlog.
Cancer	During December 2020, Derbyshire was non-compliant in 6 of the 8 Cancer standards: • **2 week Urgent GP Referral** – 84.0% (93% standard) - Compliant for East Cheshire, Nottingham, Sheffield and Sherwood Forest. • **2 week Exhibited Breast Symptoms** – 72.9% (93% standard) - Compliant for Sheffield and Sherwood Forest. • **31 day Subsequent Surgery** – 89.2% (94% standard) - Compliant for Chesterfield, East Cheshire and Stockport. • **62 day Urgent GP Referral** – 69.1% (85% standard) – Non compliant for all trusts. • **62 day Screening Referral** – 82.9% (90% standard) – Compliant for Sherwood Forest and Stockport. • **104 day wait** – 24 CCG patients waited over 104 days for treatment. The patients were treated at the following trusts: UHDB (10), Sheffield (8), NUH (3), Manchester (2), CRH (1). During December 2020, Derbyshire was compliant in 3 of the 8 Cancer standards: • **31 day from Diagnosis –** 96.4% (96% standard) – Compliant for Chesterfield, East Cheshire and Stockport. • **31 day Subsequent Drugs** – 98.9% (98% standard) – Compliant for all trusts. • **31 day Subsequent Radiotherapy** – 99.0% (94% standard) – Compliant for all relevant trusts.

Executive Summary

Trust	
Chesterfield Royal Hospital FT	**Provider concerns:** The Trust, were asked to provide a deep dive on themes and outcomes into provider concerns around discharge which had increased. Feedback on this was provided February 2021 and themes identified related to TTOs, communication to the patient and contents of the discharge letter. A task and finish group led by the Trust Patient Safety Lead is being set up to further look at these. **IPC Visit:** The CCG conducted a supportive assurance IPC Visit which included visits to two wards: a cohort ward and a COVID ward. Whilst some issues regarding clutter and use of management of infected waste were noted, overall the observations were positive.
University Hospitals of Derby and Burton NHS FT	**Discharge concerns:** A new Discharge Matron is looking at concerns around discharge and developing plans going forward to address. A QIA is also being completed for QHB to mirror the model at RDH in terms of discharge processes. **CQC action plan** The Trust continues to monitor progress against their CQC action plan. Falls work remains a priority though limited by available resource.
Derbyshire Community Health Services FT	**Freedom to Speak Up (FTSU):** During Q1-3 2020/21 78 concerns were raised via the Freedom to Speak up Guardian (FTSUG), as compared to the same period in 2019/20 when 36 cases were raised, a rise of 117%. Nationally there was been a 34% increase in FTSU activity during Q1 and Q2 (Q3 data is not yet available), in comparison DCHS was 133% The significant increase in activity could relate to a number of reasons. - The current FTSUG being established in the role (commenced Sept 2019), with associated promotion, increased awareness, and staff confidence in the process - The impact of Co-vid on staff utilisation of the FTSU process - Freedom to Speak up Month during October 2020 with a range of site visits and promotional communications. This will continue to be monitored at CQRG.
Derbyshire Healthcare Foundation Trust	**CQC inspection to Hartington Unit**: Actions are now complete following the CQC inspection to Hartington Unit in September 2020. The CQC have made contact with DHcFT to begin an acute inpatient review using the new Transitional Monitoring Approach (TMA) adopted nationally. Outcomes will be monitored at CQRG.
East Midlands Ambulance Trust	**Serious Incidents (SIs):** There were no SIs in December. This will be monitored through QAG.

PERFORMANCE OVERVIEW MONTH 10 (20/21) – URGENT CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

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

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 2020/21				NHS England		
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Current Month	YTD	consecutive months non-compliance
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Jan-21	↓	00:08:06	00:07:18	7	00:07:44	00:07:11	6	00:06:32	00:07:18	00:07:35		00:07:38	00:07:18	6
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Jan-21	↓	00:13:42	00:12:45	0	00:13:39	00:13:00	0	00:11:28	00:12:57	00:13:30		00:13:26	00:12:50	0
		Ambulance - Category 2 - Average Response Time	00:18:00	Jan-21	↓	00:34:13	00:22:36	6	00:29:56	00:23:04	7	00:15:36	00:23:12	00:28:19		00:29:40	00:23:46	6
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Jan-21	↓	01:11:21	00:46:25	6	01:01:41	00:47:52	6	00:30:19	00:47:36	00:58:38		01:04:12	00:49:03	6
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Jan-21	↓	04:46:21	02:39:12	6	03:57:18	02:41:59	6	01:40:16	02:38:30	03:31:37		03:32:03	02:51:15	6
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Jan-21	↓	03:37:41	03:00:03	1	03:49:14	03:05:00	6	01:40:16	03:27:52	03:33:06		04:53:52	03:23:41	5

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-21	↑	76.8%	85.3%	64	89.8%	93.6%	6	68.6%	80.1%	64	80.4%	88.5%	64
		A&E 12 Hour Trolley Waits	0	Jan-21					0	0	0	1	30	6	3809	12397	64
	DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Feb-20	↓	Reporting on this indictor has been suspended due to COVID-19			5.05%	1.95%	1	4.13%	3.61%	2	4.68%	4.22%	11

PERFORMANCE OVERVIEW MONTH 9 – PLANNED CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

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

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

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG Current Month	NHS Derby & Derbyshire CCG YTD	NHS Derby & Derbyshire CCG consecutive months non-compliance	Chesterfield Royal Hospital FT Current Month	Chesterfield Royal Hospital FT YTD	Chesterfield Royal Hospital FT consecutive months non-compliance	University Hospitals of Derby & Burton FT Current Month	University Hospitals of Derby & Burton FT YTD	University Hospitals of Derby & Burton FT consecutive months non-compliance	NHS England Current Month	NHS England YTD	NHS England consecutive months non-compliance
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-20	↓	63.1%	59.2%	35	66.3%	66.4%	20	58.3%	52.6%	36	67.8%	61.1%	58
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-20	↓	4245	15723	11	797	2540	9	4706	17486	10	224205	1000643	164
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Dec-20	↑	36.18%	40.82%	31	26.64%	33.53%	9	39.55%	42.16%	10	29.17%	38.76%	88
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Dec-20	↓	84.0%	89.9%	4	Cancer 2 Week Wait Pilot Site - not currently reporting			84.5%	91.1%	4	87.5%	88.7%	7
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Dec-20	↓	72.9%	87.4%	2				76.3%	93.9%	1	67.0%	78.3%	7
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Dec-20	↑	96.4%	94.2%	0	98.4%	95.8%	0	95.7%	93.5%	5	96.0%	95.1%	0
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Dec-20	↑	89.2%	81.3%	13	100.0%	86.5%	0	91.2%	76.4%	8	89.1%	88.3%	29
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Dec-20	↑	100.0%	98.5%	0	100.0%	100.0%	0	99.2%	98.4%	0	99.4%	99.2%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Dec-20	↑	100.0%	95.2%	0				98.6%	94.3%	0	97.5%	96.3%	0
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Dec-20	↓	69.1%	72.5%	22	74.5%	79.1%	17	68.4%	72.1%	32	75.2%	75.2%	60
		First Treatment Administered - 104+ Day Waits	0	Dec-20	↑	24	219	57	4	51	32	18	143	57	750	7284	60
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Dec-20	↓	82.9%	67.6%	20	82.4%	67.2%	20	80.0%	66.7%	1	83.6%	74.6%	33
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Dec-20	↓	91.4%	88.6%		100.0%	85.0%		83.0%	84.1%		83.5%	83.1%	
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Dec-20	↑	77.2%	76.3%	0									
	Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2019/20 Q3	↑	Reporting on this indictor has been suspended due to COVID-19			6.5%	12.1%		6.1%	5.2%		9.1%	8.4%	
		Number of Urgent Operations cancelled for the 2nd time	0	Feb-20	↔	Reporting on this indictor has been suspended due to COVID-19			0	0	0	0	0	0	20	163	1

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 Current Month	NHS Derby & Derbyshire CCG YTD	NHS Derby & Derbyshire CCG consecutive months non-compliance	Chesterfield Royal Hospital FT Current Month	Chesterfield Royal Hospital FT YTD	Chesterfield Royal Hospital FT consecutive months non-compliance	University Hospitals of Derby & Burton FT Current Month	University Hospitals of Derby & Burton FT YTD	University Hospitals of Derby & Burton FT consecutive months non-compliance	NHS England Current Month	NHS England YTD	NHS England consecutive months non-compliance
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Feb-20	↓	4	89	11	0	5	0	10	128	11	4929	21179	11
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Dec-20	↔	0	2	0	0	0	0	0	1	0	60	479	21
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Dec-20	↓		178			27			90				
			Actual				180	0		8	0		55	0		9482	
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Dec-20	↑	52	617		0	140		56	442		52	617	
		Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Dec-20	↑	9	163		0	37		9	101		945	8531	

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%	Nov-20	↔	83.3%	85.4%	0	83.3%	86.9%	0				71.7%	74.3%	0			
	Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Nov-20	↑	100.0%	83.2%	0	100.0%	85.6%	0				33.5%	30.5%	19			
Mental Health	Dementia Diagnosis Rate	67.0%	Dec-20	↓	65.6%	66.9%	0							62.4%	63.3%	0			
	Care Program Approach 7 Day Follow-Up	95.0%	2019/20 Q3	↑	96.1%	96.1%	0	96.1%	96.7%	0				95.5%	95.0%	0			
	CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		2020/21 Q3	↑	92.2%	74.6%													
	CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		2020/21 Q3	↓	95.0%	83.9%													
	Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	2020/21 Q1	↓	3.6%	3.9%	2												
	Mental Health - Out Of Area Placements		Nov-20	↓	560	7540													
	Physical Health Checks for Patients with Severe Mental Illness	25%	2020/21 Q3	↓	18.3%	29.6%	3												

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-20	2.10%	18.90%													
		Actual		2.03%	18.31%	1												
	IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Dec-20	56.4%	56.4%	0	53.7%	54.1%	0	58.0%	58.2%	0	58.8%	54.2%	0	48.2%	50.9%	1
	IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Dec-20	97.9%	92.3%	0	93.9%	82.1%	0	99.5%	97.4%	0	99.0%	94.0%	0	97.6%	99.5%	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-20	99.9%	99.9%	0	99.8%	99.9%	0	100.0%	100.0%	0	100.0%	99.5%	0	98.8%	99.8%	0

Area	Indicator Name	Standard	Latest Period	Derbyshire Healthcare FT		
DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Feb-20	↑	1.34%	0.90%	0
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-20	↓	95.8%	87.2%	0
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-20	↔	2	4	2

Quality Overview

QUALITY OVERVIEW M9

Trust	Key Issues
Chesterfield Royal Hospital FT	**Provider concerns:** The Trust, were asked to provide a deep dive on themes and outcomes into provider concerns around discharge which had increased. Feedback on this was provided February 2021 and themes identified related to TTOs, communication to the patient and contents of the discharge letter. A task and finish group led by the Trust Patient Safety Lead is being set up to further look at these. **Clinical review-stroke:** The Trust have reported they remain on track in regards the action plan for stroke services. **Ockenden Report:** The Trust has submitted their response to the Emerging findings of the Ockenden report for Maternity. The second part of the response was due on the 15th February 2021, and was submitted after sign-off at the Local Maternity and Neonatal extra-ordinary Board on the 5th February 2021. The actions are being reviewed by the Maternity Quality and Safety Group, whose current priority is to monitor the Actions from the Ockenden Report. **IPC Visit:** The CCG conducted a supportive assurance IPC Visit which included visits to two wards: a cohort ward and a COVID ward. Whilst some issues regarding clutter and use of management of infected waste were noted, overall the observations were positive
University Hospitals of Derby and Burton NHS FT	**Discharge concerns:** A new Discharge Matron is looking at concerns around discharge and developing plans going forward to address. A QIA is also being completed for QHB to mirror the model at RDH in terms of discharge processes. **CQC action plan** The Trust continues to monitor progress against their CQC action plan. Falls work remains a priority though limited by available resource. **Ockenden Report** The Trust has submitted their response to the Emerging findings of the Ockenden report for Maternity. The second part of the response was due on the 15th February 2021, and was submitted after sign-off at the Local Maternity and Neonatal extra-ordinary Board on the 5th February 2021. The actions are being reviewed by the Maternity Quality and Safety Group, whose current priority is to monitor the Actions the Ockenden Report.

QUALITY OVERVIEW M9 continued

Trust	Key Issues
Derbyshire Community Health Services FT	**Flu Vaccination:** DCHS is in top 10 of NHS Trusts for achievement. Actual 83% / 90% target. This will continue to be monitored at CQRG. **Freedom to Speak Up (FTSU):** During Q1-3 2020/21 78 concerns were raised via the Freedom to Speak up Guardian (FTSUG), as compared to the same period in 2019/20 when 36 cases were raised, a rise of 117%. Nationally there was been a 34% increase in FTSU activity during Q1 and Q2 (Q3 data is not yet available), in comparison DCHS was 133% The significant increase in activity could relate to a number of reasons. - The current FTSUG being established in the role (commenced Sept 2019), with associated promotion, increased awareness, and staff confidence in the process - The impact of Co-vid on staff utilisation of the FTSU process - Freedom to Speak up Month during October 2020 with a range of site visits and promotional communications. This will continue to be monitored at CQRG.
Derbyshire Healthcare Foundation Trust	**Flu and COVID-19 vaccination:** The Trust continues to offer flu vaccinations after reaching 84% vaccination uptake of patient facing staff. A bid to NHSE/I has been approved to deliver Covid-19 vaccinations to DHcFT patients who present as a vulnerable and sometimes hard to reach group. Work is now happening to prepare for this work to commence. **CQC inspection to Hartington Unit:** Actions are now complete following the CQC inspection to Hartington Unit in September 2020. The CQC have made contact with DHcFT to begin an acute inpatient review using the new Transitional Monitoring Approach (TMA) adopted nationally. Outcomes will be monitored at CQRG. **Patients placed out of area – Psychiatric Intensive Care Units (PICU)** The PICU usage continues to be monitored closely with Clinical Commissioning Groups (CCG) and NHS England/NHS Improvement (NHSE/I). Current usage is 13 patients. There was a significant increase in female usage but this has recently subsided and currently there are 9 males and 4 females. CCG are leading recommissioning of PICU beds and this could result in using beds that achieve "appropriate out of area" status.
East Midlands Ambulance Trust	**Serious Incidents (SIs):** There were no SIs in December. This will be monitored through QAG. **Performance:** Derbyshire mirrored the regional position in Q3 achieving one of the six national standards (C1 90th centile), Although only one national standard was delivered at a regional level in December, there was an improvement in performance when compared to October and November. This will continue to be monitored through QAG.

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

Section	Area	Indicator Name	Standard	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
Ratings	CQC Ratings	Inspection Date	N/A	Aug-19				Mar-19				May-19				Jul-18			
		Outcome	N/A	Good				Good				Outstanding				Requires Improvement			
Adult	FFT	Staff 'Response' rates	15%	2019/20 Q2	↑	7.6%	8.6%	2019/20 Q2	↑	10.1%	10.1%	2019/20 Q2	↑	2.7%	21.7%	2019/20 Q2	↑	3.2%	18.1%
		Staff results - % of staff who would recommend the organisation to friends and family as a place to work		2019/20 Q2	↑	56.0%	64.1%	2019/20 Q2	↑	70.2%	70.2%	2019/20 Q2	↑	50.4%	70.5%	2019/20 Q2	↑	57.3%	66.7%
		Inpatient results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Feb-20	↑	96.6%	97.7%	Feb-20	↓	97.1%	96.4%	Jul-20	↔	100.0%	98.6%				
		A&E results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Feb-20	↓	83.5%	77.8%	Feb-20	↓	85.6%	80.3%	Jul-20	↓	N/A	99.3%				
	Complaints	Number of formal complaints received	N/A	Dec-20	↑	11	138	Dec-20	↓	18	TBC	Dec-20	↓	5	39	Dec-20	↑	11	120
		% of formal complaints responded to within agreed timescale	N/A	Dec-20	↑	95.0%	87.4%	Dec-20	↓		70.0%	Dec-20	↔	75.0%	87.9%	Dec-20	↔	100%	94.20%
		Number of complaints partially or fully upheld by ombudsman	N/A	Dec-20	↔	0	1	19-20 Q2	↔	1	2	Dec-20	↔	0	0	Dec-20	↔	0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Dec-20	↑	16	76	Dec-20	↓	30	TBC	Dec-20	↓	104	880	Dec-20	↔	0	1
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Dec-20	↓	4	25	Dec-20	↓	5	TBC	Dec-20	↑	34	354	Dec-20	↔	0	2
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Dec-20	↔	0	1	Dec-20	↔	0	TBC	Dec-20	↓	7	33	Dec-20	↔	0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Dec-20	↓	5	21	Sep-19	↑	16	94	Dec-20	↑	72	636	Dec-20	↔	0	0
		Medical Device pressure ulcers - numbers developed or deteriorated						Sep-19	↓	4	20	Dec-20	↓	11	98	Dec-20	↔	0	0
		Number of pressure ulcers which meet SI criteria	N/A	Sep-20	↑	0	3	Sep-19	↔	0	4	Dec-20	↑	0	14	Dec-20	↔	0	0
	Falls	Number of falls	N/A	Dec-20	↑	95	720	Data Not Provided in Required Format				Dec-20	↓	39	278	Dec-20	↑	27	275
		Number of falls resulting in SI criteria	N/A	Sep-20	↑	0	8	Sep-19	↑	0	19	Dec-20	↔	0	1	Dec-20	↔	0	0
	Medication	Total number of medication incidents	?	Dec-20	↓	85	586	Data Not Provided in Required Format				Dec-20	↔	0	0	Dec-20	↑	69	566
	Serious Incidents	Never Events	0	Dec-20	↔	0	1	Dec-20	↔	0	TBC	May-19	↔	0	0	Dec-20	↔	0	0
		Number of SI's reported	0	Sep-20	↑	4	26	Sep-19	↑	7	115	Dec-20	↔	1	34	Dec-20	↑	1	49
		Number of SI reports overdue	0	Dec-20	↔	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

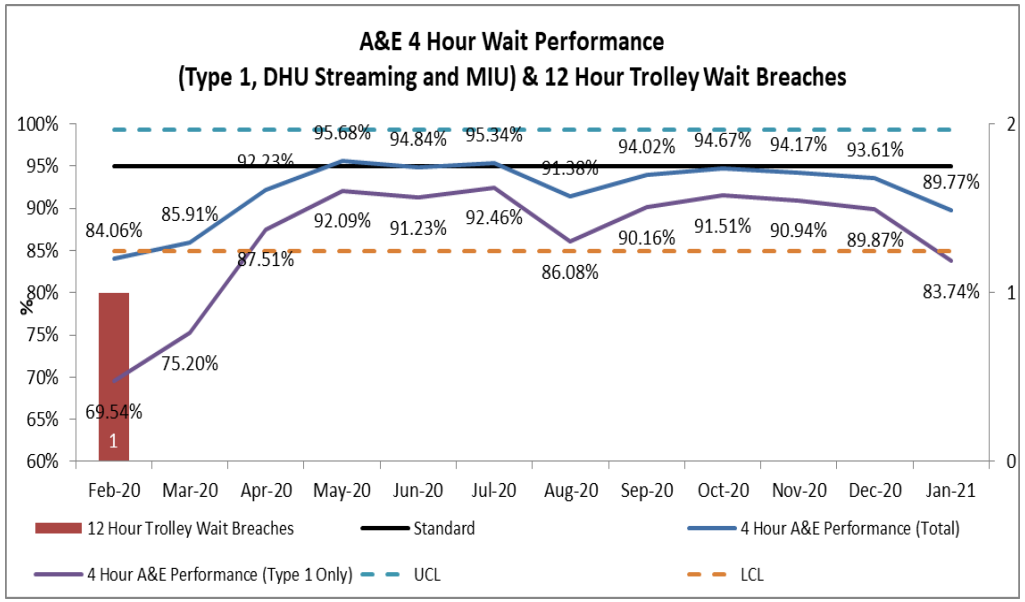
Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators cont.

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	Dec-20	↔	0	TBC					Nov-20	↔	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-20	↓	105.2		Nov-20	↔	107.4									
		Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected		Aug-20	↑	0.965		Aug-20	↓	0.900									
		Crude Mortality		Dec-20	↑	1.75%	2.05%	Dec-20	↓	3.50%	TBC								
Maternity	FFT	Antenatal serivce: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Feb-20	↑	95.5%	98.5%	Feb-20	↓	97.6%	95.1%								
		Labour ward/birthing unit/homebirth: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Feb-20	↑	97.8%	98.9%	Feb-20	↓	100.0%	98.1%								
		Postnatal Ward: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Feb-20	↓	100.0%	98.4%	Feb-20	↓	99.2%	98.0%								
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Feb-20	↔	N/A	98.8%	Feb-20	↔	100.0%	97.8%								
Mental Health	Dementia	Dementia Care - % of patients ≥ 75 years old admitted where case finding is applied	90%	Feb-20	↑	100.0%	98.9%	Feb-20	↑	92.1%	90.9%								
		Dementia Care - % of patients identified who are appropriately assessed	90%	Feb-20	↔	100.0%	100.0%	Feb-20	↑	89.4%	85.4%								
		Dementia Care - Appropriate onward Referrals	95%	Feb-20	↔	100.0%	100.0%	Feb-20	↔	100.0%	99.3%								
	Inpatient Admissions	Under 18 Admissions to Adult Inpatient Facilities	0													Dec-20	↔	0	0
Workforce	Staff	Staff turnover (%)		Dec-20	↔	8.0%	8.2%	Dec-20	↑	10.1%	TBC	Dec-20	↔	8.8%	8.8%	Dec-20	↔	10.3%	10.4%
		Staff sickness - % WTE lost through staff sickness		Dec-20	↔	5.0%	5.2%	Dec-20	↓	6.0%	TBC	Dec-20	↑	5.4%	4.9%	Dec-20	↔	6.0%	5.5%
		Vacancy rate by Trust (%)		Sep-17	↓	1.9%	1.3%	Data Not Provided in Required Format				Dec-20	↓	3.9%	3.6%	Dec-20	↑	7.9%	9.1%
		Agency usage	Target													Dec-20	↑		
			Actual															0.75%	1.08%
		Agency nursing spend vs plan (000's)		Dec-20	↓	£316	£2,690	Oct-18	↑	£723	£4,355	Dec-20	↓	£121	£882				
		Agency spend locum medical vs plan (000's)		Dec-20	↓	£795	£5,607												
	Training	% of Completed Appraisals	90%	Dec-20	↔	92.9%	69.7%	Dec-20	↓		83.8%	Dec-20	↑	84.9%	83.7%	Dec-20	↓	72.3%	76.8%
		Mandatory Training - % attendance at mandatory training	90%	Dec-20	↓	85.4%	84.4%	Dec-20	↑		83.7%	Dec-20	↑	96.9%	96.9%	Dec-20	↑	86.5%	85.5%
Quality Schedule		Is the CCG assured by the evidence provided in the last quarter?	CCG assured by the evidence																
CQUIN		CCG assurance of overall organisational delivery of CQUIN	CCG not assured by the evidence																

Urgent & Emergency Care

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

Performance Analysis
During January 2021 the trust didn't meet the 95% standard, achieving 89.8% and the Type 1 element achieving 83.7%. The performance has been deteriorating over the last 3 months. There were no 12 hour breaches during January.



What are the next steps?
- Establishing a working group to scope and implement actions recommended by the Missed Opportunities Audit. These could include pathway alterations, increased access to diagnostics, alternative streaming options and the development of Same Day Emergency Care principles.
- Increased public communications regarding 111First and Urgent Treatment Centres as alternatives to automatic A&E attendances.
- More designated COVID nursing home beds are due to come on line, subject to CQC qualification.
- EMAS are undertaking monthly audits on patients that did not need to be conveyed to ED. Data is being collated and a system action plan has been developed to focus on reducing unnecessary conveyances.

What are the issues?
- At the start of the pandemic the volume of Type 1 attendances was much lower than for the same time last year (37.6% less in April) but the gap is now closing with 25% less in January (an average of 152 attendances per day).
- The acuity of the attendances is high, with 36.9% of A&E attendances resulting in admission to either an assessment unit or a ward during January 2021 (the admission rate for January 2020 was 27.6%).
- Patient flow was affected by the highest numbers of confirmed Covid cases yet, more than doubling to a peak of 193 inpatients on 25th January, taking up 36% of inpatient beds.

During the COVID-19 pandemic many A&E departments are highly pressured due to:
- The physical footprint of ED was increased to ensure social distancing but this can make it more difficult for the clinical lead to take a 'helicopter' view of the situation.
- Streaming of patients at the physical front door to ensure that patients with COVID19 symptoms were treated in the most appropriate setting.
- The redeployment of some staff to dedicated COVID19 wards.
- Staff absence due to sickness or self-isolation.
- Additional time required between seeing patients to turnaround the physical space ensuring increased strict infection control.

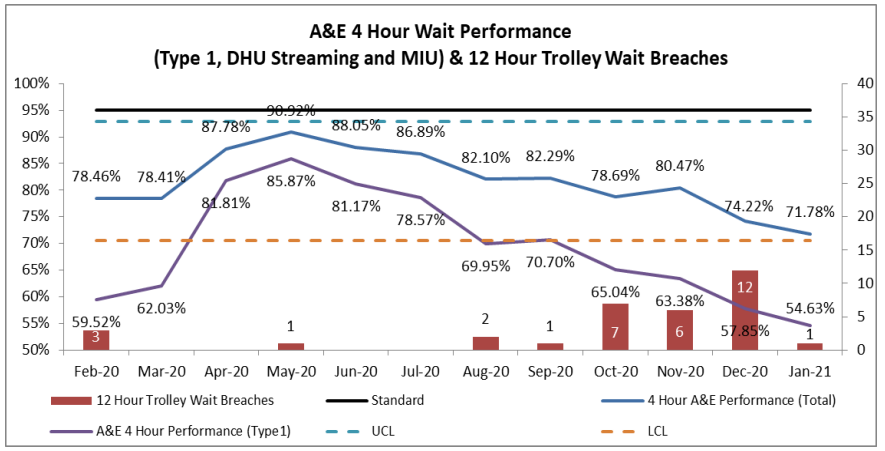
What actions have been taken?
- The implementation of the 111First project, whereby patients only access ED via 999 calls or booked appointments – to reduce unnecessary attendances.
- The implementation of new urgent care pathways including improved High Peak rapid response access, Dementia, Palliative Care, early pregnancy assessment, Urology, TIA and an additional route into the Mental health Safe Haven.
- Procedures embedded to safely treat Medical patients in the Surgical Assessment Unit (if clinically appropriate) at times of tight capacity.
- Mental Health Liaison Team in place to ensure that all appropriate patients are given an assessment within 24 hours.
- Increased Clinician to Clinician contact availability to assist EMAS clinical decision making and avoid unnecessary conveyances.
- Identified other failed pathway referrals that lead to unnecessary ambulance conveyances and established new Same Day Emergency Care (SDEC) pathways to direct the conveyed patients straight to the appropriate setting (bypassing ED). This is being done as a System.
- Gradual implementation of video appointments at Urgent Treatment Centres, as alternatives to ED attendances.

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

Performance Analysis

During January 2021, performance overall did not meet the 95% standard, achieving 71.8% (Network figure) and 54.6% for Type 1 attendances. The performance has deteriorated since the peak in May 2020 to pre-pandemic levels.

There was one 12 hour breach during January 2021 due to capacity in the Medical Assessment Unit (MAU).



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

What are the next steps?

- Development of a streaming model where the majority of self-presenting patients are seen in a co-located Urgent Treatment Centre setting (by end of Feb21).
- Improving the shared Pitstop area for patients arriving by ambulance.
- Increased public communications regarding 111First and Urgent Treatment Centres as alternatives to automatic A&E attendances.
- Identifying pathways where patients could be transferred to the Derby Urgent Treatment Centre instead of being seen in ED as Minors.
- Scoping the possibility of a co-located Urgent Treatment Centre.

What are the issues?

- At the start of the pandemic the volume of Type 1 attendances was much lower than for the same time last year (47.4% less in April) but the gap is now closing (only 29% less in January). The numbers of attendances have risen in tandem with the deterioration in performance (an average of 264 Type 1 attendances per day for January).
- The Trust declared OPEL Levels 3-4 throughout the month.
- The acuity of the attendances was high, with an average of 24 Resuscitation patients and 177 Major patients per day (8.9% and 67.2% of the total attendances respectively).
- Patient flow was affected by the highest numbers of confirmed Covid cases yet, peaking at 388 inpatients on 18th January, taking up 36% of inpatient beds.
- ED and Assessment areas are separated in red/green areas according to Covid19 symptoms to ensure infection control. This limits physical space and therefore flexibility of patient flow. In addition, delayed Covid19 results have led to delays in transfers to the appropriate red/green assessment areas.

What actions have been taken?

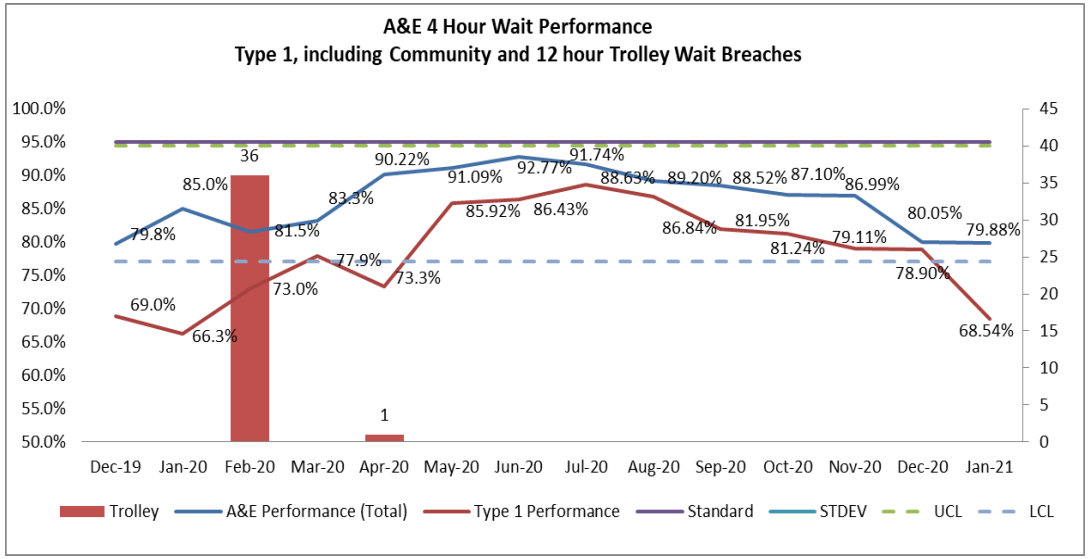
- A weekly working group has been meeting to take forward the co-located Urgent Treatment Centre plans, with representation from UHDB, DHU, One Medical and CCG colleagues.
- Streaming GPs now have direct access for requesting diagnostic pathology testing which can be done through Lorenzo.
- A major capital programme expanded physical ED capacity into an adjoining area to provide more physical capacity and to improve patient flow while ensuring infection control.
- The use of Ready Rooms to create Covid-safe treatment areas and utilise the space more effectively, improving patient flow.
- The implementation of the 111First project, whereby patients only access ED via 999 calls or booked appointments – to reduce unnecessary attendances and improve capacity management for those who do attend.
- The implementation of revised Same Day Emergency Care (SDEC) pathways for Thunderclap Headaches, Dementia and Palliative Care.
- The GP Connect service now includes Frailty as a condition, whereby GPs can connect with UHDB Geriatricians before deciding whether a patient needs hospital support.
- The establishment and ongoing development of a Discharge Assessment Unit (DAU) to speed up the discharge of patients identified as clinically fit for discharge and improving patient flow.
- Internal Professional Standards were altered in regard to escalation plans and disputes procedures. In addition a Critical Friend Review (peer review) identified longer ‘working up’ times at the front door rather than further along the patient pathway, in adherence to professional standards.

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

Performance Analysis

During January 2021, performance overall did not meet the 95% standard, achieving 68.5% for the Burton A&E and 79.9% including community hospitals. Performance had been improving since winter (peaking in June 2020) but has deteriorated.

There were no 12 hour breaches during January 2021.



What are the next steps?

- A major capital programme is increasing the number of Assessment Unit beds, increasing Majors bed capacity and establishing a Pitstop area for patients arriving by ambulance.
- The addition of a modular building to house GP Streaming services.
- Introducing the Community Rapid Independence Service (CRIS) in Spring 2021, whereby community staff hold virtual multi-disciplinary ward rounds.
- Continued development of the Every Day Counts programme, focussing on engagement and working behaviours.
- Extending the use of the Meditech IT system to community hospitals to enable improved patient flow processes.
- The Non-Elective Improvement Group (NELIG) continue to work on improvements, currently focussing on overall bed capacity at the Queens Hospital site.

What were the issues?

- The trust has experienced a significant decrease in attendances, with 2,082 less Type 1 attendances during January 2021 than for the same time last year (a reduction by 37.4%). This goes some way to explaining the improvement in performance, however there are still an average of 112 attendances per day putting pressure on the system.
- The acuity of the attendances is high, with an average of 86 Resuscitation/Major patients per day (76.3% of total attendances).
- Patient flow was affected by surges in numbers of confirmed Covid cases, peaking at 155 inpatients on 27th January (occupying a third of beds).
- The isolation of wards due to Covid outbreaks has limited capacity and therefore flow for those needing admission as an inpatient.

What actions have been taken?

- The implementation of the Staffordshire 111First project, whereby patients only access ED via 999 calls or booked appointments – to reduce unnecessary attendances and improve capacity management for those who do attend.
- The implementation of revised Same Day Emergency Care (SDEC) pathways for Thunderclap Headaches, Dementia and Palliative Care.
- The GP Connect service now includes Frailty as a condition, whereby GPs can connect with UHDB Geriatricians before deciding whether a patient needs hospital support.
- The Meditech can now flag Medically Fit For Discharge patients, to speed their discharge and improve patient flow.
- The standardisation of discharge processes in inpatient wards.
- Twice-weekly multi-disciplinary team meetings in community hospitals with a focus on patients medically fit for discharge.
- The Every Day Counts project has begun, promoting advanced discharge planning and inpatient ward accreditation to improve flow.
- Improvements in IT enabled Meditech to identify patients Medically Fit For Discharge, improving patient flow processes.
- Internal Professional Standards were altered in regard to escalation plans and disputes procedures.

DHU111 Performance Month 9 (December 2020)

NHS Derby and Derbyshire Clinical Commissioning Group

Performance Summary

- Performance against the four core contractual Key Performance Indicators that are reported on a monthly basis was excellent in December 2020. The fifth KPI for Patient Experience is reported on a six monthly basis, the latest reported figure was in October 2020, which again achieved the target.
- The 95% of all calls answered in 60 seconds national standard was achieved in December 2020. DHU111 are not contracted to deliver the calls answered in 60 seconds national standard, as this standard was not nationally mandated at the time of contract award. Performance against this standard is reported on a daily basis and monitored by the Coordinating Commissioning Team; this is also compared with national performance. When compared to other NHS 111 Providers DHU111 continue to rank first in the Country in M9.

Activity Summary

- Calls offered are 13.4% below plan for year to date (68,504 calls), as this is outside of the +/- 5% threshold, there is a credit due to commissioners of £287,828 for Q1*.
- Clinical Calls are below plan for the year to date to December at 6.0% (5,965 calls), as this is outside of the +/- 5% threshold, then there is a credit due to commissioners of £17,608 for Q1*.
- There were 11,976 Category 3 Ambulance Validations in December, with an associated cost of £215,927.
- The regional cost of COVID-19 activity for December was £94,500, taking the cumulative cost since October 2020 to £306,508.

** As per the Year 5 contract agreement, no under or over performance outside of the 5% threshold will be transacted until the end of Q2, due to the uncertainty around timing and volume of NHS111 First activity.*

What are the issues?

- Core contract activity was significantly below plan during December, due to an unusual pattern of activity compared to previous years. Over the past four years there has been, on average, a 25% increase in calls seen in December compared to November (c.29,500 additional calls). However this year there was only a 0.1% increase in calls (173 additional units). This change in behaviour could be in part due to the social distancing measures that are in place which are preventing the usual winter illnesses from spreading.
- Staff sickness was high during December, with 41 staff needing to self-isolate or awaiting COVID 19 results as at 31st December 2020.
- NHS Derby and Derbyshire CCG are awaiting confirmation from the NHSE/I national team as to whether the October to December claims for COVID related activity will be funded.

What actions have been taken?

- Lateral flow testing is being used in the call centre from the 15th December 2020 to monitor staff and reduce to risk of outbreaks
- NHS Derby and Derbyshire CCG have submitted a claim for October to December 2020 COVID-19 activity on behalf of all Commissioners, via the NHSE/I retrospective claims process.

What are the next steps?

- The coordinating commissioning team will continue to monitor activity trends on a monthly basis.
- Continued use of lateral flow tests and extra vigilance of call centre cleaning has been implemented.
- The CCG finance team will continue to seek clarity on the funding of COVID-19 activity from October to date.
- The Coordinating Commissioning Team will continue to closely monitor performance against contractual standards on a daily basis.

Regional Performance Year Five - Key Performance Indicators (KPI's)							
		Year 4, Quarter 4			Year 5, Quarter One		
KPI's	Standard	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Abandonment rate (%)	≤5%	0.4%	1.0%	4.4%	0.5%	0.1%	0.2%
Average speed of answer (seconds)	≤27s	00:00:07	00:00:15	00:01:07	00:00:09	00:00:06	00:00:06
Call Transfer	≥50%	71.3%	73.7%	69.2%	66.0%	66.7%	69.6%
Self Care	≥17%	21.7%	19.2%	27.2%	26.2%	23.6%	20.9%
Patient Experience	≥85%	88.0%			This data is updated on a six monthly basis – not yet available		
C3 Validation	≥50%	97.7%	98.0%	96.3%	98.0%	98.9%	92.0%
Calls answered in 60 seconds DHU111 (%)	≥95%	97.6%	92.2%	74.1%	96.7%	99.4%	99.9%
Calls answered in 60 seconds England Ave. (%)	≥95%	91.0%	85.5%	65.8%	79.1%	80.7%	79.5%

Activity		Oct-20	Nov-20	Dec-20	Quarter One (October – December)
Calls Offered	Actual	147,090	146,417	146,590	440,097
	Plan	152,299	153,848	203,460	509,607
	Variance	-3.4%	-4.8%	-28.0%	-13.4%
Clinical Calls	Actual	30,231	30,687	32,894	93,812
	Plan	29,898	30,333	39,528	99,759
	Variance	1.1%	1.2%	-16.8%	-6.0%

Covid-19 Activity – Actual	Oct - 20	Nov - 20	Dec -20	Jan - 21	Feb – 21	Mar - 21
Non-Clinical	9,371	9,142	7,413			
Clinical	1,040	1,060	1,133			
Cat 3 Validations	1,168	1,375	1,259			

AMBULANCE – EMAS PERFORMANCE

NHS Derby and Derbyshire Clinical Commissioning Group

December 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	00:07:25	00:13:15	00:26:46	00:54:40	03:14:50	03:04:24
Derbyshire Actual	00:07:42	00:13:09	00:25:37	00:52:00	02:58:09	01:43:02
Derbyshire - Quarter Three	00:07:42	00:13:24	00:27:43	00:58:01	03:24:51	03:09:07

December	Pre Handovers		Post Handovers		Total Turnaround	
	Average Pre Handover Time	Lost Hours	Average Post Handover Time	Lost hours	Average Total Turnaround	Lost hours
Burton Queens	00:29:53	108:18:29	00:16:58	34:08:56	00:46:51	125:03:27
Chesterfield Royal	00:20:50	288:36:00	00:18:38	256:24:57	00:39:28	467:57:50
Macclesfield District General Hospital	00:26:42	10:47:57	00:12:20	00:38:22	00:39:02	09:21:53
Royal Derby	00:23:04	622:14:22	00:19:03	467:11:53	00:42:07	946:13:21
Sheffield Northern General Hospital	00:29:37	07:10:52	00:16:30	10:10:45	00:46:07	36:05:32
Stepping Hill	00:20:36	21:36:28	00:14:04	19:28:49	00:34:39	51:32:19
Derbyshire TOTAL	00:21:56	1106:44:08	00:18:37	788:03:42	00:40:34	1636:14:22

Derbyshire	Quarter Two	October	November	December	Quarter Three
Calls (Total)	49,751	19,190	17,386	18,477	55,053
Total Incidents	38,470	13,624	13,271	14,114	41,009
Total Responses	35,864	12,347	12,041	12,631	37,019
Duplicate Calls	8,419	4,257	3,055	3,181	10,493
Hear & Treat (Total)	5,455	2,586	2,290	2,665	7,541
See & Treat	11,693	4,111	4,226	4,494	12,831
See & Convey	24,171	8,236	7,815	8,137	24,188
Duplicates as % Calls	16.9%	22.2%	17.6%	17.2%	19.1%
H&T ASI as % Incidents	6.8%	9.4%	9.3%	10.5%	9.7%
S&T as % Incidents	30.4%	30.2%	31.8%	31.8%	31.3%
S&C as % Incidents	62.8%	60.5%	58.9%	57.7%	59.0%
S&C to ED as % of incidents	58.6%	56.3%	54.6%	53.6%	54.8%

What are the issues?

- The contractual standard is for the division to achieve national performance on a quarterly basis. In Quarter Three, Derbyshire achieved one of the six national standards, C1 90th Centile. C1 was not achieved by 42 seconds, C2 mean was not achieved by 9 minutes and 43 seconds, C2 90th Centile was not achieved by 18 minutes and 1 second, C3 90th was not achieved by 1 hour 24 minutes and 51 seconds, and C4 90th centile was not achieved by 9 minutes and 7 seconds.
- Average Pre hospital handover times during December 2020 remained above the 15 minute national standard across Derbyshire (21 minutes and 56 seconds), this is a slight reduction compared to November 2020 (22 minutes and 8 seconds).
- Average Post handover times during December 2020 remained above the 15 minute national standard across Derbyshire with the exception of Stepping Hill (14 minutes and 4 seconds) and Macclesfield District General Hospital (12 minutes and 20 seconds). Overall the post handover time in December 2020 (18 minutes and 37 seconds) was comparable to November 2020 (18 minutes and 9 seconds).
- There was a shift in activity mix during December with an increase in H&T and also slightly in S&T, with a corresponding reduction in S&C activity, when compared to November. We have also seen a slight reduction in duplicate calls, 17.2% in December compared to 17.6% in November 2020.
- S&C to ED has seen a gradual reduction throughout Quarter Three, with Quarter Three being significantly lower than Quarter Two, 54.8% compared to 58.6%.

What actions have been taken?

- Monitoring of activity and performance continues to take place with a key focus being on reducing avoidable conveyances to an Emergency Department, this is being lead by the Derbyshire reducing conveyance lead.
- **Locally**; Targeted work is taking place to look at how demand can be reduced from specific Care Homes, and work continues with the Mental Health Hub and Rough Sleeper Project.
- The local EMAS division is working closely with commissioners and System partners to review internal handover processes in order to improve hospital handover delays.
- Royal Derby Hospital in particular has developed a detailed handover improvement plan in conjunction with EMAS. This plan was approved by the AEDB and progress will be monitored at their meetings.
- **Regionally**; All Counties went live with NHS111 First during Quarter Three, with callers being diverted to alternative services where appropriate and work continues to take place with DHU111 at a regional level to determine if any calls passed through from DHU111 could have been avoided.
- From October 2020, DHU111 has been commissioned to clinically validate 95% of C3/C4 ambulance dispositions and this is being achieved, therefore reducing activity being passed through to EMAS.
- EMAS have additional clinical staff working within EOC in order to try and increase H&T rates, and a number of advance band 7 advance paramedics are being dispatched to specific jobs which are likely to result in a S&T.
- EMAS have finalised their Winter Plan which includes a number of initiatives to increase operational output, such as a buy back annual leave scheme, increasing PAS resource, and postponing Statutory and Mandatory training until January.
- **Nationally**; The code set for the national C3/4 clinical assessment pilot was expanded on 1st December 2020 to include the majority of C3/4 codes. Card 36 continues to operate at level one.

What are the next steps

- **Locally**; Derbyshire are currently in discussion with regards to the implementation of an appropriate system to support electronic access to alternative pathways.
- The Derbyshire Rough Sleeper project continues and a decision to fund a Paramedic and ECA post to support this is expected in January 2021.
- **Regionally**; EMAS are producing a failed Pathway report and an inappropriate demand report both of which will be shared with Commissioners with regards to outputs.
- Handover delays greater than 60 minutes are being reviewed by the Director of Quality and Patient Safety at EMAS.
- EMAS have produced their 2021/22 workforce plan. The tender for the 2021/22 PAS requirements will be issued in early January 2021.
- **Nationally**; Digital work is taking place to look at video consultations.
- Work is also taking place through the national ambulance medical and nursing director groups, focussing on patient harm as a result of handover delays greater than on hour.

Planned Care

DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

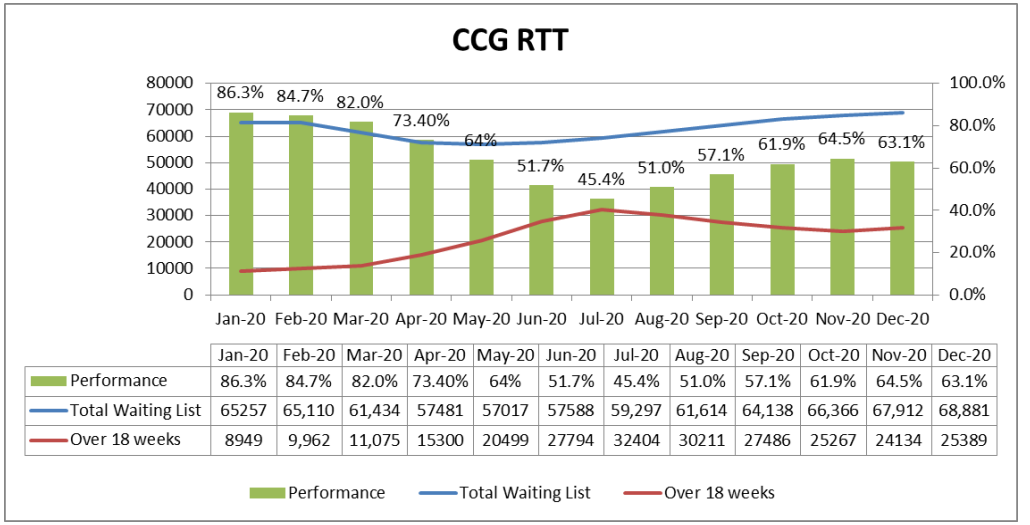
Performance Analysis

Performance for December 2020 was 63.1%, a deterioration from the November performance of 64.5%. The overall waiting list has increased this month, along with the number of patients waiting over 18 weeks.

Non Urgent elective surgery was cancelled from 17th March as a directive from NHSE to free up available capacity to support the COVID 19 pandemic. Elective surgery has recommenced but the focus will be on the more urgent surgery which will be classed as Priority 2 or 3 which includes those who need surgery within three months. The majority of patients are categorised as Priority 4, where surgery can be delayed for longer than 12 weeks. On 1st October 2020 NHSE published guidance around two additional categories, Priority 5 – defer treatment due to Covid concerns and Priory 6 – defer treatment for none Covid reasons. The project is about making the best mutually agreed decisions with patients and is not an exercise to reduce numbers on waiting lists.

The total incomplete waiting list for DDCCG was 68,882 at the end of December. The number of referrals across Derbyshire during December showed a 31% reduction for urgent referrals and 53% for routine referrals in comparison with the same month last year. The number of referrals may have been affected by the increase in COVID cases.

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)	92nd percentile waiting time (in weeks)
General Surgery	6,270	3,941	62.9%	14.4	51.7
Urology	3,445	2,368	68.7%	10.7	48.4
Trauma & Orthopaedics	11,735	5,417	46.2%	20.1	52+
Ear, Nose & Throat (ENT)	4,269	2,166	50.7%	17.6	51.0
Ophthalmology	10,025	5,907	58.9%	14.4	48.5
Neurosurgery	442	301	68.1%	11.7	45.9
Plastic Surgery	500	274	54.8%	15.9	52+
Cardiothoracic Surgery	118	94	79.7%	6.6	40.6
General Medicine	1,409	1,001	71.0%	10.4	45.6
Gastroenterology	3,941	2,981	75.6%	9.6	30.5
Cardiology	1,914	1,483	77.5%	9.5	33.1
Dermatology	3,478	2,430	69.9%	10.2	45.7
Thoracic Medicine	1,129	855	75.7%	9.4	27.8
Neurology	1,017	755	74.2%	9.2	38.7
Rheumatology	1,298	955	73.6%	9.8	27.6
Geriatric Medicine	156	130	83.3%	6.8	23.2
Gynaecology	4,282	2,972	69.4%	11.5	46.1
Other	13,453	9,462	70.3%	9.5	46.1
Total	68,881	43,492	63.1%	12.6	49.4



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Performance	86.3%	84.7%	82.0%	73.40%	64%	51.7%	45.4%	51.0%	57.1%	61.9%	64.5%	63.1%
Total Waiting List	65257	65,110	61,434	57481	57017	57588	59,297	61,614	64,138	66,366	67,912	68,881
Over 18 weeks	8949	9,962	11,075	15300	20499	27794	32404	30211	27486	25267	24134	25389

- *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 December.*

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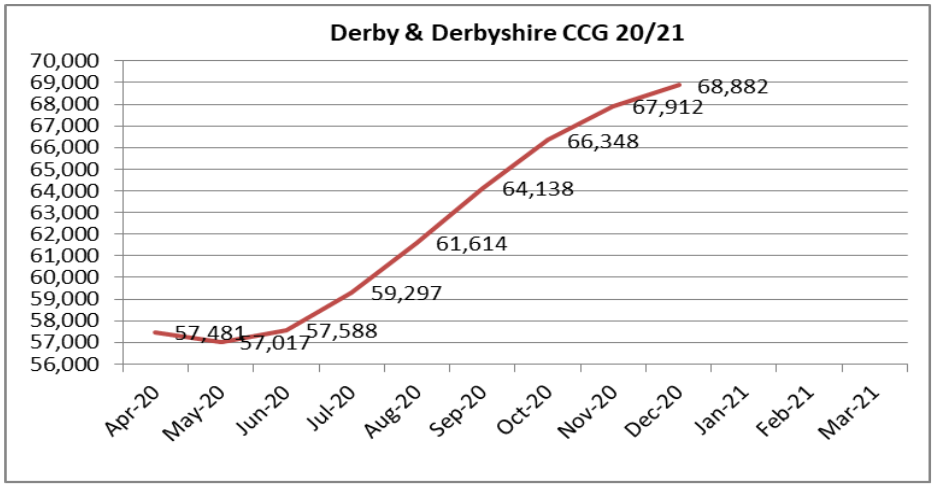
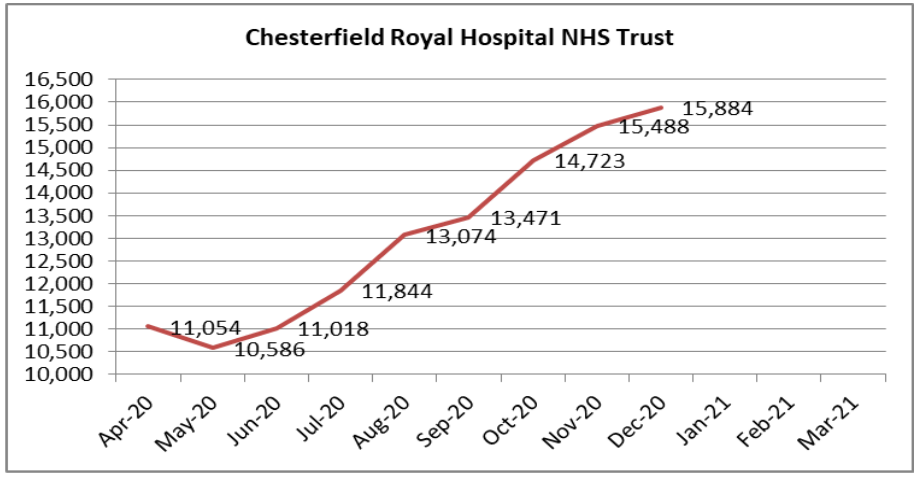
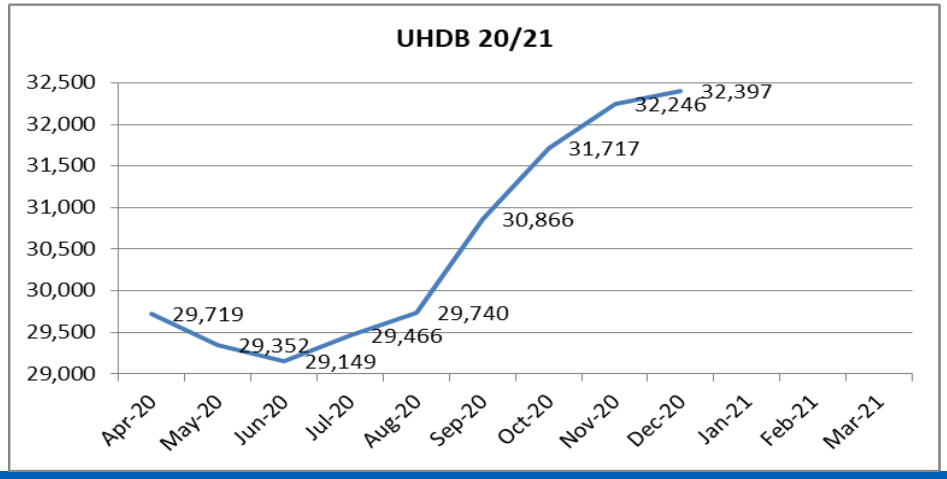
ELECTIVE CARE – DDCCG Incomplete Pathways

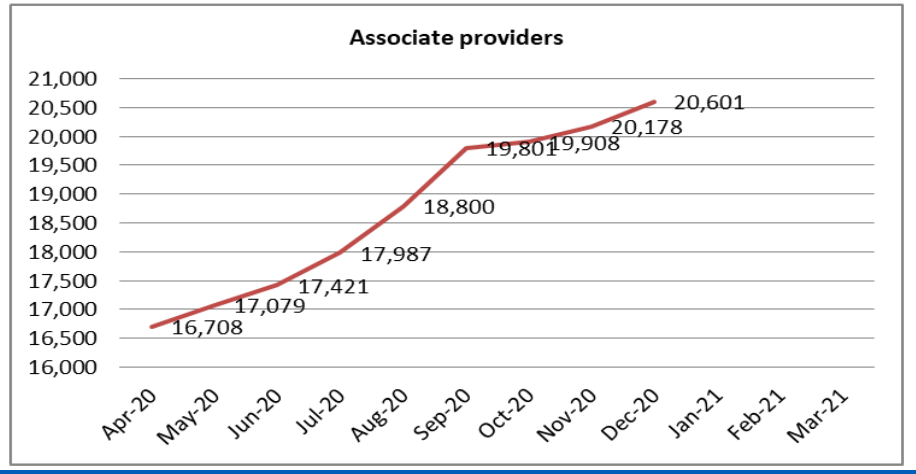
Derbyshire CCG incomplete waiting list at the end of December 2020 is 68,882.

Of this number 48,281 patients are currently awaiting care at our two main acute providers CRH (15,884) and UHDB (32,397). The remaining 20,601 Derbyshire residents are on an incomplete pathways at other trusts out of Derbyshire. The graphs below show the current position and how this has changed over the last few months.









Referral to Treatment – Incomplete Pathways (92%).

CRH

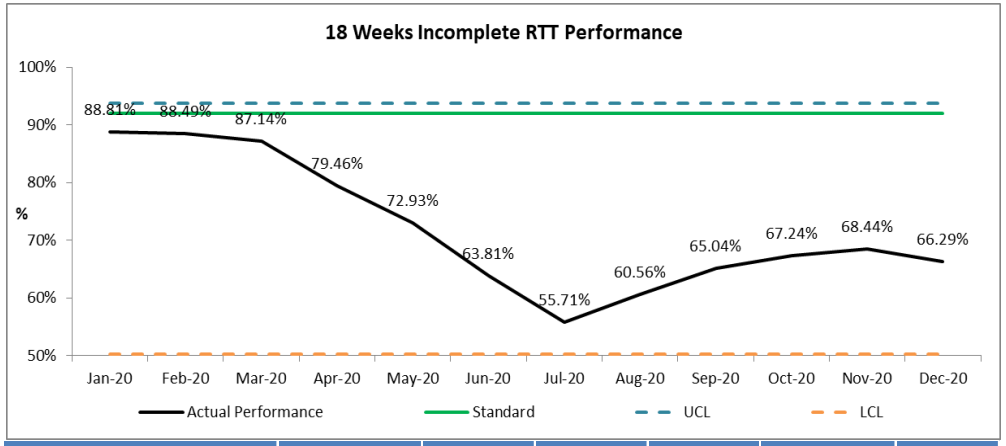
During December the trust achieved performance of 66.3%. This is a deterioration from the previous month of November when 68.4% was achieved.

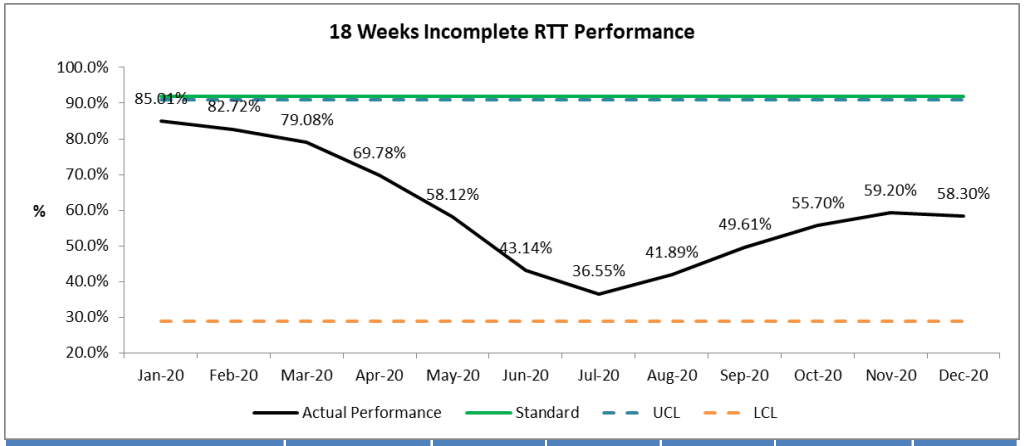
The waiting list at the end of December has increased to 17,352, a 2.4% rise from the figure of 16,943 in November.

UHDB

During December the trust achieved a standard of 58.3%, an deterioration from the November achievement of 59.2%.

The waiting list at the end of December had increased to 60,750 a 2.6% increase from the figure of 59,223 in November. This does not take into account a large number of patients on the trust ASI list who have not yet received appointments.





Treatment Function Name	Total Incomplete Waiting List	Number < 18 Weeks	Backlog (+18 Weeks)	March 2020 Waiting List	Movement from March 20	% <18 Weeks
General Surgery	3323	2377	946	1917	1406	71.53%
Urology	1204	870	334	1183	21	72.26%
Trauma & Orthopaedics	1624	832	792	1157	467	51.23%
ENT	1303	877	426	1204	99	67.31%
Ophthalmology	2009	1067	942	1605	404	53.11%
Oral Surgery	822	467	355	780	42	56.81%
General Medicine	530	419	111	476	54	79.06%
Gastroenterology	1245	805	440	873	372	64.66%
Cardiology	437	314	123	554	-117	71.85%
Dermatology	999	791	208	1076	-77	79.18%
Thoracic Medicine	495	378	117	392	103	76.36%
Rheumatology	416	280	136	408	8	67.31%
Gynaecology	1577	1062	515	944	633	67.34%
Other	1368	963	405	1447	-79	70.39%
All specialties	17352	11502	5850	14016	3336	66.29%

Treatment Function Name	Total Incomplete Waiting List	Number < 18 Weeks	Backlog (+18 Weeks)	March 2020 Waiting List	Movement from March 20	% <18 Weeks
General Surgery	3391	1915	1476	3202	189	56.47%
Urology	2700	1538	1162	2309	391	56.96%
Trauma & Orthopaedics	11796	5168	6628	10622	1174	43.81%
ENT	4706	2221	2485	4171	535	47.20%
Ophthalmology	8187	4410	3777	8623	-436	53.87%
Oral Surgery	159	30	129	401	-242	18.87%
Neurosurgery	71	41	30	74	-3	57.75%
Plastic Surgery	370	167	203	257	113	45.14%
Cardiothoracic Surgery	5	5	0	2	3	100.00%
General Medicine	242	224	18	118	124	92.56%
Gastroenterology	3031	2579	452	2585	446	85.09%
Cardiology	1690	1471	219	2500	-810	87.04%
Dermatology	3518	2097	1421	3323	195	59.61%
Thoracic Medicine	407	312	95	628	-221	76.66%
Neurology	828	512	316	876	-48	61.84%
Rheumatology	1122	853	269	1693	-571	76.02%
Geriatric Medicine	159	115	44	280	-121	72.33%
Gynaecology	3769	2497	1272	2995	774	66.25%
Other	14599	9265	5334	12504	2095	63.46%
All specialties	60750	35420	25330	57163	3587	58.30%

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

52 Week Waits

December performance data reflects the impact of COVID with 4,245 patients reporting as waiting over 52 week waits for treatment in Derbyshire. Of these 3,442 are waiting at our two main providers UHDB and CRH, the remaining 803 are waiting at various trusts around the country as outlined in the table on the following slide.

It is expected the number of patients waiting over 52 weeks will continue to increase further during 20/21 until elective surgery is fully re-instated and the back log has been addressed.

CCG Patients – Trend – 52 weeks												
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	**Dec-20**
DDCCG	0	1	27	103	242	527	934	1,519	2,107	2,658	3,388	**4,245**

Main Providers:

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

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	**Dec-20**
UHDB	0	0	45	138	298	580	1,011	1,667	2,367	3,031	3,751	**4,706**
CRH	0	0	0	4	17	53	117	212	308	385	594	**797**

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

Main Provider Actions:

The Surgery Division are following national Royal College of Surgeon guidance on prioritisation of surgical patients. This will identify 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 us to tackle the growing backlog of long waiters. The validation guidance was updated on the 1st October 2020, to include 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.
- NHSEI engagement is in place to include fortnightly calls.

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

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

Provider	Total		
AIREDALE NHS FOUNDATION TRUST	1	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	37
ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	1	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	24
ASPEN - CLAREMONT HOSPITAL	17	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	64
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	4	SPIRE NOTTINGHAM HOSPITAL	1
BMI - THE ALEXANDRA HOSPITAL	1	SPIRE REGENCY HOSPITAL	5
BMI - THE PARK HOSPITAL	2	STOCKPORT NHS FOUNDATION TRUST	231
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	THE ONE HEALTH GROUP LTD	9
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	2	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FT	1
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	8	THE ROTHERHAM NHS FOUNDATION TRUST	5
EAST CHESHIRE NHS TRUST	24	THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	1
LEEDS TEACHING HOSPITALS NHS TRUST	3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	6
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	2	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	23
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	12	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	5
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	WOODTHORPE HOSPITAL	7
NORTH BRISTOL NHS TRUST	1	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1
NORTH WEST ANGLIA NHS FOUNDATION TRUST	1	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	7
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	175	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	1
NUFFIELD HEALTH, DERBY HOSPITAL	104	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2	BMI - THE CHILTERN HOSPITAL	1
SALFORD ROYAL NHS FOUNDATION TRUST	4	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	1
		PRACTICE PLUS GROUP HOSPITAL - BARLBOROUGH	5
		Total	803

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.

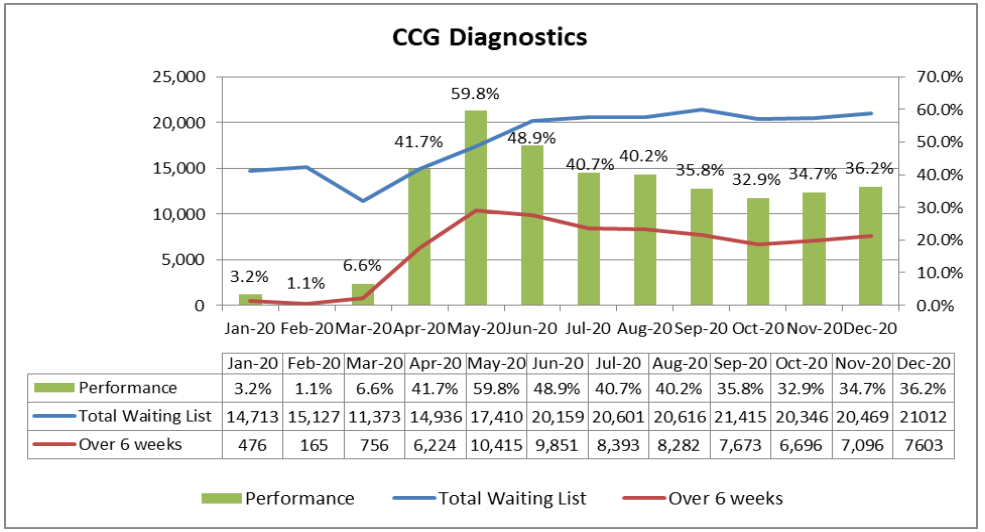
DERBYSHIRE COMMISSIONER – 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1%)

Performance Analysis

Derbyshire CCG Diagnostic performance at the end of November was 36.18%, a deterioration from the previous month.

The total number of Derbyshire patients waiting for diagnostic procedures increased slightly in December. The number of patients waiting over six weeks and 13 weeks has also increased. All of our associates are showing non compliance for the diagnostic standard.

As part of the Phase 3 Recovery plans the all trusts are expected to return to the same level of diagnostic activity for imaging and endoscopy procedures



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Performance	3.2%	1.1%	6.6%	41.7%	59.8%	48.9%	40.7%	40.2%	35.8%	32.9%	34.7%	36.2%
Total Waiting List	14,713	15,127	11,373	14,936	17,410	20,159	20,601	20,616	21,415	20,346	20,469	21012
Over 6 weeks	476	165	756	6,224	10,415	9,851	8,393	8,282	7,673	6,696	7,096	7603

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Total No. waiting Nov +6	Movement Nov to Dec 6+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	2,696	630	348	503	127	23.4%
Computed Tomography	2,125	441	219	398	43	20.8%
Non-obstetric Ultrasound	8,752	3,583	850	3,165	418	40.9%
DEXA Scan	314	64	21	139	-75	20.4%
Audiology - Audiology Assessments	1,191	503	198	446	57	42.2%
Cardiology - Echocardiography	1,777	463	146	667	-204	26.1%
Neurophysiology - Peripheral Neurophysiology	268	10	1	17	-7	3.7%
Respiratory physiology - Sleep Studies	99	26	11	26	0	26.3%
Urodynamics - Pressures & Flows	106	63	22	56	7	59.4%
Colonoscopy	1,288	658	478	592	66	51.1%
Flexi Sigmoidoscopy	506	234	141	212	22	46.2%
Cystoscopy	291	65	33	65	0	22.3%
Gastroscopy	1,599	863	489	810	53	54.0%
Total	21,012	7,603	2,957	7,096	507	36.2%

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Diagnostic Test	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport Hospital	Sheffield Teaching Hospital	Sherwood Forest Hospitals	Nottingham University Hospitals	East Cheshire Hospitals
Magnetic Resonance Imaging	12.42%	1.11%	7.58%	5.79%	4.92%	66.65%	8.31%
Computed Tomography	27.71%	1.32%	54.37%	14.77%	29.31%	10.67%	8.61%
Non-obstetric Ultrasound	55.05%	1.43%	34.36%	6.10%	1.53%	51.62%	5.13%
Barium Enema	0.00%						
DEXA Scan	14.74%	13.42%	19.85%	55.41%	10.0%	53.39%	
Audiology - Audiology Assessments	4.62%	57.28%	68.14%	39.08%	10.6%	51.38%	56.89%
Cardiology - Echocardiography	2.28%	23.36%	33.62%	21.61%	66.4%	0.77%	77.80%
Neurophysiology - Peripheral Neurophysiology	3.18%			0.00%		0.00%	
Respiratory physiology - Sleep Studies	2.91%		0.00%	2.35%	36.8%	36.02%	26.3%
Urodynamics - Pressures & Flows	44.55%	81.48%	33.33%	100.00%	5.7%	58.33%	
Colonoscopy	15.11%	60.32%	77.11%	59.62%	53.5%	7.57%	71.25%
Flexi Sigmoidoscopy	14.60%	78.14%	74.04%	68.89%	32.5%	7.86%	68.87%
Cystoscopy	18.14%	9.30%		20.90%	59.7%	3.14%	0.00%
Gastroscopy	33.95%	70.55%	75.15%	68.46%	40.2%	9.13%	72.54%
Total	39.55%	26.64%	51.29%	23.41%	31.2%	48.01%	55.89%

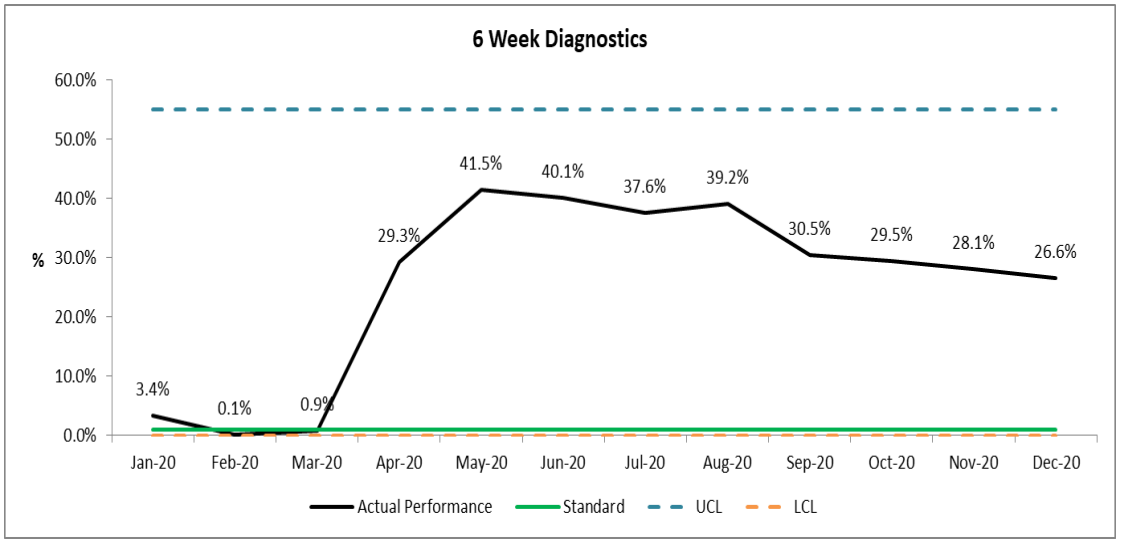
CRHFT DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis
Performance during November has improved to 26.64% when compared to the November figure of 28.1%.

The numbers on the waiting list have decreased during December, compared to November and the numbers waiting over 6 weeks has also decreased.

What are the issues?
Issues
- Endoscopy capacity has not yet returned to pre-pandemic levels, especially for Aerosol Generating Procedures that need additional infection control precautions.
- In addition, some patients are still reluctant to attend due to shielding or similar factors.

Actions
- A 4th Endoscopy Room has opened to increase capacity.
- The Colorectal straight to test process has resumed.
- Further development of the clinical triage set and CAB.
- Roll out of the Attend Anywhere scheme, utilising phone and video. This approach also included patients being allowed the choice of how they receive diagnostic results.
- Cardio-Respiratory diagnostic areas have validated waiting lists to ensure data quality.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Total No. waiting Nov +6 Weeks	Movement Nov to Dec 6+ Weeks	Percentage waiting 6+ weeks
Magnetic Resonance Imaging	539	6	0	5	1	1.11%
Computed Tomography	531	7	0	1	6	1.32%
Non-obstetric Ultrasound	1678	24	3	45	-21	1.43%
DEXA Scan	149	20	6	106	-86	13.42%
Audiology - Audiology Assessments	838	480	190	410	70	57.28%
Cardiology - Echocardiography	749	175	22	337	-162	23.36%
Urodynamics - Pressures & Flows	27	22	13	20	2	81.48%
Colonoscopy	494	298	226	284	14	60.32%
Flexi Sigmoidoscopy	183	143	98	138	5	78.14%
Cystoscopy	86	8	0	11	-3	9.30%
Gastroscopy	506	357	267	336	21	70.55%
Total	5780	1540	825	1693	-153	26.64%

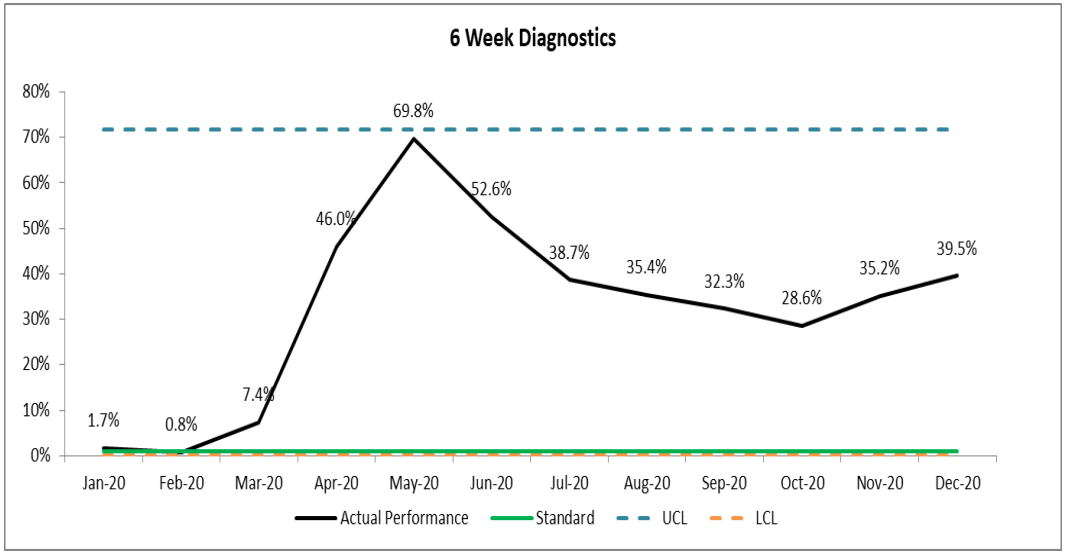
UHDB DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis
Performance during November has deteriorated to 39.5% compared to the November figure of 35.2%.

The numbers on the waiting list have increased during December as those waiting over 6 weeks.

Issues
CT and MRI capacity have been reduced due to the lack of access to mobile vans. This is especially impacting on complex MRIs.
Additional Ultrasound machines and their staffing are needed.
All service areas have been impacted upon and are a concern.

Actions
- Colonoscopies are back up to normal throughput.
- Gastroscopy patients are now being Covid19 swabbed to enable negative patients to be treated in the normal setting - positive results require the investigation to be carried out in the hand theatre space.
- Nuffield capacity for MRI, CT and X-ray is being utilised.
- Replacement programme for MRI scanners at LRCH has been brought forward. Mobile MRI without contrast at LRCH has completed all cases waiting. A further mobile MRI was situated at QHB.
- Installed Compressed Sense to shorten the scanning time, however productivity will be affected by the requirement for enhanced cleaning between each scan.
- CMD additional capacity brought in from ICS.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Total No. waiting Nov +6 Weeks	Movement Nov to Dec 6+ Weeks	Percentage waiting 6+ weeks
Magnetic Resonance Imaging	1570	195	80	101	94	12.42%
Computed Tomography	1534	425	209	322	103	27.71%
Non-obstetric Ultrasound	10156	5591	1440	4620	971	55.05%
Barium Enema	5	0	0	0	0	0.00%
DEXA Scan	95	14	5	5	9	14.74%
Audiology - Audiology Assessments	346	16	5	17	-1	4.62%
Cardiology - Echocardiography	963	22	3	9	13	2.28%
Neurophysiology - Peripheral Neurophysiology	346	11	1	26	-15	3.18%
Respiratory physiology - Sleep Studies	103	3	0	0	3	2.91%
Urodynamics - Pressures & Flows	101	45	12	35	10	44.55%
Colonoscopy	536	81	20	54	27	15.11%
Flexi Sigmoidoscopy	322	47	8	33	14	14.60%
Cystoscopy	204	37	17	43	-6	18.14%
Gastroscopy	869	295	44	292	3	33.95%
Total	17150	6782	1844	5557	1225	39.55%

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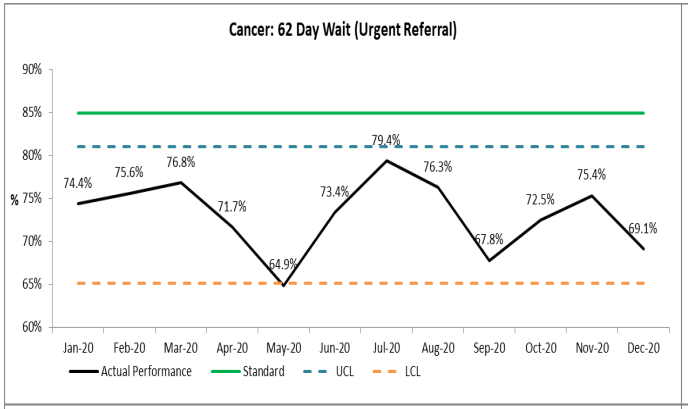
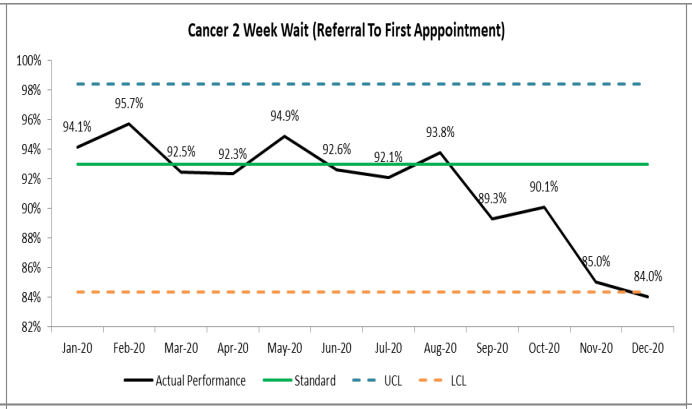
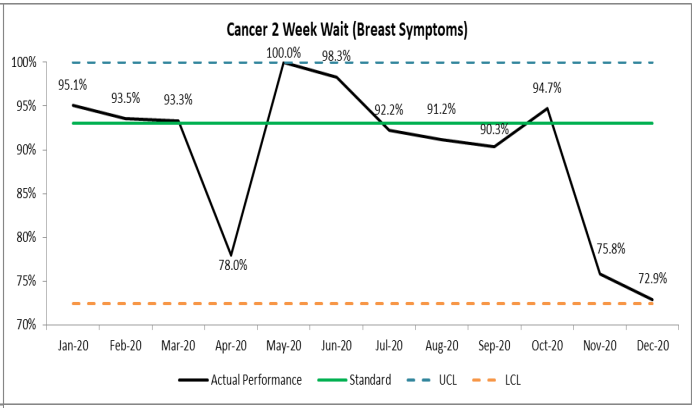
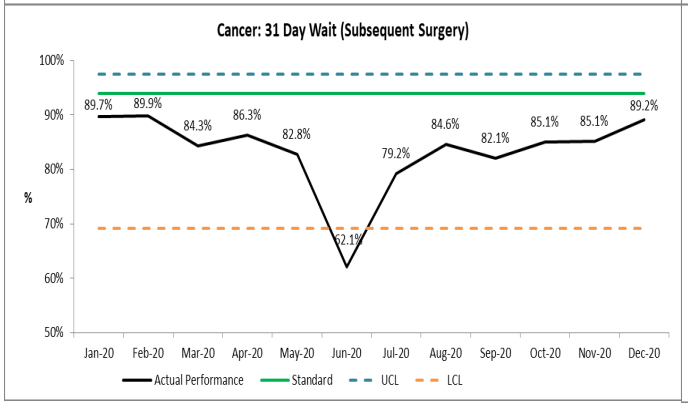
DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

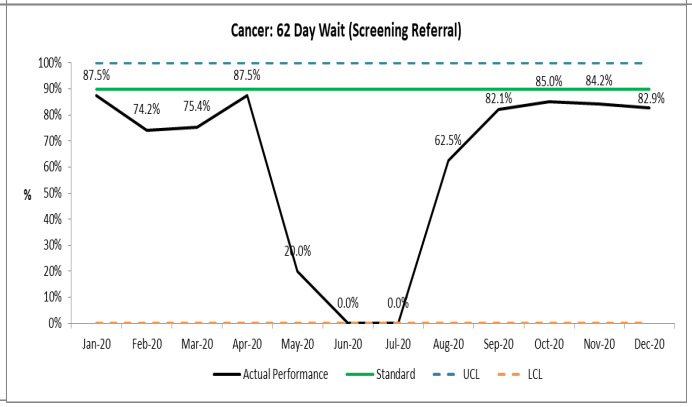
During December 2020, Derbyshire was non-compliant in 5 of the 8 Cancer standards:
2 week Urgent GP Referral – 84.0% (93% standard) - Compliant for East Cheshire, Nottingham, Sheffield and Sherwood Forest.
2 week Exhibited Breast Symptoms – 72.9% (93% standard) - Compliant for Sheffield and Sherwood Forest.
31 day Subsequent Surgery – 89.2% (94% standard) - Compliant for Chesterfield, East Cheshire and Stockport.
62 day Urgent GP Referral – 69.1% (85% standard) – Non compliant for all trusts.
62 day Screening Referral – 82.9% (90% standard) – Compliant for Sherwood Forest and Stockport.
During December 2020, Derbyshire was compliant in 3 of the 8 Cancer standards:
31 day from Diagnosis – 96.4% (96% standard) – Compliant for Chesterfield, East Cheshire and Stockport.
31 day Subsequent Drugs – 98.9% (98% standard) – Compliant for all trusts.
31 day Subsequent Radiotherapy – 99.0% (94% standard) – Compliant for all relevant trusts.
104 day wait – 24 CCG patients waited over 104 days for treatment. The patients were treated at the following trusts: UHDB (10), Sheffield (8), NUH (3), Manchester (2), CRH (1).











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

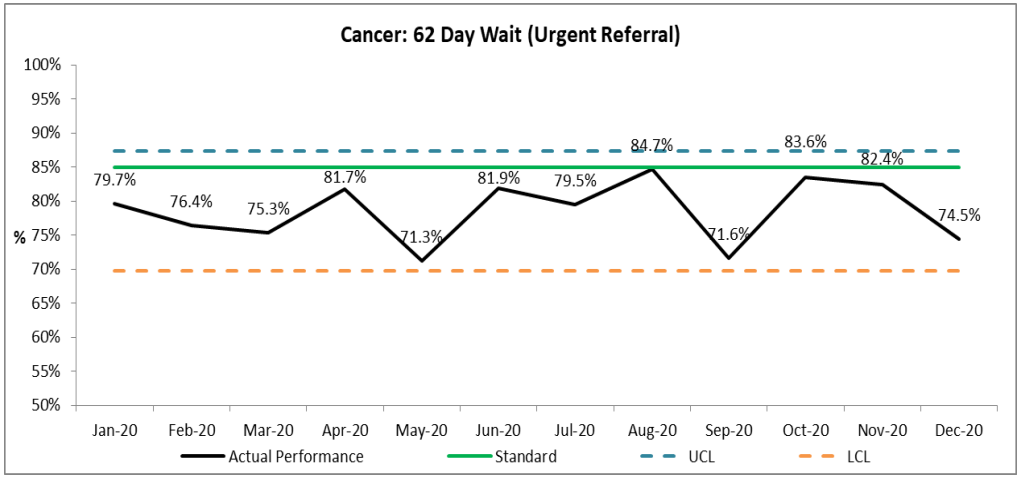
CRHFT - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

CRH performance during December for first treatment within 62 days of urgent referral has dropped since the month prior to 74.5% and remains non-compliant against the standard of 85%.

There were a total of 74.5 patients treated on this pathway with 55.5 of those patients being treated within the 62day standard, resulting in 19 breaches. The breaches related to Breast(4.5), Lower GI(4.5), Lung(0.5), Urology(8.5) and Other(1).

Out of the 19 breaches 4 were reported as waiting over 104 days for treatment.



What are the issues?

The main issues reported by the Trust were:

- Increasing demand in Breast – Breast Consultant absent at Kings Mill Hospital due to Covid which is impacting on the referrals to CRH.
- Complex diagnostic pathways.
- Outpatient capacity due to restrictions around social distancing in accordance with the national guidance.
- Theatre capacity to accommodate the demand.
- Impact of the Second wave.
- Patient choice including a proportion of patients being reluctant to attend the hospital due to Covid and choosing to wait until being vaccinated.

What actions have been taken?

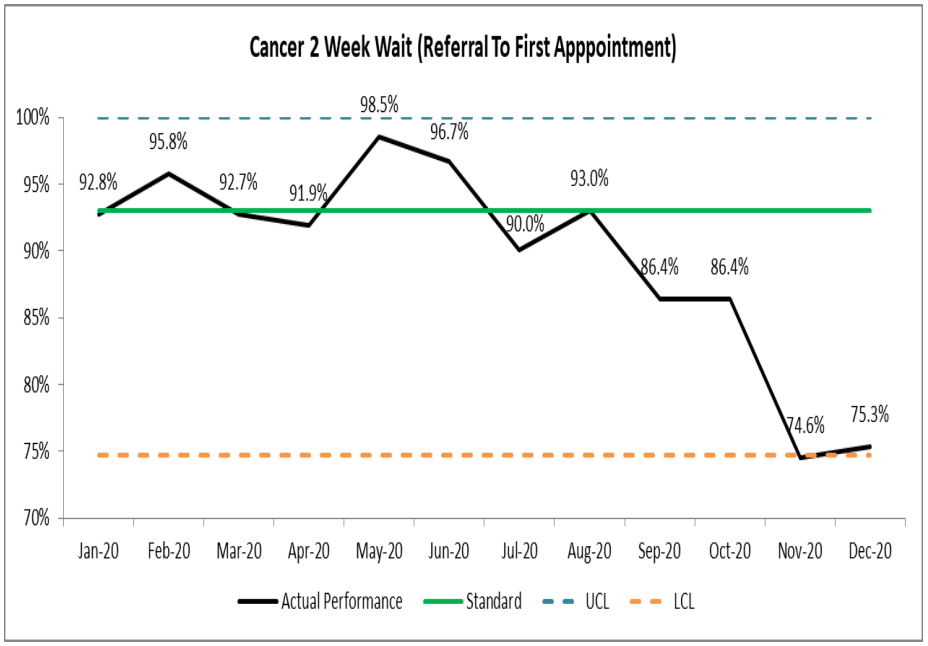
- Breast – one stop clinic in place allowing 10 extra patients a week to be seen. An additional consultant is in post to support this.
- Community Breast Pain Clinic plans are underway for the Derbyshire system which is already in place in Nottingham allowing Derbyshire to work at pace by using their service as a framework.
- Mutual aid discussions with South Yorkshire are underway.
- Reviewing surgery waiting lists on a weekly basis to ensure clinical prioritisation remains in place.
- Diagnostics are continuing, however potential re-deployment of staff is being considered which may affect diagnostics services.
- Use of agency staff to fill lists to maintain capacity is in place.
- Independent sector is being sought where possible.

What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL to include internal escalation processes and breach reviews via Provider/CCG are taking place on a monthly basis.
- Cancer services throughout the second wave are being protected where possible.

Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	13	8.5	4.5	65.38%
Gynaecological	2	2	0	100.00%
Haematological (Excluding Acute Leukaemia)	2	2	0	100.00%
Head and Neck	1.5	1.5	0	100.00%
Lower Gastrointestinal	9.5	5	4.5	52.63%
Lung	6.5	6	0.5	92.31%
Sarcoma	1	1	0	100.00%
Skin	18	18	0	100.00%
Testicular	1	1	0	100.00%
Upper Gastrointestinal	5	4	1	80.00%
Urological (Excluding Testicular)	15	6.5	8.5	43.33%
Totals	74.5	55.5	19	74.50%

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



Performance Analysis

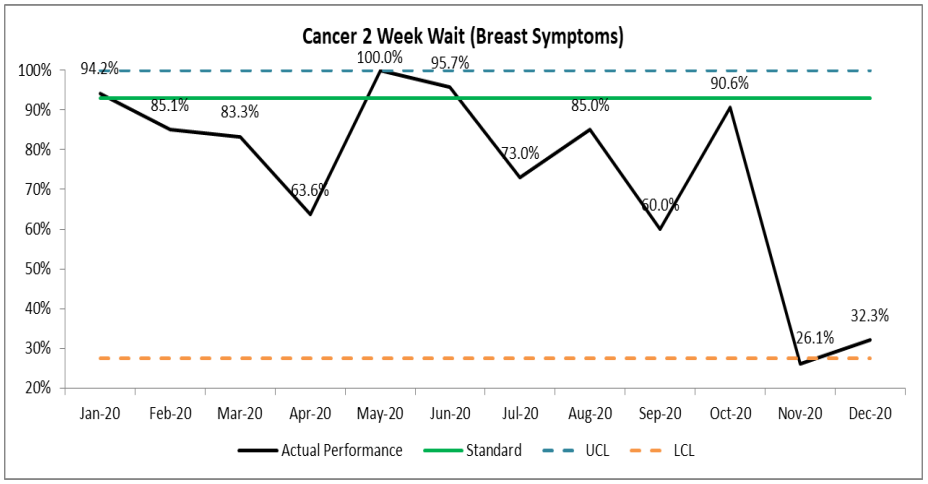
December performance at CRH for 2 week wait has increased slightly since last month to 75.3%, remaining non-compliant against the standard of 93%. The main challenges for 2ww performance has been associated with Breast and lower GI due to an increase in demand for these services.

There was a total number of 1021 patients seen this month by way of GP Urgent referral to first appointment with 769 of these patients being seen within the 2 week wait standard, resulting in 252 breaches. Both the total number of patients seen and the number of breaches have increased since the month prior.

The 252 breaches occurred in Breast (193), Gynaecology(2), Head and Neck (2), Lower GI (12), Skin(4), Testicular(1), Upper GI(7) and Urology(31). The majority of breach reasons were due to outpatient capacity, with the remaining being as a result of patient choice and clinic cancellation.

As part of the Phase 3 recovery providers are asked to return to the same numbers as the previous year by month. During December 2020 the trust saw 1021 patients, reporting over their trajectory of 999.

CRHFT - CANCER WAITING TIMES – 2 Week Wait – Breast Symptomatic



Performance Analysis

December performance at CRH for 2 Week Wait Breast Symptomatic has increased since the month prior to 32.3% being non-compliant against the standard of 93%. This is due to outpatient capacity and a high increase in demand. This potentially includes a backlog however, an increase in Breast referrals has been particularly evident across the region since October.

The total number of patients seen this month by way of referral to Breast Symptomatic was 31 with 10 of those patients being seen within the 2 week wait standard, resulting in 21 breaches. The reason for the breaches were outpatient capacity and only one breach relating to patient choice.

Out of the 21 breaches 16 of the patients were seen within 21 days and 5 waiting up to 28 days.

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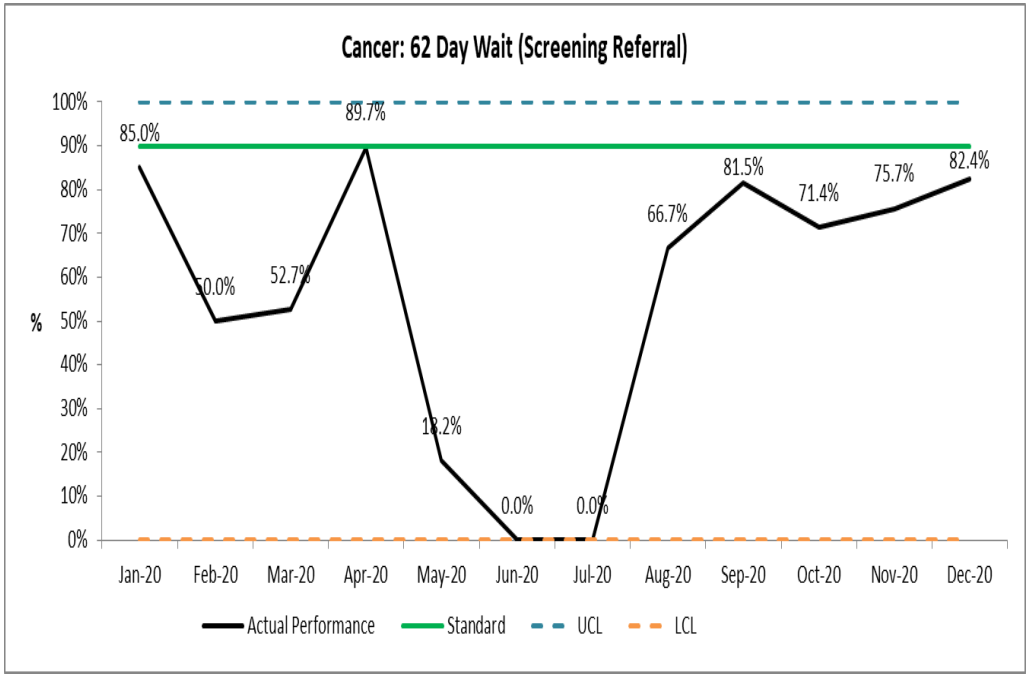
CRHFT - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Screening



Tumour Type	Total referrals seen during the period	Seen Within 62 days	Breaches of 62 Day Standard	% Performance
Breast	8	6	2	75.00%
Gynaecological	2.5	2.5	0	100.00%
Lower Gastrointestinal	6.5	5.5	1	84.62%
Totals	17	14	3	82.35%

Performance Analysis – Screening Referral

62 day Screening performance in December has improved to 82.4% when compared to the month prior, continuing to be non-compliant against the standard of 90%.

There were a total of 17 patients treated this month who were initially referred through the screening service with 14 patients seen within the 62 day standard, resulting in 3 breaches.

The reasons for the delays all related to diagnostic availability.

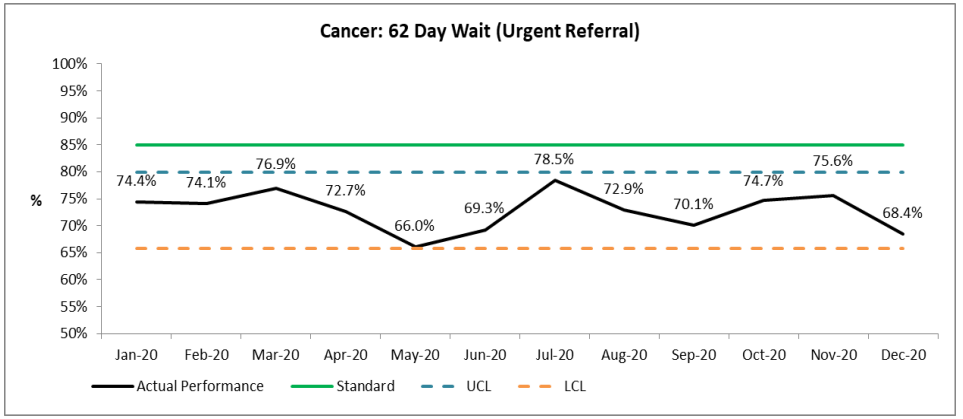
UHDB - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

Performance during December for first treatment within 62 days has reduced to 68.4%, being non-compliant against the standard of 85%.

There was a total of 201 patients treated on this pathway with 137.5 being treated within the 62 day standard, resulting in 63.5 breaches. The breaches related to Breast(4), Gynaecology(3), Haematology(10), Head and Neck(1), Lower GI(5), Lung(4), Sarcoma(1), Skin(3.5), Upper GI(5.5) and Urology(26.5).

Out of the 63.5 breaches 18 of these patients were reported as waiting over 104 days for treatment. Both the number of breaches and the number patients seen this month have increased from the month prior.



Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Acute leukaemia	1	1	0	100.00%
Breast	38	34	4	89.47%
Gynaecological	9	6	3	66.67%
Haematological (Excluding Acute Leukaemia)	14	4	10	28.57%
Head and Neck	12	11	1	91.67%
Lower Gastrointestinal	15	10	5	66.67%
Lung	14.5	10.5	4	72.41%
Sarcoma	4	3	1	75.00%
Skin	27.5	24	3.5	87.27%
Testicular	4	4	0	100.00%
Upper Gastrointestinal	11.5	6	5.5	52.17%
Urological (Excluding Testicular)	50.5	24	26.5	47.52%
Totals	201.0	137.5	63.5	68.41%

What are the issues?

The main issues reported by the Trust were:

- Complex Diagnostics pathways.
- Access to PET scans at NUH.
- Reduced Outpatient Capacity due to social distancing guidelines, particularly impacting on Breast and Gynaecology.
- Severe pressures from an increase in Covid patients affecting elective capacity, ICU capacity and theatre capacity.
- Theatre staffing issues.
- Staffing issues in relation to Covid i.e. isolation and sickness.
- Impact of second wave.
- Covid outbreaks on wards impacting on internal processes.
- Challenges around Template Biopsies due to one out of the two Clinicians for this service being on sick leave.
- Patient choice including a proportion of patients being reluctant to attend the hospital due to Covid and choosing to wait until being vaccinated.

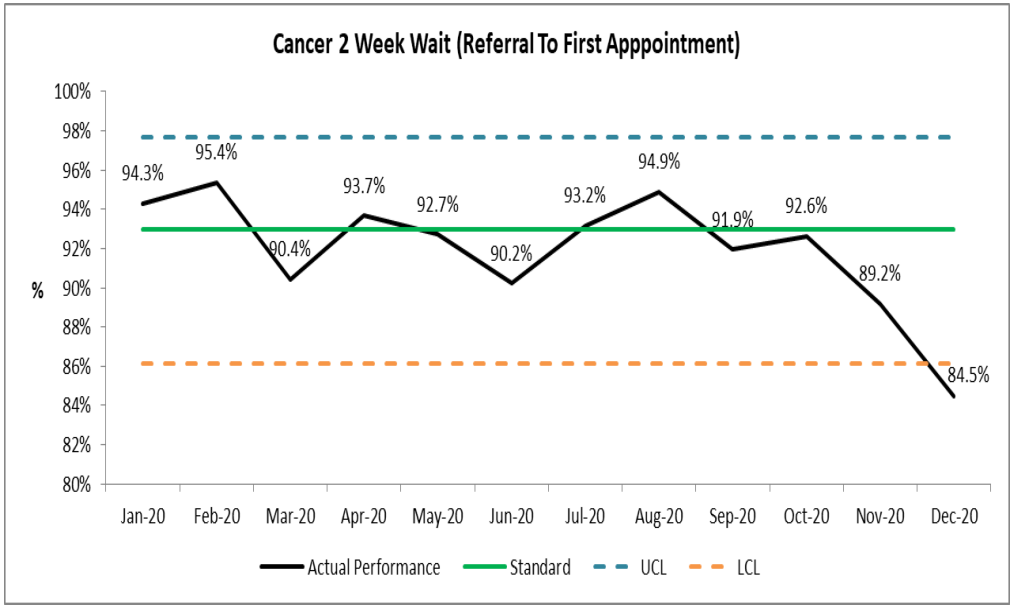
What actions are being taken?

- Breast referrals are being booked up to 13days at both sites and Breast Screening has re-commenced
- Community Breast Pain Clinic plans are underway for the Derbyshire system which is already in place in Nottingham allowing Derbyshire to work at pace by using their service as a framework.
- Potential additional equipment is being sourced to support Ultrasound and cystoscopy.
- PET Scan issues have been escalated to regional level.
- One stop shops are continuing for Gynaecology along with extra capacity being implemented where possible.
- Phase three recovery plans are in place to include number of endoscopy and MRI/CT scans to return to 2019 activity which will assist the timeliness of the cancer pathway.
- Independent sector is being sought where possible.

What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL to include internal escalation processes and breach reviews via Provider/CCG taking place on a monthly basis.
- Discussions are taking place with a view to protect cancer services throughout the second wave.

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



Performance Analysis

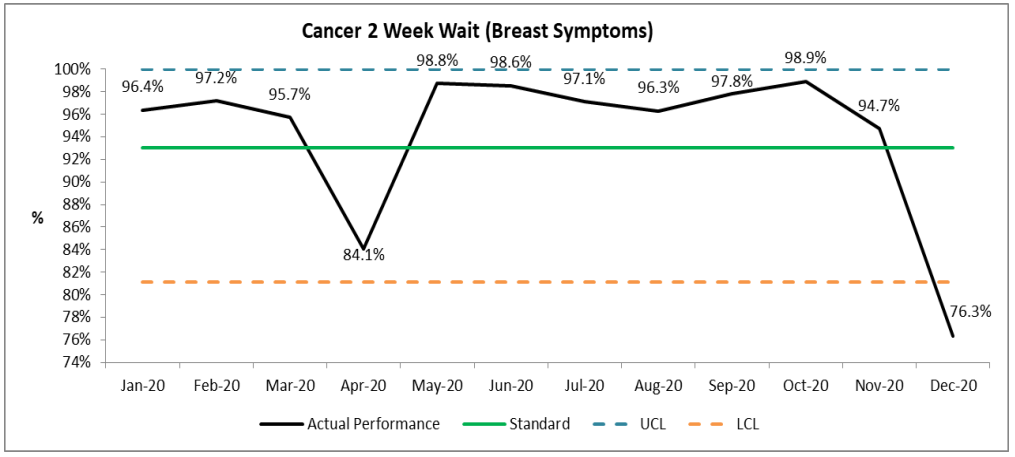
December performance at UHDB for 2 week wait has reduced to 84.5% and continues to be non-compliant against the standard of 93%. The main challenges for 2ww performance have been associated with Breast and Urology.

There were a total number of 2877 patients seen this month by way of GP Urgent referral to first appointment with 2431 of these patients being seen within the 2 week wait standard, resulting in 446 breaches.

The 446 breaches occurred in Breast(134), Suspected Children Cancer(1), Gynaecology(104), Haematology(1), Head and Neck(7), Lower GI (104), Skin(9), Upper GI(48) and Urology(38). The majority of the breach reasons were due to outpatient capacity, with the remaining resulting in patient choice, admin and Covid.

As part of the Phase 3 recovery providers are asked to return to the same numbers as the previous year by month. During December 2020 the trust saw 2877 patients, reporting over their trajectory of 2546.

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



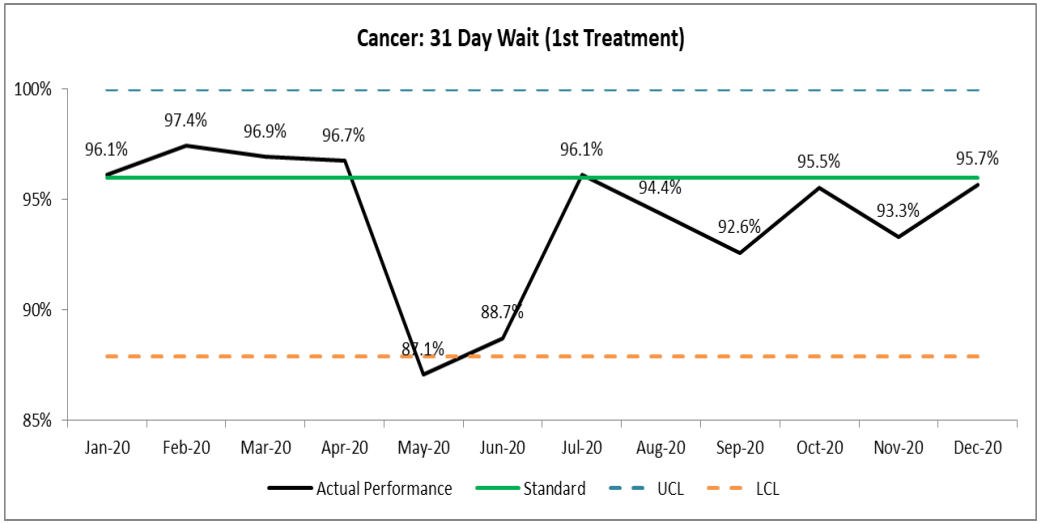
Performance Analysis

December performance at UHDB for 2 week wait Breast Symptomatic has decreased to 76.3%, being non-compliant against the standard of 96%.

The total number of patients seen this month by way of referral to Breast Symptomatic was 186 with 142 of those patients being seen within 2 weeks, resulting in 44 breaches.

Out of the 44 breaches 43 of the patients were seen within 21 days and 1 waiting up to 28 days. The majority of the breach reasons were due to outpatient capacity, with the remaining resulting in patient choice.

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



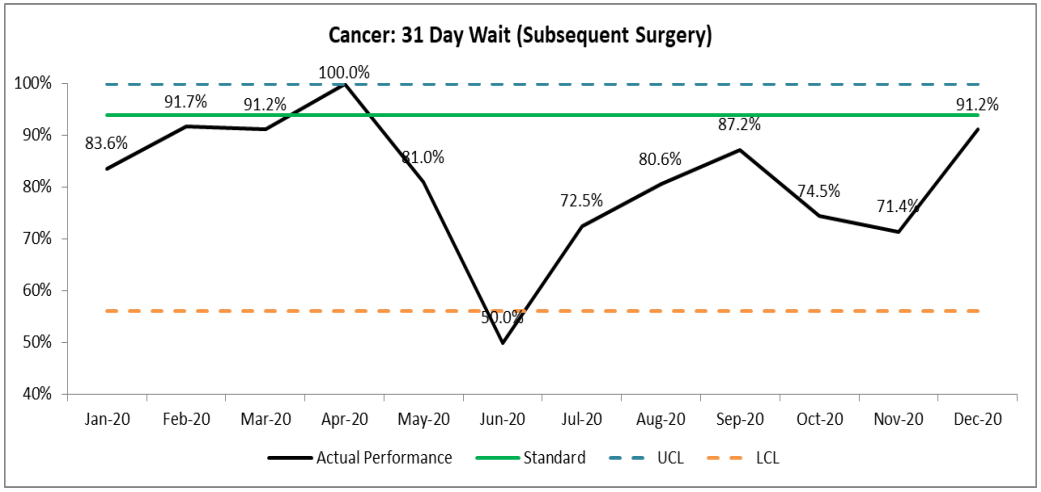
Performance Analysis

December performance at UHDB for 31 day from diagnosis to first treatment has improved slightly to 95.7%, being just below the standard of 96%.

There were a total number of 369 patients treated along this pathway with 353 of these patients being treated within 31 days, resulting in 16 breaches.

The 16 breaches occurred in Lower GI (2), Lung(1), Skin(2), Urology(10) and Other(1). The majority of the breach reasons were due to Elective Capacity with the remaining being due to Medical and Diagnostics.

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



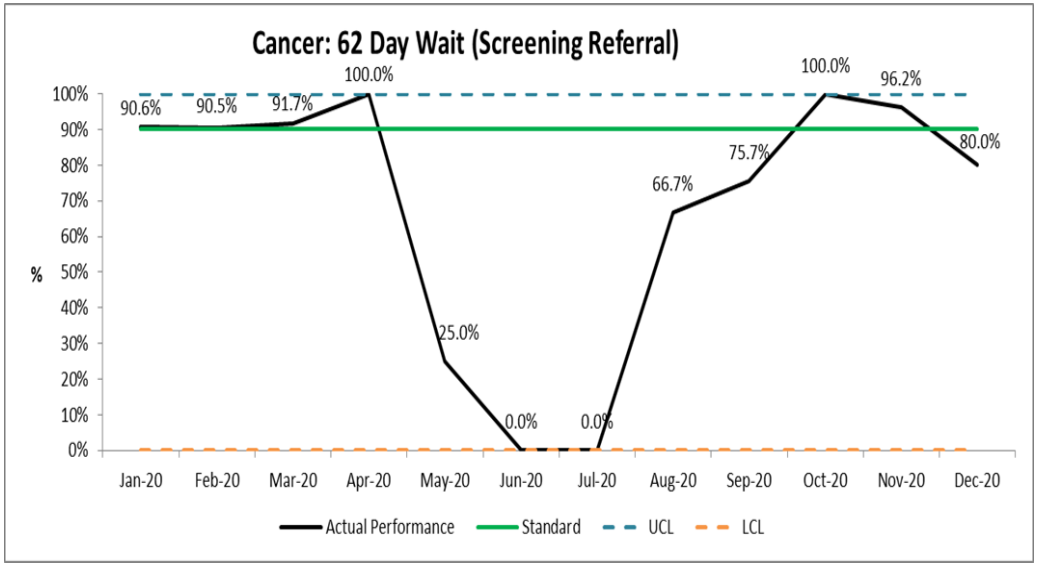
Performance Analysis

Performance of 31 day for Subsequent Surgery Treatment at UHDB in December has significantly increased to 91.2%, however it still remains non-compliant against the standard of 94%.

There were 34 patients who received subsequent surgery this month with 31 of those patients having surgery within the 31 day standard, resulting in 3 breaches.

The number of days the patients breached over were reported at 32, 42 and 47 days.

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



Performance Analysis – Screening Referral

62 day Screening performance in December at UHDB has reduced to 80.0% being non-compliant against the standard of 90%.

There were a total of 25 patients treated this month who were referred from a screening service with 20 patients seen within 62 days, resulting in 5 breaches.

The reasons for the delays include outpatient capacity and elective capacity.

Tumour Type	Total referrals seen during the period	Seen Within 62 days	Breaches of 62 Day Standard	% Performance
Breast	18	18	0	100.00%
Lower Gastrointestinal	7	2	5	28.57%
Totals	25	20	5	80.00%

Appendix

APPENDIX 1: 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-21	↓	71.3%	83.5%	31	A&E pilot site - not currently reporting 4 hour breaches				↓	81.6%	86.7%	57	↑	85.0%	94.2%	3	↓	68.4%	75.8%	8
		A&E 12 Hour Trolley Waits	0	Jan-21	↑	17	41	2	↓	8	9	1	↑	0	3	0	↑	1	8	2	↓	18	72	5
	DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Feb-20	↓	7.15%	5.91%	10	↑	4.13%	3.61%	2	↑	4.37%	3.18%	3	↑	5.29%	4.75%	9	↑	7.18%	4.49%	6
Planned Care	Referral to Treatment for non-urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-20	↓	59.0%	56.9%	40	↑	70.2%	65.0%	15	↑	81.4%	74.4%	11	↓	66.2%	70.9%	40	↓	58.8%	54.9%	35
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-20	↑	354	1672	12	↑	1722	5187	9	↑	386	1288	9	↑	598	2618	9	↑	2763	10250	32
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Dec-20	↑	55.89%	54.80%	10	↓	48.01%	51.66%	10	↑	23.41%	34.78%	10	↓	31.24%	41.09%	12	↑	51.29%	53.24%	18
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Dec-20	↓	94.6%	90.0%	0	↓	95.3%	92.6%	0	↓	94.4%	96.4%	0	↓	95.6%	96.3%	0	↑	91.5%	90.1%	5
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Dec-20	↓	76.3%	79.0%	7	↓	91.1%	95.1%	1	↑	94.8%	93.2%	0	↔	100.0%	100.0%	0	↔	N/A	N/A	0
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Dec-20	↑	96.0%	96.7%	0	↓	90.7%	93.2%	21	↑	95.6%	94.5%	9	↓	95.8%	92.8%	1	↓	94.9%	91.0%	1
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Dec-20	↑	100.0%	94.0%	0	↑	80.5%	79.4%	32	↓	88.2%	87.8%	1	↓	66.7%	81.5%	2	↔	100.0%	91.7%	0
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Dec-20	↔	100.0%	100.0%	0	↑	100.0%	99.2%	0	↓	99.5%	98.0%	0	↔	100.0%	96.8%	0	↔	100.0%	100.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Dec-20					↑	100.0%	94.0%	0	↑	99.2%	93.1%	0								
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Dec-20	↑	80.3%	66.0%	15	↑	76.4%	75.6%	9	↓	59.6%	63.0%	64	↓	69.2%	67.9%	12	↑	76.9%	60.4%	20
		First Treatment Administered - 104+ Day Waits	0	Dec-20	↔	0.5	20.0	4	↓	9.0	97.5	57	↑	20.5	170.5	57	↓	2.5	46.0	32	↓	1.5	46.0	20
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Dec-20	↓	71.4%	75.2%	1	↓	82.2%	61.0%	1	↓	72.7%	52.4%	1	↑	100.0%	56.5%	0	↑	100%	90.0%	0
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Dec-20	↑	77.8%	85.7%		↑	86.7%	87.9%		↑	86.7%	75.4%		↓	82.9%	89.3%		↓	68.3%	81.4%	
	Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2019/20 Q3	↔	0.0%	0.0%		↓	9.5%	7.5%		↓	2.3%	2.0%		↑	2.3%	3.2%		↓	2.9%	2.3%	
		Number of Urgent Operations cancelled for the 2nd time	0	Feb-20	↔	0	0		↔	0	0		↔	0	2		↔	0	0		↔	0	0	
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Feb-20	↑	13	393	11	↔	0	0	0	↔	0	0	0	↔	0	0	0	↔	0	6	0
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Dec-20	↔	0	2	0	↔	0	2	0	↔	0	2	0	↔	0	0	0	↔	0	2	0
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Dec-20	↔		21		↑		90		↓		126		↓		61		↓		39	
			Actual				6	0			65	0			82	0			25	0			15	0
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Dec-20	↑	0	85		↔	57	513		↑	42	394		↓	31	235		↓	18	138	
		Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Dec-20	↑	0	22		↓	23	167		↑	14	142		↑	5	66		↔	4	30	

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th March 2021

ITEM NO: 194

Report Title	CCG Risk Register Report at 28th February 2021
Author(s)	Rosalie Whitehead, Risk Management and Legal Assurance Manager
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	**Decision**	X	**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Clinical and Lay Commissioning Committee – 11.02.21 Primary Care Commissioning Committee – 24.02.2021 Quality and Performance Committee – 25.02.2021 Finance Committee – 25.02.2021				

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 the 28th February 2021;
- Appendix 2, which summarises the movement of all risks in February 2021;
- the change to the descriptions of risk 04 and risk 07 forming risk 04 (04A and 04B), owned by Primary Care Commissioning Committee;
- the increase in score for risk 11 relating to the financial position, owned by Finance Committee;
- the decrease in score for risk 25 relating to the deterioration in existing health conditions as a result of diagnosis of COVID-19, owned by Quality & Performance Committee;
- the new risk 33 relating to the risk to patients on waiting lists, owned by Quality & Performance Committee; and
- **APPROVE** the closure of risk 21 relating to the existing AQP CHC Care Homes Framework.

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 2021.

The RR is a live management document which enables the organisation to understand its comprehensive risk profile, and brings an awareness of the wider risk environment. All risks in the Risk Register are allocated to a Committee who review new and existing risks each month and agree removal of fully mitigated risks.

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

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

All members of staff are accountable for their own working practice, and have a responsibility to co-operate with managers in order to achieve the objectives of the CCG.

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

Not applicable to this update.

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

Not applicable to this update.

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

Not applicable to this update; however, addressing risks will impact positively across the organisation as a whole.

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

Not applicable to this update.

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

Not applicable to this update.

Have any Conflicts of Interest been identified/ actions taken?

Not applicable to this update.

Governing Body Assurance Framework

The risks highlighted in this report are linked to the Derby and Derbyshire CCG Board Assurance Framework.

Identification of Key Risks

The paper provides a summary of the very high scoring risks as at 28th February 2021 detailed in Appendix 1.

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEETING

RISK REPORT AS AT 28TH FEBRUARY 2021

1. INTRODUCTION

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

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

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

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

2. RISK PROFILE – FEBRUARY 2021

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

Risk Register as at 28th February 2021

Risk Profile	Very High (15-25)	High (8-12)	Moderate (4-6)	Low (1-3)	Total
Total number on Risk Register reported to GB for February	6	18	2	0	26
New Risks	1	0	0	0	1
Increased Risks	1	0	0	0	1
Decreased Risks	0	1	0	0	1
Closed Risks	1	0	0	0	1

Appendix 1 to the report details the full risk register for the CCG.

Appendix 2 to the report details all the risks for the CCG, the movement in score and the rationale for the movement.

3. COMMITTEES – FEBRUARY VERY HIGH RISKS OVERVIEW

3.1 Quality & Performance Committee

Three Quality & Performance risks are now rated as very high (15 to 25). This includes the new risk 33.

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

   The current risk score is 20.

   February update:

   - Urgent & Emergency Care (UEC) demand management programme of work is on-going; a bi-weekly system group review the UEC services and pathways to identify areas of improvement to decongest emergency departments.

   January performance:

   - CRH reported 89.8% (YTD 3.6%) and UHDB reported 68.6% (YTD 80.1%).
   - CRH - The Trust type 1 attendances were high during January and are now close to pre-COVID levels averaging 152 Type 1 attendances per day, not much less than the average of 201 attendances per day during January 2021.
   - Opel 2/3 status was declared through most of the month.
   - The acuity of the attendances is high, with 2,117 A&E attendances resulting in admission to either an assessment unit or a ward in January (36.9% of the Type 1 patients).
   - UHDB - The volume of type 1 patients were high, averaging at 442 attendances per day during January 2021. The daily average was lower than January 2020 (573) due to patients' reluctance to attend A&E during the pandemic; however the infection control measures required result in a longer turnaround time needed for patients. Measures include Red/Green streaming of patients, non-streaming of Paediatric patients or 111 patients and increased infection control procedures.
   - The acuity of the conditions presented is also high, with attendances classed as Major/Resus making up 76.1% of patients at Derby and 76.3% of patients at Burton.
   - COVID-19 preparations had an effect on the system with increased pressure on 111 services and emergency departments devoting physical capacity to isolation areas.

2. Risk 003: *TCP Unable to maintain and sustain performance, pace and change required to meet national TCP requirements. The Adult TCP is on a recovery trajectory and rated amber with confidence, whilst CYP TCP is rated green. The main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.*

   The current risk score is 20.

   February update:

   Current bed position:

   - CCG beds = 31 (target 17).
   - Adult Specialised Commissioning = 17 (target 14).
   - Children and Young People (CYP) specialised commissioning = 6 (target 7).
   - COVID-19 has impacted upon the discharge of TCP cohort due to providers not accepting patients due to staff shortages and / or symptomatic patients within discharge settings.
   - There have been a number of admissions into acute mental health beds which didn't have a Local Admission Emergency Protocol (LAEP) prior to admission. This was escalated to the Mental Health, Learning Disability & Autism Board on 4th February 2021. A Root Cause Analysis system wide review of Mental Health admissions without an LAEP is to be held on 26th February 2021 to identify any system failures or gaps.

3. New 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.

   February update:

   - Monthly reporting of progress against all work to control growth of waiting lists.
   - Two weekly task and finish groups with all 4 providers represented.
   - Completion of assurance framework has been undertaken by all providers and is being collated to go to Planned Care Delivery Board (PCDB) for discussion.
   - Identified harm has been reported on STEIS and all providers are monitoring this.

- All providers have completed the assurance framework and this is being collated to go back to the PCDB for discussion re further risk mitigations.

- Work is ongoing around Consultant Connect, MSK and Ophthalmology.

3.2 Primary Care Commissioning Committee – Very High Risks

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

The descriptions of risk 04 and risk 07 have changed to form risk 04 (04A and 04B). The change describes the potential risks and mitigations from a Contracting and Quality perspective in respect of delivering Primary Medical Services. Whilst elements of the risk and mitigations overlap for transparency, they are proposed to be divided into risks 04A relating to Contracting and 04B relating Quality. These changes were approved at Primary Care Commissioning Committee on 24th February 2021.

1. Risk 04 former risk description: *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*

   Proposed amended **Risk 04A,** formerly risk 04 (The red text denotes new narrative):

   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.

<u>February update:</u>

- There are no changes to the existing levels of risk for this month.
- A CCG letter and guidance was issued on 8th January 2021 which summarised the CCG position and support available to practices, locally, nationally and from the Derbyshire system. This included a comprehensive guidance document detailing all the available funding streams, income protections and additional resource available to our practices.
- NHSE/I issued a letter dated 7th January 2021 which recognises the pressure this puts practices and PCNs under and sets out the steps to be taken to free up practices to enable prioritisation of the COVID-19 vaccination programme.

2. <u>Risk 07 former risk description</u>: *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*

Proposed amended **Risk 04B**, formerly Risk 07 (The red text denotes new narrative):

Quality:

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

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

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

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

**Recruitment of GP Partners*

**Capacity and Demand*

**Access*

**Premises*

**New contractual arrangements*

**New Models of Care*

**Delivery of COVID vaccination programme*

The current risk score is 20.

February update:

- 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; and
    - 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 or emerging themes continues. Any actions from this will be addressed with individual practices as required. The reporting arrangement will be undertaken directly to PCCC.

3.3 Clinical and Lay Commissioning Committee – Very High Risks

One Clinical and Lay Commissioning Committee risk is rated as very high. This risk is recommended to be closed, detailed further in the report.

1. Risk 21: *Risk of the CCG not being able to enforce a standard rate of care, meaning costs may increase significantly as the CLCC have supported the decision to directly award a 12 month contract to the existing AQP CHC Care Homes Framework from 1st August 2020.*

   The current risk score is 16.

   February update:

   - The percentage of signed contracts is now 96%.

- In addition, work has commenced looking into care homes not yet signed up to the framework but who have agreed to accept the AQP rate.

3.4 Finance Committee – Very High Risks

One Finance Committee risk is rated very high, this as a result of in an increase in risk score agreed at the Finance Committee meeting held on 25th February 2021.

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 risk score increased from a high 12 (probability 3 x impact 4) to a very high 16 (probability 4 x impact 4) detailed further in the report.

   February update:

   - As at month 10 the CCG reported a year end forecast position of a £11.7m overspend of which £14.1m related to COVID costs and we expect a subsequent allocation to be received, which would leave a £2.4m surplus against a planned £33.9m deficit.

   - To date, the CCG has incurred COVID expenditure of £81.2m up to month 10, of which £27.8m relates to reclaimable COVID costs for months 7 to 10 and we expect a subsequent allocation to be received. The balance of £53.4 is either covered by H1 reclaimable COVID or the JUCD System H2 COVID allocation. The CCG had also received a further £6.9m of non-COVID top-up allocations up to month 6.

   - The Derbyshire NHS system had a gap of c.£43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners and we have, as a result of a much improved CCG position, been able to report that the system are forecasting a small surplus position (the value across the system could not be confirmed at the time of writing the report due to the Providers reporting time-table) with the CCGs £2.4m surplus. Work remains ongoing to monitor and manage this position, particularly in relation to where the risks are and how these can be mitigated.

4. FEBRUARY OVERVIEW

4.1 Increased risk since last month

One risk has increased in score.

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.*

   This risk has increased in score from a high score of 12 (probability 3 x impact 4) to a very high score of 16 (probability 4 x impact 4). This was approved at Finance Committee on 25th February 2021.

   The reason for the increase in score is the identified risk concerns the CCG having a sustainable financial position and whilst well placed to deliver the in-year position for 2020/21, a long term sustainable position is less clear. The CCG is working with system partners to understand the recurrent underlying position and early work suggests there is a considerable system financial challenge going into 2021/22.

4.2 Decreased risk since last month

One risk has been decreased in score.

1. Risk 025: *Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.*

   This risk, owned by Quality & Performance Committee, has been decreased in score from a high 12 (probability 4 x impact 3) to a high score of 9 (probability 3 x impact 3) and approved at their committee meeting held on 25th February 2021.

   The reason for the decrease in risk score to a 9 is in line with the target rating. This is due to the Post COVID Assessment Service being launched and embedded into system pathways.

   The Strategic Clinical Conditions & Pathways Team (SCCP) are monitoring the impact of services and patient outcomes hence the risk remaining on the register.

4.3 New risk since last month

One new risk has been added to the risk register. This was approved at Quality & Performance Committee held on 25th February 2021.

1. 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.*

This risk has been scored at a very high 16 (probability 4 x impact 4).

4.4 Closed risk since last month

One risk is proposed to be closed. This proposed closure was approved at the Clinical and Lay Commissioning meeting held on 11th February 2021.

1. Risk 21: *Risk of the CCG not being able to enforce a standard rate of care, meaning costs may increase significantly as the CLCC have supported the decision to directly award a 12 month contract to the existing AQP CHC Care Homes Framework from 1st August 2020.*

   This risk is recommended to be closed based on 96% of the providers to date signing and returning their contract. This means that the CCG has been able to implement the standard AQP tariff to the majority of providers, therefore reducing the financial pressure should the homes have refused the contract and charged increasing rates for the placements.

6. RECOMMENDATION

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

- The Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 28th February 2021;
- Appendix 2 which summarises the movement of all risks in February 2021;
- The change to the descriptions of risk 04 and risk 07 forming risk 04 (04A and 04B), owned by Primary Care Commissioning Committee;
- The increase in score for risk 11 relating to the financial position, owned by Finance Committee;
- The decrease in score for risk 25 relating to the deterioration in existing health conditions as a result of diagnosis of COVID, owned by Quality & Performance Committee;
- The new risk 33 relating to the risk to patients on waiting lists, owned by Quality & Performance Committee; and
- **APPROVE** the closure of risk 21 relating to the existing AQP CHC Care Homes Framework.

Appendix 1 - Derby and Derbyshire CCG Risk Register - as at February 2021

NHS Derby & Derbyshire Clinical Commissioning Group

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
01	20/21	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. - Urgent & Emergency Care (UEC) demand management programme of work is on-going - a bi-weekly system group review UEC services/pathways to identify areas of improvement to decongest our EDs.	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.	January 2021 performance CRH reported 89.8% (YTD 3.6%) and UHDB reported 68.6% (YTD 80.1%). CRH - The Trust type 1 attendances were high during January and are now close to pre-COVID levels averaging 152 Type 1 attendances per day, not much less than the average of 201 attendances per day during January 2021. Opel 2/3 status was declared through most of the month. The acuity of the attendances is high, with 2,117 A&E attendances resulting in admission to either an assessment unit or a ward in January (36.9% of the Type 1 patients). UHDB - The volume of Type 1 patients were high, averaging at 442 attendances per day during January 2021. The daily average was lower than January 2020 (573) due to patients' reluctance to attend A&E during the pandemic, however the infection control measures required result in a longer turnaround time needed for patients . Measures include Red/Green streaming of patients, non-streaming of Paediatric patients or 111 patients and increased infection control procedures. The acuity of the conditions presented is also high, with attendances classed as Major/Resus making up 76.1% of patients at Derby and 76.3% of patients at Burton. COVID-19 preparations had an effect on the system with increased pressure on 111 services and ED departments diverting physical capacity to isolation areas.	5	4	20	5	4	20	3	3	9	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Zara Jones Executive Director of Commissioning Operations Jackie Carlile Catherine Bainbridge; Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations
02	20/21	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.	20.07.20 - The CCG now has 9 DoL authorised by the court of protection with a further 2 submitted and 1 reapplication as the authorisation expires next month. On 18th July HM Government announced that the implementation of LPS which replaces the current DoL legislation has been deferred until April 2022. There will be a further 12 week public consultation before the Code of Practice is finalised. The CCG will continue to send applications for authorisation of DoL under the current legal framework and continue to scope the numbers of CHC cases that LPS will potentially apply to. Risk rating to remain the same. 14.09.20 No further update to be added. 19.10.20 No change to risk this month. 08.12.20 No update to add this month, mitigations remain the same. January 2021. There is a current back log of Re X applications. February 2021: No change to the position for February.	3	4	12	3	4	12	3	3	9	October 2021	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Brigid Stacey - Chief Nursing Officer	Bill Nicol, Head of Adult Safeguarding Michelle Grant, Designated Nurse Safeguarding Adults/MCA Lead
03	20/21	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 DH/FT 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 DH/FT 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 DH/cFT 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 = 31 (target 17) Adult Specialised Commissioning = 17 (target 14) Children and Young People (CYP) specialised commissioning = 6 (target 7) COVID19 has impacted upon cohort. This has had an impact on discharge planning as providers are not accepting patients, and/or providers are COVID positive delaying discharge. This has also impacted on individuals on the dynamic risk register who require/may require admission. There have been a number of admissions into acute mental health beds which didn't have a LAEP prior to admission. This was escalated to the MH, LD & A Board on the 04/02/21. Root Cause Analysis - system wide review of Mental Health admissions without an LAEP to be held on the 26/02/21 to identify any system failures or gaps.	5	4	20	5	4	20	2	3	6	tbc	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Brigid Stacey - Chief Nursing Officer	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A (formerly risk 04)	20/21	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: CCG 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(gp 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.	13.07.20 Practices have reviewed and updated Business Continuity Plans in respect of potential COVID-19 outbreaks for GP staff. Practices have implemented NHSE Standard Operating Procedure for COVID-19 which includes the national guidance on the use of PPE and infection control. Primary Care Team continues to support practices with any issues with PPE supply linked to the national portal and LRF. Practices are being reimbursed for COVID related costs from COVID allocation. 11.09.20 No update to add, risk remains the same. 19.10.20 Increasing COVID-19 activity in primary care. National portal now live for practice orders for PPE. From 1 October 2020, CCG continuing to reimburse additional cleaning costs and also COVID19 absence in practices where backfill is required for face to face appointments and roles. OPEL reporting being developed for primary care. Winter plan submitted for additional resource to support red hubs / activity. Risk remains the same and will be reviewed at PCCC on 28th October 2020 9.11.20 Letter from NHSE/I to outline draft enhanced service for COVID vaccine. In addition, £1.3million funding allocated to the CCG to support General Practice in additional capacity which will also support COVID vaccine rollout. Practice outbreaks are starting to be seen with business continuity plans enacted. Risk mitigated through the additional staffing to cover COVID absence. December - There are no changes to the existing levels of risk for this month. The pressures on Primary Care and General Practice remain the same along with the challenges of COVID-19 vaccine programme and whilst there are mitigations around the additional funding for general practice the risks remain the same as reported in November 2020. February 2021 - There are no changes to the existing levels of risk for this month. CCG letter and guidance issued 8th January 2021 which summarised the CCG position and support available to practices, locally, nationally and from the Derbyshire system. This included a comprehensive guidance document detailing all the available funding streams, income protections and additional resource available to our practices. NHS E/I issued a letter dated 7th January 2021 which recognises the pressure this puts practices and PCNs under and sets out the steps to be taken to free up practices to enable prioritisation of the Covid-19 vaccination programme.	4	4	16	4	4	16	4	3	12	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Dr Steve Lloyd - Medical Director	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
04B (formerly Risk 07)	20/21	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	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 Committee: 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) process - 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 (April 2020) to DCCG Commissioned Primary Care Contracts, to maintain and support the delivery of continuous quality improvement in Primary Care.	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.	13.07.20 Risk maintained, PCCC meetings suspended due to Business Continuity level 4, will be reviewed at August meeting. 11.09.20 No update to add, risk remains the same. 17.10.2020 Risk remains the same due to existing and increasing pressure on general practice due to COVID19 15/11/2020 Risk remains the same, there is no reduction of the pressures experienced by general practice and potential of increased pressure due to the PCN ES December - There are no changes to the existing levels of risk for this month. The pressures on Primary Care and General Practice remain the same along with the challenges of COVID-19 vaccine programme and whilst there are mitigations around the additional funding for general practice the risks remain the same as reported in November 2020. • 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; • DH1U 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	4	5	20	4	5	20	4	4	16	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Dr Steve Lloyd - Medical Director	Marie Scouse, Assistant Director of Nursing & Quality - Primary Care Judy Derricott, Head of Primary Care Quality
05	20/21	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 DH/CFT 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 DH/CFT 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 .	Now resuming CAMHs review which was paused due to COVID 19. JUCD has restarted an action to review the Neurodevelopment pathway. Waiting times for assessment causing issues in community paediatrics ,UHBD Psychology and CRH CAHMS who provide the services. Working with SEND we intend to tackle rising numbers of inappropriate referrals (28%) and total referrals which are higher than prevalence rates would suggest is appropriate. SEND written statement of action requirement to address this . Next stage is with parents and schools to join the working group. The new Building Sound Minds targeted intervention service went live in September19and will help with Mental Health referrals and divert from CAHMS. Plan to reduce wait times at CRH for CAHMS being progressed with additional funding received from national transformation budget. COVID 19 has had an impact and financial resource has not been allocated pending a return to normative contractual and financial arrangements. Changing Lives, the Mental Health Support Team in schools programme, has recruited 16 education mental health practitioners (EMHPs) who will begin their training in January 2020, and have started to recruit more senior posts. some direct work in schools will begin from April, with increasing frequency towards full implementation in January 2021 when the 16 EMHPs will have completed their training. Further funding has been confirmed by NHSE&I. Options on delivery and Procurement will be presented by September. The Pandemic has resulted in the schools offer being changed to a digital arrangement at present. DDCCG commissioned additional resource utilising COVAD funding to make available digital support and this now requires evaluation and options for the future. Adult IAPT has been impacted with DH/CFT closed to new referrals and other providers providing only on line , this is now changed with DH/cFT resuming referrals . Plans for face to face being taken forward. An increase of approximately 7.5% across all MH conditions is expected as a consequence of COVID. This translates as a probable 5% increase in IAPT activity which is being planed for in financial forecasting and provider plans. August update: National briefings suggest significant resource allocation in 2021 for delivery of national service model of community delivery. Plans for start of pilot in High Peak presented to MHSDB.Covid 19 has increased wait times for services. Increased resources put in place and increased use of digital platforms being seen. CHAM stage 2 report to JUCDC in October . Staff recruitment of qualified staff is anticipated to be a national issue as demand from new service development resumes in recovery and restoration. utilising whole workforce mix is being promoted by NHSE&I and utilisation of third sector in support of primary care and crisis care pathways is being taken forward in our plans. Webinars from NHSE&I suggest transformation funding will be provided in support. September update-CYP analysis shows likelihood of CCG reaching access target for CYP and there is sufficient capacity to meet demand as CYP return. CAHMS wait times have gone up due to COVID restrictions but waiting list ahs been going down as referrals have decreased during school closure. Digital offer is being utilised and to be extended. recruitment to pilot site staff for integrated community acre is underway and MH commissioners have started the work with PIN and Place on The MHF implications. October update remains as September. Neurodevelopment pathway has been partially closed with long waits for psychology at UHDB at over 52 weeks. JUCD agreed system workshop to identify options for early help to reduce inappropriate demand. Plans to come to be produced for December. November update JUCD workshop on 11 November to take graduated /early help// offer (demand reduction)forwards. Plan of interim arrangements coming to CCG committees November -December to manage existing waiting lists. Paper to December GB and update January 21. January update . ND pathway reopened in January. 2 workshops held across system to look at reducing demand for diagnosis through early help in SEND. Paper to CLCC in February following review in mental health system Delivery Board in January recommending action for reducing existing waiting lists with further paper to JUCD to discuss additional as yet unfunded option. CAHMS waits beginning to drop and access has remained high due to digital options and targeted services . ND pathway suggested to be separated as a separate system Risk . FEBRUARY UPDATE .CLCC approved plan to address 22%of the waiting list .The SEND board has undertaken workshops on demand management and further work is being undertaken as a system. CAHMS wait times have risen in Pandemic although through the use of targeted services the DDCCG has met the KPI to increase access. Plans to support reductions in internal waits for CBT through independent sector digital NHS approved options have been made to CYP commissioners and are to be considered .	4	3	12	4	3	12	3	3	9	Sept 21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Zara Jones Executive Director of Commissioning Operations	Dave Gardiner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
06	20/21	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 DH/CFT 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 DH/CFT 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 DH/cFT 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. Number of beds used has dropped to 11 below 14 planned. However this is unlikely to be sustained given Lock down and there is a seasonal variation. However underlying trend is going in right direction . Soft market testing identified providers close to Derbyshire that may be able to meet regulator requirements for" in areas" provision and options for procurement will be taken to Governing Body for December 2020. Paper to December GB and update January 21. January Update Picu bed use has risen to 14 below higher than last month but below previous highs . Procurement paper approved by CLCC and work underway.COVID-19 infections on wards continues to impact on bed availability and ability to repatriate quickly . February update . PICU use has stabilised and Acute bed closures from COVID has reduced this month. Procurement process is underway. Plans for DH/CFT estate developments being taken forwards and a Derbyshire PICU on Kingsway site for 12 male beds will be(subject to consent process) constructed as part of these capital developments.	3	3	9	3	3	9	2	3	6	April 21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Zara Jones Executive Director of Commissioning Operations	Dave Gardiner 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			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						
09	20/21	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.	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.	09.12.20 Draft documents produced by NECS which, while not yet providing the number, allow insight into their internal processes. This in turn allows the CCG to better understand how NECS would react to certain cyber security incidents, to question and seek clarification where required, but provides a basis upon which we can start to be assured that appropriate tracking is taking place and what action would be taken. These documents are currently being considered prior to the next Contract Management Board and indicate the start of an active discussion around this topic. Regarding the Microsoft Office 365 risk - a weekly task & finish group meets to discuss national changes, develop policies and programmes for the deployment of Microsoft Office 365 and work with GP Practices and CCG colleagues to begin piloting within a controlled environment. We also speak directly to the national team where there are national policy failings such as around the issue of locums and other temporary members of staff. 18.01.21 CORS Report - a follow-up meeting was held with NECS to review the document they have provided. NECS are to review and share their CyberEssentials documentation so that we can review; NECS are to share the statistics included in their board report which indicates some of the requested metrics across the whole NECS system. NECS are going to meet with NHS Cyber Security team to review the use of nationally procured assurance tools to give independent assurance of the security of their network. Also a recommendation regarding the procurement of Cisco ISE for end point security and preventing the plugging in of unauthorised third party devices into the clinical network. Office 365 - meeting held between the Derbyshire Heads of IT across health and social care with NHS England & NHS Improvement and NHS Digital regarding constraints in using the system across LAs and NHS. Derbyshire colleagues to provide NHSD with evidence of current issues relating to sharing of information, random removal of participants, inability to include VSO and other third parties in MS Teams and support being offered by central NHS Mail helpdesk. 15.02.21 - Additional information has been provided by NECS regarding the CORS report which is in the process of being reviewed prior to a follow-up meeting. Work is ongoing regarding the CORS action plan with the only outstanding element from the digital perspective being the creation of an overarching policy for the management of third party suppliers and digital expectations of any suppliers relating to DS&PT or other assurances. I have been notified by NECS that they have an active dialogue in place now with the NHS Digital Cyber Security team and following suggestions which the CCG has made, are looking to link in with some of NHS Digital's national monitoring tools so that the CCG has sight of third-party and independent reports relating to the infrastructure and potential vulnerabilities. A proposal has been received from NECS for the procurement of the necessary licences, hardware and support for the Cisco ISE system and it is expected this will be in place before the end of the financial year, depending upon the availability of engineering resources and disruption to service. The first stage of the Microsoft Office 365 pilot has been successful in both GP and Corporate estates. This now moves onto the second stage with further piloting for up to two weeks followed by full deployment onto the CCG estate through the self-service portal. Deployment to GP Practices will be subject to negotiation with the project team.	2	4	8	2	4	8	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-21	Mar-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	20/21	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	• Business Continuity Plan, approved at September 2019 Governance Committee, now updated as part of pandemic response to include escalation levels aligned to NHSE escalation levels approved by Governance Committee 17th March 2020. • Full compliance achieved to EPRR Core Standards 2019. Provider letters issued confirming any actions required. • EU exit planning in place across Derbyshire (STP) with the support from the National team in line with the Operational Readiness Guidance, which was issued early in the year. Links made with Operational Resilience Group to draw in Derbyshire health and care partners to planning and updates. On-call staff updated and support process in place should 7-day reporting be required. On-call forums scheduled throughout the year, sharing experiences and best practice and providing material for On-call Pack updates. •Accountable Emergency Office and Deputy AEO attended EU Exit conference 17th September 2019, to gain assurance on EU Exit assurance Nationally and preparations for SitREP Reporting commencing daily from 21st October 19 7 days a week. Assurance templates have been completed and submitted to NHSEI and via the Local Resilience Forum. Derbyshire Providers and CCG System Wide EU Escalation Plan developed and circulated to ensure consistency in escalation of EU Exit related issues. •CCG stands in readiness for next steps relating to Brexit preparedness as and when further developments occur. The CCG has its own cell comprising key functions and is linked to the Operational Resilience Group, the LHRP and the LRF. •Review of Business Impact Assessments have been undertaken. •Two table top exercises held on December 18th 2019. These tested IT System disruption and Fuel Shortage post EU Exit • The CCG tabled an agenda item for the January meeting of the Local Health Resilience Partnership (LHRP) to run a Derbyshire wide health focussed exercise. Initial work was undertaken but was stood down due to Pandemic. • The CCG introduced a four tier system of alert to demonstrate a clear message to staff and partner organisations • The CCG has participated in the Derbyshire-wide response to the COVID pandemic. An Incident Control Centre was established and remains in place to manage COVID-related communications. A number of processes were established as a result of this including the establishment of the System Escalation Cell comprising of system executives meeting daily to manage the pandemic. CCG executives were involved in national discussions relating to the pandemic. The organisation stood down usual business to focus on the response and has recently de-escalated to Level 3 of our Business Continuity Plan, •CCG and Derbyshire Provide Annual Assurance 20/21/ lessons learnt during first wave of COVID -19 and preparedness for Winter Planning process currently being undertaken, deadline for submission to NHSE is 31st October 2020. •CCG is working with members of SEC to design a Derbyshire wide system escalation process to enable swift and collective action regarding winter pressures and other key issues including EU Exit. • The CCG submitted the annual EPRR response for the National Core Standards to NHSE for itself and Derbyshire Provider organisations ahead of the deadline of 31 October 2020. The results showed a positive approach across all organisations in relation to response, evaluation and preparedness for winter pressures. Attended the End of Transition webinar where actions undertaken by NHSEI workstreams were shared and organisational actions recommended, and the CCG is currently working through those. Future webinars are planned and the CCG EU Exit team will be in attendance. Due to the uncertainty around EU End of Transition and what will transpire the probability is recommended to increase from 2 to 3 • The CCG is working with Provider organisations to identify any supplier contracts in place that fall outside national provisions ahead of EU Exit • CCG is complying with NHSEI request to submit a daily EU Exit Transition return via the NHSEI Data Collection Portal • CCG is undertaking a review of its functions to determine how best to support the COVID-19 vaccine roll out with CCG staff The risk score has been reduced due to our Business Continuity arrangement being enacted and embedded over the past year and the further development of strengthened partnership working both with health colleagues and other key stakeholders. 05.02.21 Updated Business Continuity Plan, Policy and EPRR Policy Statement was approved by January Governance Committee.	2	4	8	2	4	8	2	2	4	January 2021	Links to Strategic Aims 3, 4	Feb-21	Mar-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager
11	20/21	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 uniqueness of this financial year it remains unclear what the impact on the CCG of failure to live within agreed resources for the 2020/21 financial year would be.	Reports taken monthly to Finance Committee where financial performance to scrutinised and challenged. Non-ISFE return to NHSEI monthly with scrutiny and challenge Utilisation of I&E reporting to enable intelligent decision making for the system to limit expenditure to available resource. As at M10 the CCG reported a year end forecast position of a £11.7 overspend of which £14.1m related to Covid costs and we expect a subsequent allocation to be received, which would leave a £2.4m surplus against a planned £33.9m deficit. To date the CCG has incurred Covid expenditure of £81.2m up to M10, of which £27.8m relates to reclaimable Covid costs for M7-10 and we expect a subsequent allocation to be received. The balance of £53.4 is either covered by H1 reclaimable Covid or the JUCD System H2 Covid allocation. The CCG had also received a further £6.9m of non-Covid top-up allocations up to M6. The Derbyshire NHS system had a gap of c.£43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners and we have, as a result of a much improved CCG position been able to report that the system are forecasting a small surplus position (the value across the system could not be confirmed at the time of writing the report due to the Providers reporting time-table) with the CCGs £2.4m surplus. Work remains ongoing to monitor and manage this position, particularly in relation to where the risks are and how these can be mitigated. However the identified risk concerns the CCG having a sustainable financial position and while we are well placed to deliver the in-year position for 2020/21 a long term sustainable is less clear. The CCG is working with system partners to understand the recurrent underlying position and early work suggests there is a considerable system financial challenge going into 2021/22.	3	4	12	4	4	16	2	3	6	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Richard Chapman, Chief Finance Officer	Darran Green- Assistant Chief Finance Officer
12	20/21	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	• 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. 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.	3	3	9	3	3	9	2	3	6	September 2020	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	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
14	20/21	On-going non-compliance of completion of initial health assessments (IHA's) within statutory timescales for children in care due to the increasing numbers of children/young people entering the care system. This may have an impact on children in care not receiving their initial health assessment as per the statutory framework.	Quality and Performance	Corporate	5	3	15	Development of a new CIC Collaborative Operational Meeting in Derbyshire (March 2020) - meet on a - bi monthly basis - which continues to review the statutory IHA pathway and which works & delivers from a multi agency perspective (Health - CCG Designated Nurse & Doctor for CIC - CRH FT - DCHS FT and the LA - DCC), in order to address the IHA compliance issues and improve compliance (the reasons for non compliance are multi faceted and complex because of the nature and complexity of children and young people who are placed in care and this is why there has not been a speedy resolution to this risk. 'Back Stories' of all CIC who are not bought for their IHA within the 20 day statutory period are being collated by health and social care). The CIC Collaborative Operational Meeting has a RAG Rated Work plan in place and IHA Compliance is included within said work plan and will be reviewed at every meeting for progress. Brigid Stacey Chief Nurse and Laura Moore Deputy Chief Nurse are fully appraised of the current situation and ongoing extensive work & risk & Chris Clayton CEO of DDCCG has sent a letter of assurance to Steve Atkinson Independent Chair of the Safeguarding Children Partnership (In August 2020) to confirm that the CCG and the Derbyshire Health provider are doing everything they can possibly do to improve IHA timeliness issues for Derbyshire & City CIC. January 2021 Update - November 2020 IHA performance by CRH FT CIC Health Team stood at 45%. This data indicates that the timeliness percentage rate of the IHA's could have been at 100% because 11 identified breaches were out of the control of CRH FT (being LA breaches). Combined percentage average for October & November 2020 therefore stands at 57.5 % (currently awaiting December 2020 compliance data which will complete Q3 2020/2021). February 2021 Update - December 2020 – IHA Performance – 45 % compliance (11 breaches - 8 health – 3 LA). Health breaching caused by sickness within the CIC Administration Team at CRH FT. Overall compliance for Q3 = 53.33% (Q1 = 63.33% & Q2 = 62.33%) – CRH FT Data.. During 2020/2021 according to CRH FT Heath Data - the overall IHA performance had increased from recent previous years but has slowly declined, month on month, throughout Q1 63.33% – Q2 62.33% – Q3 53.33% of 2020/2021. Assurance is given that ongoing, extensive work remains in place from a multi-agency perspective in order to address the myriad of complex issues associated with timely IHA delivery & RHA delivery and that despite this extensive work, statutory delivery data for Derbyshire, remains on a stubbornly slow, upward trajectory compared to recent years performance/compliance rates (apart from Q2 2020/2021, down by 1% on Q1, which was impacted by sheer numbers of CIC coming into care and this causing IHA clinic availability issues in August 2020 & LA administrative issues & Q3 2020/2021, down by 10 %, on Q1, caused by health administrative sickness issues, & LA IHA refusals (one CIC refusal and one CIC MH issue) and one LA booking of IHA out of timescale – CRH FT Data It also has to be noted that the Covid-19 pandemic continues to impact on IHA/RHA delivery within Derbyshire and also externally, due to health & LA staff sickness issues and the redeployment of some external CIC provider health teams. This is likely to continue to impact for the foreseeable future.	Completion of Multi-agency IHA Action Plan. Increasing numbers of children/young people entering care & increasing numbers of Derbyshire CIC being placed externally by the Local Authority has been acknowledged at Derbyshire Corporate Parenting Board. The Designated Nurse CIC has highlighted the risk of external health provision (of IHA's & RHA's) being the responsibility of the external health provider and not with CRHFT or DDCCG (as stated by NHSE). Ongoing, sustained, multi-agency compliance with timescale pathway. Monthly and quarterly analysis of IHA performance continues at this time by CRH FT CIC health provider and Designated CIC Professionals on behalf of the CCG. 'Finer IHA Data' performance data has been requested by Laura Moore Deputy Chief Nurse for quarterly reporting purposes going forwards - awaited from CRH FT at this time. Review and Monitoring of the whole pathway/process via RAG Rated Action Plan (via new multi-agency meeting - CIC Collaborative Operation Meeting - which meets on a bi monthly basis - next meeting is due on 14/09/2020). Recently reviewed by Derbyshire Corporate Parenting Board on the 08/09/2020 & the DDCCG Safeguarding Assurance Committee on 09/09/2020. Will be reviewed again at CPB on 24/11/2020. Monthly review of figures/data from CRH FT & Quarterly Reporting of IHA progress by the Designated Nurse CIC (Derbyshire). Designated Doctor CIC (Derbyshire) remains responsible for IHA Quality Assurance and for liaison with external health providers who are identified to be providing late IHA's consistently. Performance of external health providers/CCG's delivering untimely IHA's (for Derbyshire Children placed externally outside of Derbyshire) remains the responsibility & risk of external health providers; to ensure that they are adhering to Statutory Guidance, as defined in Promoting the Health & Wellbeing of Looked After Children - March 2015) & as highlighted by NHSE. January 2021 Update - November 2020 IHA performance by CRH FT CIC Health Team stood at 45%. This data indicates that the timeliness percentage rate of the IHA's could have been at 100% because 11 identified breaches were out of the control of CRH FT (being LA breaches). Combined percentage average for October & November 2020 therefore stands at 57.5 % (currently awaiting December 2020 compliance data which will complete Q3 2020/2021). February 2021 Update - December 2020 – IHA Performance – 45 % compliance (11 breaches - 8 health – 3 LA). Health breaching caused by sickness within the CIC Administration Team at CRH FT. 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This is likely to continue to impact for the foreseeable future. Numbers of CIC also continue to rise substantially within Derbyshire (DCC Data - Jan 20 849 – Dec 2020 896 = 5.53% Increase (Jan – Dec 20), also a rise in numbers of external CIC being placed within Derbyshire (DCC Data Dec 2020 679 Overall = 5.43 % increase since Jan 2020), which also adds additional extra pressure to the existing health provider IHA/RHA clinic capacity (because health has a responsibility for all CIC, wherever they are from and all CIC are treated equally). And most importantly Derbyshire CIC continue to be placed out of area (DCC Data Jan 20 – 318 - Dec 2020 - 384 = 20.7% increase), which again impacts on the DDCCG/CRH FT health providers ability to influence the timeliness of external health provision that these CIC receive, when placed out of area because externally placed CIC remain the responsibility of the external CCG/Provider, to receive timely health assessments. The risk score, remains the same at the current time (this is because there has been another decrease in IHA compliance (in December 2020 Data) – the same overall percentage figure as November 2020 data) by the Local Authority (DCC) – and by the CIC Health Provider – (CRH FT). Q3 2020/2021 IHA Reporting is now completed and compliance has reduced, since Q1 & Q2. Extensive ongoing work continues from a multi-agency perspective, with ongoing overview & review of a number of very complex issue's associated with IHA compliance; including ongoing review of individual breach reporting.	4	3	12	4	3	12	3	1	3	March 2021	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Brigid Stacey - Chief Nursing Officer	Alison Robinson, Designated Nurse for Looked After Children
16	20/21	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. CCG Communications and Engagement Strategy to be written Q2/3 2019/20 has been delayed. The strategy will set out engagement elements of commissioning and transformation 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. No update to add for October November update - S14Z2 form is now going to the QEIA panel and therefore the probability rating was reduced to 2 and the overall score is now 8. 11.01.21 Ongoing programme of Derbyshire Dialogue sessions, now covered COVID update, mental health, primary care, cancer, urgent and emergency services, with NHS 111 session planned for 21 January 2021. No update for February 21	2	4	8	2	4	8	2	3	6	31.03.21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Sean Thornton Assistant Director Communications and Engagement
17	20/21	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 Investment is being made in additional case managers via CSU , re-introducing the S117 work stream under the MHDB to enhance the oversight will also help. 13.10.2020 Case Manager service proposal has been updated and is to be agreed and added to contracts with a view to commencing in January 2021. Discussions are ongoing with the provider about delivering the service with an anticipated mobilisation from January 2021, risk rating to remain the same and there is nothing further to update in terms of the narrative. 12.11.20 The Case Managers have not started as yet, the Service Specification in question has been returned to the CSU for amendment - Speaking with the CSU today an amended Service Specification returns to the CCG in the very near future, Case Managers to be in post Q4 20-21 subject to CCG approval of amended Specification 03.12.20 New CSU Spec returned to CCG Directors 27.11.20, this is understood to be with CCG Finance Directorate at present. If accepted in the near future then the Service would be going live Q1 21-22 with savings to follow Q1 onwards 11.01.21 Spec has been agreed by CCG Directors, posts now out for recruitment with MLCSU 05.02.21 Recruitment ongoing, remains on track for commencement Q1 21-22	3	3	9	3	3	9	2	2	4	tbc	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Zara Jones, Executive Director of Commissioning Operations	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance
20	20/21	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.	15.07.20 update: This risk is still open, and valid for 20/21, the files are currently being collated and this is actively being worked on. Work was paused with the COVID 19 pandemic. Progress is now underway. 12.08.20 The files from Toll Bar House have now been relocated to Cardinal Square. To reduce the transmission of Covid-19 and mitigate health and safety risks, the majority of our staff are continuing to work from home. As the review and weeding of the hard copy HR files requires a physical presence in the workplace, this aspect of the project has been temporarily paused. 14.09.20 Project still paused due to staff working from home. 13.11.20 No further update due to home working December - No further update due to continued home working. January - No change due to continued home working. February - No change due to continued home working, paused.	3	3	9	3	3	9	1	2	2	Dec-20	Links to Strategic Aim 4	Feb-21	Mar-21	Beverley Smith, Director of Corporate Strategy & Development	Sam Robinson, Service Development Manager
21	20/21	Risk of the CCG not being able to enforce a standard rate of care meaning costs may increase significantly as the CLCC have supported the decision to directly award a 12 month contract to the existing AQP CHC Care Homes Framework from 1st August 2020. .	Clinical and Lay Commissioning	Quality	4	4	16	*12 month direct award which will provide time to understand the market and support development of a robust approach to the different sectors within the care home market *Good engagement with care Homes *Data that provides where the activity and financial pressures are *CCG staff that understand the care home sector and the pressures related to it	* Clear communication with the existing AQP providers of the CLCC decision and implications over the next 12 months * Clear communication of the next steps in terms of the wider review * Review of the Care Home AQP tariff from April 2020 to maintain engagement from existing providers * Scoping to identify the 'specialist' care homes who are less well known and managed and are used predominantly on spot purchase placements * Exploration of relatively new contracting methods such as a DPS which can help to manage a well populated market * Continued work with Local Authorities and CQC to develop a Derby and Derbyshire approach, whilst understanding how other areas regionally and nationally operate * CLCC paper scheduled for September 2020 with outcomes of the review and proposed contracting and service intentions	AQP Care Home Providers advised of further 12 month extension to contract. Analysis already underway to understand the benefits of a Dynamic Purchasing System (DPS) system in terms of market management and cost saving. CLCC decision to issue a 12-month Direct award to extend current provision approved Paper has been to the Executive Team and CLCC in September and in terms of Care Homes for Older Adults the proposal to develop and implement a Preferred Provider List (linked to a tariff) from August 1st has been approved. Planning is already underway. 05.11.20 Signed contracts have now increased and are currently up to 86%. December - No further update, mitigations remain the same. January update: The % signed contracts is at 96%. In addition, work has commenced looking at care homes not yet signed up to the framework but who have agreed to accept the AQP rate. RISK RECOMMENDED TO BE CLOSED AT FEBRUARY CLCC MEETING	4	4	16	4	4	16	3	3	9	Sept 2021	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Brigid Stacey, Chief Nursing Officer	Debbie Fairholme, Head of Clinical Quality, Kathryn Brown, Senior Contracting Manager

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 identity 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
22	20/21	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).	All staff have the use of Microsoft Teams video conferencing on their remote device. This application has been rolled out throughout the NHS in England, This enables face to face meetings to take place and encourage interaction between colleagues and good working relationships. 13.11.20 Action taken to increase social connectivity amongst staff within the CCG, including 'social buddying', virtual interest groups, virtual team time. Promotion of winter wellbeing messages and tips on maintaining mental health. December - No further update to add, mitigations remain the same. 14.1.21 - The further period of UK lockdown has necessitated a review of staff working from a CCG base and resulted in a reduction in the number of staff allowed to work from the office for health & wellbeing reasons. The CCG has re-emphasised the commitments to staff made during the first lockdown and required line managers to conduct further wellbeing checks with members of their team. A reminder of the support available for staff has been communicated along with sources of information and support for carers and in particular those with school age children. An addendum to the Homeworking Policy providing further advice and support has been developed. 10.2.21 - Addendum to Homeworking Policy published and ongoing support health and wellbeing support continues for CCG staff. A number of CCG staff have been redeployed to work at the vaccination centres in support of the system pressures and priorities. Risk assessments have been reviewed for all staff and measures put in place to mitigate risk of contracting Covid-19, including appropriate PPE, priority access to vaccination and access to lateral flow rapid antigen tests.	2	3	6	2	3	6	1	3	3	Oct-20/21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Beverley Smith, Director of Corporate Strategy & Development	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	20/21	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. Generate 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	13.11.20 - Staff availability for work continues to be high. Review of staff working from a CCG base during second lockdown. CCG supporting system Vaccine cell and review of workforce requirements for vaccination deployment. December - No further update to add, mitigations remain the same. 14.1.21 - CCG has identified areas of work to step down at business continuity level 4 to enable support the system and particularly the vaccination programme. A number of CCG staff are providing support with communication, project management and pharmaceutical oversight for the vaccinations centres. HR have developed a redeployment register to identify staff availability for redeployment, which will also act as a tracker for staff redeployment. 10.2.21 - Following the escalation to level 4 business continuity there has been a step down in some CCG business activity and a corresponding review of staff availability for redeployment to support the system pressures and priorities (protect, prevent, treat). A number of staff identified as fully or partially available for redeployment have been released to support the Covid vaccination programme. Accordingly, staff in these categories are working from vaccination sites across the County, including Derby Arena,. Several staff are also working at the DCHS People Hub to support the co-ordination to the vaccine response (e.g. support recruitment, e-rostering etc.). DDCCG will regularly monitor the deployment of CCG staff against the system priorities.	1	4	4	1	4	4	1	3	3	Oct-20/21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Beverley Smith, Director of Corporate Strategy & Development	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
24	20/21	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.	29/6/20- Help Us Help You social media campaign launched to support public knowledge of services. 09/07/20- Draft papers to be submitted to present proposals for virtual MDT, and LTC app (self management/virtual consultations). 09/07/20- Working with community teams to undertake health and wellbeing calls for their LTCs, to ensure they receive the necessary support t and treatment to prevent exacerbations of their symptoms and admission. 09/09/20- Patient performance data identifies that elective and non-elective admissions is returning back to pre-COVID levels. 09/09/20- Services continue to explore restoration of services and utilising digital tech where necessary e.g. virtual MDTs, Attend Anywhere, Teams etc. 03/12/20- COVID vaccination roll out to commence in early December, based on a prioritisation framework. 15/01/21- Alongside the Pfizer vaccine, the Oxford/AstraZeneca and Moderna vaccine has been approved, increasing vaccine capacity and pace of roll out. 15/01/21- A number of vaccination centres have been established across the county. No further update for February.	4	3	12	4	3	12	2	3	6	Oct-20/21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
25	20/21	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.	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.	13/10/20 - Development of DCHS post COVID Cardiac Rehab Pathway 13/10/20 - Development of U-Tube Pulmonary and Cardiac Rehab advice and exercise videos for patient use 13/10/20 - Scoping improved access to diagnostic services 13/10/20 - Development of post COVID pathway, criteria to inform Primary Care when to refer post COVID patients with ongoing respiratory symptoms being devised. 13/10/20 - Virtual MDTs in place across the county between Secondary Care respiratory team and Community Respiratory Teams. Progressing now to set up virtual MDTs between Secondary Care and Primary Care. 05/11/20- Post COVID gap analysis submitted to NHSE to benchmark against regional STPs. 11/11/20- Established a Derbyshire COVID Recovery Pathway task and finish group attended by system stakeholders to drive forward the Post COVID Integrated Pathway, and commence planning for the POST COVID Assessment Clinics. 03/12/20- A high level Post COVID pathway has been agreed by the system, and DCHS have been appointed as lead provider to deliver the Post COVID Syndrome Assessment Clinics. Targeting mid-December implementation. 15/01/20- Post COVID Syndrome Assessment Clinic service launched Dec 20. The service is virtual by default. Two face to face clinics are being established in Ilkeston and Whitworth for patients that require further investigations. Once more evidence is gathered regarding the impact of Post COVID Assessment Clinics this will potentially reduce the risk. 12/02/21- Approx 40% of all GP practices have referred into the Post COVID Syndrome Assessment Clinic. Referrals are increasing weekly. 12/02/21- Post COVID Syndrome Assessment Clinic (PCS) has received approx. 70 referrals from across 40% of all GP Practices. Referrals are increasing weekly, and the system is engaged with the pathway. 12/02/21- The Post COVID Syndrome Assessment Clinic MDT is continuously being strengthened with input from specialists such as Respiratory Consultants, Chronic Fatigue Services, Children's services etc. The MDT will continue to develop and broaden in expertise as we learn more about the condition. 12/02/21- A Derbyshire Dialogue event (12/02/21- 120 attendees) was held with the public to discuss Post COVID Syndrome and the Derbyshire response to this condition. Feedback utilised to enhance services. Risk score reduced to 9 in line with target rating. This is due to the Post COVID Assessment Service being launched and embedded into system pathways. Strategic Clinical Conditions & Pathways Team (SCCP) are monitoring the impact of services and patient outcomes hence the risk remaining on the register.	4	3	12	3	3	9	3	3	9	Oct-20/21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
26	20/21	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	07.08.20 The Phase 3 restoration and recovery letter recognises that COVID-19 and economic issues will contribute to an increase in mental illness. Every CCG must increase investment in line with the Mental Health Investment Standard as a minimum, with priorities decided in partnership and aligned to the Long Term Plan (LTP). Improving Access to Psychological Therapies (IAPT) is to fully resume, and the 24/7 all age crisis lines, started during the pandemic, is to continue. We are asked to maintain access growth for services for Children and Young People, review all Community Mental Health Team caseloads for the effects of COVID-19 and prevent escalation of needs to severe mental illness (SMI). We have completed a local bid against a £250m capital fund for dormitory work, including temporary options for Psychological Intensive Care Unit (PICU), which we don't currently have in Derbyshire. Claire Murdoch, the National Director for Mental Health and NHS England/Improvement, has told systems that the ambitions in the LTP remain and we should expect an increase in demand post COVID and in future years. The LTP will be adapted to tackle a treatment gap and increase access to 2 million more people, backed by £2.3bn by 23/24. Workforce recruitment needs to start now, along with engagement in delivering the new ways of working, with an integrated crisis offer and Community Mental Health Framework. 20.10.20 Continuation of COVID and tier restrictions means the issues are still current. Oct 2020 referrals are rising across services and ED attendances also beginning to rise. Service restoration mainly complete with adapted delivery models for contacts online / F2F with PPE and social distancing. 13/11/20 DHCFT Business continuity plan revised and adopted by the system operational resilience group. System Q&P group established to assist with this and emergent national guidance will be taken into consideration 07/12/20 Continuation of COVID and tier restrictions means the issues are still current. Additional winter funding has been made available for Hospital discharges and Severe Mental Illness (SMI) physical health. 15/01/21 Escalation of Covid and tier restrictions means issues remain current. CYP Winter funding plan to support uplift in crisis response staff capacity February update . Pandemic lock down is escalating concerns for CYP, and for incidents of domestic violence and assault. MH urgent presentations remain high with Police 136 involvement increasing. Helpline receiving increasing numbers of calls and being utilised by EMAS crews. Crisis	4	3	12	4	3	12	2	2	4	Apr-21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Zara Jones, Executive Director of Commissioning Operations	Mick Blurrows, 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 Ristell TCP Programme Manager Jenn Stothard
27	20/21	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.	o Clear multiagency plan of action is being developed in regard to gathering data / intelligence regarding domestic abuse and adult safeguarding. o Regular virtual meetings are taking place between key partner agencies to identify operational risks and demands placed upon safeguarding processes and systems due to Covid19 demands. 08.12.20 The numbers of adult safeguarding enquiries increased by 47% during September. This is likely due to an easing of lockdown arrangements and an opportunity for individuals to disclose concerns and risks to professionals. Both Safeguarding Adult Boards are meeting regularly as both a core groups and as a full SAB. The CCG continue to meet with NHS Provider adult safeguarding leads to monitor their performance and to explore areas of increasing operational responsibility. The risk from adult safeguarding remains as it has throughout the Covid pandemic. It is in many ways an unknown quantity with the impact of abuse upon adults at risk likely to only be quantifiable when lockdown restrictions are eased. January update: Risk score reduced because of experiencing the first lockdown and subsequent learning from this. Operational systems are now in place that were not in evidence previously. Better experience and awareness of where the pressure areas and priorities are than previously. Board meetings and supporting committees are now back in place when previously they were in abeyance. There is an increase of 13% in referrals but this has been an annual issue over the past decade and is not COVID specific. February 2021: Monitoring of safeguarding referrals has confirmed an ongoing increase in concerns relating to self-neglect. Self-neglect is now the most common abuse category referred to both the Local Authorities. This is a trend duplicated across the region. Derby City have, in total, received 515 safeguarding enquiries in a 5 week period. Key stakeholders continue to collaborate to ensure effective partnership working. The CCGs adult safeguarding team are in the process of meeting with NHS providers to seek assurance that they continue to meet their statutory responsibilities during exceptional times.	4	3	12	4	3	12	3	3	9	Apr-21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Brigid Stacey, Chief Nursing Officer	Bill Nicol, Head of Adult Safeguarding
28	20/21	Increase in safeguarding referrals once the lockdown is lifted and children and parents are seen and disclosures / injuries / evidence of abuse are seen / disclosed.	Quality & Performance	Clinical	4	4	16	Key statutory partners such as Health , Local Authority, Police and Education are working closely together to ascertain who are the vulnerable children we are aware of and undertaking risk assessments and reviews . Safeguarding meetings and assessments are continuing to take place via virtual arrangements. Families are being signposted to relevant support services.	o During the COVID19 pandemic the number of referrals to children social care has decreased but this is causing concern because children are not in schools , nursery ,play groups etc. therefore not being seen by others such as professionals who would be making referrals or raising safeguarding concerns. o It is difficult at this stage to really understand / know what the actual demand will be on children safeguarding services but what we are being notified of is the experience/ learning from other countries in that the risk of harm to adults and children is significant / increased due to the lockdown / social distancing/ isolation requirements placed upon families. o Ongoing close partnership working required. The Derby and Derbyshire Safeguarding Children Partnership and the Adult Safeguarding Boards are working together to gather information / intelligence and data regarding domestic abuse and child abuse prevalence during the COVID19 pandemic to formulate relevant action / contingency plans.	02/12/20 The DDSCP Partnership are closely reviewing the demand on safeguarding children services in light of the covid19 second wave pressures. A Multiagency Predicting Demand group has been set up which is reviewing performance data in regard to number of contacts / referrals made to City and County social care. 19/01/21 The risk remains and there is no scope to reduce the risk grading. Due to the Covid 19 pandemic and further lockdown restrictions there are ongoing concerns regarding the impact this will have on children, young people and families. The partnership are still working closely together to understand the demand this is having on families and services in particular the front door of social care. Performance reports are being produced to gather a city and county picture. Schools are currently only accepting key worker and vulnerable children. All other children are remaining at home. This reduces the visibility of children / Young people who have identified / emerging vulnerabilities Whilst we are in lockdown and not in the restoration / recovery stages – the risk / impact needs to remain the same. Update for the 6/2/21 Risk • No change in impact / risk – this is due to the fact we remain in lockdown and not in a period of recovery / restoration. We are therefore still unclear what the impact of COVID / lockdown periods is having on children and young people and families. Progress update The number of contact made to children social care from the public and professionals has increased at the beginning of January 2021. The proportion of contacts that are made to children social care that meet the threshold for referral remains comparable to those seen pre lockdown. Work continues across the partnership to ensure that children and families are being helped at the earliest and most appropriate point. Schools are now closed to the majority of pupils as a result of the third lockdown. Work continues across the partnership to ensure that vulnerable children are being seen. The number of referrals made to children social care relating to domestic abuse remains comparable with pre lockdown in both local authorities.	3	4	12	3	4	12	3	3	9	Feb-21	Links to Strategic Aims 1, 2, 3, 4, 5	Feb-21	Mar-21	Brigid Stacey, Chief Nursing Officer	Michelina Racioppi, Assistant Director for Safeguarding Children / Lead Designated Nurse for Safeguarding Children
29	20/21	There is a risk of significant reputational damage to the CCG where contracts have been in place and the current contract management arrangements do not provide assurance that providers are compliant with the Data Security and Protection Toolkit.	Governance	Corporate	5	4	20	Current contract management arrangements do not provide full assurance that all providers are compliant with the Data Security and Protection Toolkit. Although explicitly listed in the contract requirements, this is not understood to be routinely part of annual review, particularly for non-healthcare contracts. The CCG are therefore at risk where this is a requirement of the quality schedule of contracts, but not actively managed in all cases. The CCG does not hold a complete list of all contracts, therefore a validation exercise currently is not possible. The provision of a compliant DSPT is a minimum standard for the provision of NHS services, and is part of the Key Lines of Enquiry for the CQC. Not to undertake a comprehensive validation of this where we are asking providers to process patient data may have significant reputational damage for the CCG where contracts have been in place and this has not been validated. During the covid-19 response, the CCG had expanded the provision of counselling services for children and young people. The issue of online/ video contacts was discussed, and national guidance provided. https://digital.nhs.uk/services/future-gp-it-systems-and-services/approved-econsultation-systems This guidance supported the risk based use of online services, where this was a risk assessed provision, and both parties were happy to have the arrangement. This would remain under review following the covid-19 response. The issue found was that an established provider of services for counselling or schools in Derby and Derbyshire had not provided a submission for the DSPT. This had never been submitted. Feedback had been to the commissioning leads that this was an exhaustive process and that they were too small to have this in place. This is a minimum standard, and is explicitly included in the current contract with the provider. There isn't a current comprehensive assurance mechanism in place to ensure that this is in place for each contract.	The CCG is working towards a complete list of contracts. Once this is in place a validation exercise can be undertaken. This will be for contract leads to take forward with providers.	11.11.20 DSPTs have been checked and are in place for healthcare contracts. A similar checking process needs to be undertaken for non-healthcare contracts once it has been established which suppliers we use regularly and therefore may require a contract putting in place, or other mechanism. In the long list of suppliers paid over the last 12 months there will be a proportion of one-off transactions which need to be removed. 07.12.20 Work continues on reviewing the list of suppliers paid against contracts in place. Expected to complete by end December. 14.01.21 Work is progressing on updating the database. However the project has now been frozen until April 2021 due to the pandemic. Work will continue on the DSPT to complete all elements save for the new contract requirements by March, with the new contract elements being completed by the extended period of June 2021. Project frozen due to COVID pandemic.	3	3	9	3	3	9	1	5	5	31.12.20	Links to Strategic Aims 3, 4	Feb-21	Mar-21	Zara Jones Executive Director of Commissioning Operations	Helen Wilson, Deputy Director of Contracting & Performance Chrissy Tucker, Director of Corporate Delivery
30	20/21	There is an ever present risk of fraud and cybercrime; the likelihood of which may increase during the COVID emergency response period.	Finance	Corporate	4	5	20	The CCG is constantly exposed to fraud risk and cybercrime and works with 360 Assurance and NHS Counter Fraud to minimise and manage this risk. There has been a noticeable increase in the reported instances of fraud and cybercrime in recent months and the CCG must remain vigilant in this period working closely with our partners. Should the CCG be subject to a successful attempt at fraud or cybercrime information and assets could be taken that exposes us to Information Governance breaches, financial and reputational risk. ..	The CCG continue to work closely with 360 Assurance and NHS Counter Fraud to minimise and manage this risk. The CCG also has an accredited NHS Counter Fraud Authority 'Champion' who receives regular correspondence and training.	• LCFS Targeted Awareness Month • Fraud Information Reporting System Toolkit (FIRST) (used by LCFS) • CCG's Data Security Toolkit Submissions and Internal Audit Reviews providing substantial assurance for 2019/20 – work plan and monitoring through IG Assurance forum in place. • Internal Audit Phishing Exercises • Achievement of Cyber essentials Accreditation in March with work to delivery Cyber essentials Plus. • Regular cyber assurance reporting to the CCG • Regular staff communications (via Staff News). This has included frequent reminders to staff during the Covid-19 emergency response period in relation to the increased risk of cyber-crime. • IT infrastructure (supported by NECS) (e.g. patches, upgrades, etc.). • CCG's annual IG Work Programme. Ongoing training is provided to all staff to ensure they are aware of their obligations to be aware of and report fraud and cybercrime. Examples of the latest frauds and cybercrimes that have been committed are also circulated to all staff. 09.12.20 - Reports issued at Contract Management Board allow us to track attempted system infections (17) and the number of times the Internet proxy server blocked attempted infiltration (408350 across the NECS estate) within a month. There has been a marked reduction in the number of Priority One calls which have been received, none of which relate to cyber security and are mainly focussed around changes made by third parties within GP Practices and subsequent loss of power to key systems. The CCG has had a bid for additional investment in the CheckPoint VPN/firewall solution approved at regional level and now progresses to national for final approval. If approved, this will allow the splitting of the firewall and VPN services across dedicated hardware which will reduce the impact of the loss of a server or overload of any of the servers within that cluster. 18.01.21 - Received additional assurance from NECS (during the CORS report meeting) around the statistics of attempts to access the infrastructure and how the various layers of security subsequently filter these attempts out. There are still virus and malware infections and hence the technical barriers should also be linked to staff training regarding the dangers of opening attachments and clicking links within emails or other documents. As a result of the response to the CORS report, additional national information has been published onto the Intranet and awaiting additional resources from Derbyshire Constabulary regarding the wider dangers of cyber crime with the potential for online training/awareness sessions depending upon the availability of trainers and delegates. 15.02.21 - The Bitsight and other functionality delivered against Risk 9 and the NECS collaboration with NHS Digital's Cyber Security team will deliver additional tracking tools, but there is no evidence of any vulnerability in the security of the infrastructure. CareCerts issued by the Cyber Security team are appropriately tracked and mitigated by NECS. Head of Digital Development has requested to join the Cyber Associates Network to receive more detailed information on national threats. Risk will be reduced once third party evidence of infrastructure security is available.	3	4	12	3	4	12	1	3	3	Oct-20/21	Links to Strategic Aims 4	Feb-21	Mar-21	Richard Chapman, Chief Finance Officer	Darran Green-Assistant Chief Finance Officer / Ged Connolly-Thompson, Head of Digital Development

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 identity 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						
32	20/21	Risk of exploitation by malevolent third parties if vulnerability is identified within any of the Microsoft Office 2010 applications after October 14th 2020 and not patched, due to support for Microsoft Office 2010 officially ending, after which point Microsoft will cease to issue updates and patches for vulnerabilities found within this suite of applications	Governance	Corporate	4	4	16	Replace all instances of Microsoft Office 2010 with Microsoft Office 365; Additional Cyber Security communications to all CCG and Primary Care staff to raise awareness of the potential for increased phishing emails, suspicious attachments and downloading documents from unfamiliar web sites; Reinforce the message that devices should be connected to the network every two weeks to ensure that anti-virus and other system management software updates accordingly; Identify other mitigation which NECS have put in place to prevent the execution and spread of any malicious code or exploitation of any vulnerability;	Task and finish group has been established with NECS to develop the programme of work which removes the risk, but also ensure continuity of service across commissioning and Primary Care. Already under development as part of the response to the CORS report; information will be cascaded through the CCG Comms team for CCG and Primary Care colleagues and also shared with the LMC;	The version of Microsoft Teams and Microsoft Office 365 that was introduced as part of the COVID response earlier this year was a restricted version of the application. As users move onto the longer term Office 365 platform we are keen to ensure that no functionality is reduced and that the current level is maintained. There remain, a number of teething issues with the way that this "shared tenancy" is being implemented. This ranges from unexpectedly reducing mailbox sizes through to slow loading times, error messages, etc. There are also issues with the backroom configuration of the application, as this can be controlled on both a national and local level. Where possible, we are pushing for more local control over functionality to allow us to be flexible and adapt to changing requirements. As a direct result of this, the deployment of Microsoft Office 365 has been paused with other NECS customer organisations. As part of the deployment project we have agreed a certain initial configuration. There are also issues around locums and other members of staff which we have asked NHS Digital to address and for which we have a local workaround. In the old licencing model, the device was licenced for all authenticated users. In the new model, it is the individual that has the licence assigned. Hence, were a locum to log into a device within the GP Practice, while they would be able to access the clinical information system and other software, if they were not licenced by the CCG/GP Practice or by their existing employer then they would be unable to open any Microsoft Office applications. As mitigation against this, the project team has been instructed to leave a number of devices on Microsoft Office 2010 within the GP Practices awaiting the fix from NHS Digital. Should this fix not arrive in time, we would be able to implement a different licencing model for these devices to ensure GP Practices were able to continue to operate. 18.01.21 - Assurance from NECS that the security issues raised with NHS Digital have been addressed, but project remains stalled for the GP Practice estate given the level of resourcing required for the COVID vaccination programme. A CCG pilot has been agreed to allow the initial assurance work to go ahead outside of the clinical environment involving colleagues who are experiencing issues with using older versions of the software and lack of access to required functionality. CCG Pilot will start this week involving around 20 users. Learning taken from this to lead to a full CCG deployment followed by the GP Practice pilot. This only relates to the installation of the new Microsoft Office software, access to the cloud based functionality remains minimal, but working with other NHS organisations across Derbyshire to look at parity of permissions across organisations where feasible and where appropriate governance and processes are in place. 15.02.21 - Policies have been agreed with NECS over the GP and CCG estates to manage the deployment of cloud based apps and services from the Microsoft Office 365 suite of applications. A process will be developed for colleagues to request access to apps not included in the initial agreement along with a process of evaluating the risk of implementation against business benefits. The ability for colleagues to also install third party apps through the Microsoft Office products is also being removed, as this would create variability in the estate and subsequent issues with troubleshooting any issues or updating of third party apps. There remain some issues around locums and temporary members of staff specifically within our GP Practices and we are awaiting a national decision on this; in the meantime, a local solution has been developed to allow GP Practices to keep a number of devices on Microsoft Office 2010 until the full project has deployed. After which time, the remaining machines will be upgraded and additional licences purchased if necessary to maintain flexibility within GP Practices.	3	4	12	3	4	12	2	1	2	31.03.21	Links to Strategic Aim 4	Feb-21	Mar-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
NEW RISK 33	20/21	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.	• A task and finish 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 • Providers are contacting patients via letter	• Monthly reporting of progress against all work to control growth of waiting lists • Two weekly task and finish groups with all 4 providers represented • Completion of assurance framework has been undertaken by all providers and is being collated to go to PCDB for discussion • Identified harm has been reported on STEIS and all providers are monitoring this • All providers have completed the assurance framework and this is being collated to go back to PCDB for discussion re further risk mitigations • Work is ongoing around Consultant Connect, MSK and Ophthalmology	4	4	16	4	4	16	3	2	6	Feb-22	Links to Strategic Aims 1, 2, 3, 4	Feb-21	Mar-21	Brigid Stacey, Chief Nursing Officer	Laura Moore, Deputy Chief Nurse

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			Probability	Impact	Rating	Probability	Impact	Rating					
01	20/21	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	⟷	Bi-weekly system group review Urgent & Emergency Care services/pathways to identify areas of improvement to decongest our EDs.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carlile Claire Hinchley Dan Merrison Senior Performance & Assurance Manager
02	20/21	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the CCG	3	4	12	3	4	12	⟷	There is a current back log of Re X applications.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
03	20/21	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	⟷	Number of admissions into acute mental health beds which didn't have a Local Admission Emergency Protocol (LAEP) prior to admission.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A	20/21	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	⟷	CCG letter and guidance issued 8th January 2021 which summarised the CCG position and support available to practices, locally, nationally and from the Derbyshire system.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)

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04B	20/21	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	4	5	20	4	5	20		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.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Judy Derricott, Head of Primary Care Quality
05	20/21	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		Plans to support reductions in internal waits for CBT through independent sector digital NHS approved options have been made to CYP commissioners and are to be considered .	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	20/21	Demand for Psychiatric intensive Care Unit beds (PICU) has grown substantially over the last five years. This has a significant impact financially with budget forecast overspend, in terms of poor patient experience , Quality and Governance arrangements for uncommissioned independent sector beds. The CCG cannot currently meet the KPI from the Five year forward view which require no out of area beds to be used from 2021.	3	3	9	3	3	9		PICU use has stabilised and Acute bed closures from COVID has reduced this month. Procurement process is 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	20/21	Sustainable digital performance for CCG and General Practice due to threat of cyber attack and network outages. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	2	4	8	2	4	8		The first stage of the Microsoft Office 365 pilot has been successful in both GP and Corporate estates.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	20/21	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		Updated Business Continuity Plan, Policy and EPRR Policy Statement was approved by January Governance Committee.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager

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			Probability	Impact	Rating	Probability	Impact	Rating					
11	20/21	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.	3	4	12	4	4	16		Though well placed to deliver the in-year position for 2020/21, a long term sustainable is less clear.	Richard Chapman, Chief Finance Officer	Finance	Darran Green-Assistant Chief Finance Officer
12	20/21	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		COVID-19 restrictions are impacting on discharge planning, inconsistent policies across different providers.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning, Helen Hipkiss, Deputy Director of Quality /Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
14	20/21	On-going non-compliance of completion of initial health assessments (IHA's) within statutory timescales for Children in Care due to the increasing numbers of children/young people entering the care system. This may have an impact on Children in Care not receiving their initial health assessment as per statutory framework.	4	3	12	4	3	12		Extensive ongoing work continues from a multi-agency perspective, with ongoing overview & review of a number of very complex issue's associated with IHA compliance; including ongoing review of individual breach reporting.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Alison Robinson, Designated Nurse for Looked After Children
16	20/21	Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development, including restoration and recovery work arising from the COVID-19 pandemic.	2	4	8	2	4	8		Ongoing programme of Derbyshire Dialogue sessions, now covered COVID update, mental health, primary care, cancer, urgent and emergency services, with NHS 111 session.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement
17	20/21	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		Recruitment ongoing, remains on track for commencement Q1 21-22	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance
20	20/21	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	3	3	9	3	3	9		No further update due to continued home working.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Sam Robinson, Service Development Manager

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			Probability	Impact	Rating	Probability	Impact	Rating					
21	20/21	Risk of the CCG not being able to enforce a standard rate of care meaning costs may increase significantly as the CLCC have supported the decision to directly award a 12 month contract to the existing AQP CHC Care Homes Framework from 1st August 2020.	4	4	16	4	4	16	⟷	Signed contracts are now at 96%. RISK RECOMMENDED FOR CLOSURE.	Brigid Stacey, Chief Nursing Officer	Clinical and Lay Commissioning	Debbie Fairholme, Head of Clinical Quality, Kathryn Brown, Senior Contracting Manager
22	20/21	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	⟷	A number of CCG staff have been redeployed to work at the vaccination centres in support of the system pressures and priorities.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	20/21	CCG Staff capacity compromised due to illness or other reasons. Increased numbers of CCG staff potentially unable to work due to COVID 19 symptoms / Self isolation.	1	4	4	1	4	4	⟷	A number of staff identified as fully or partially available for redeployment have been released to support the Covid vaccination programme.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
24	20/21	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.	4	3	12	4	3	12	⟷	A number of vaccination centres have been established across the county.	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	20/21	Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.	4	3	12	3	3	9	↓	Post COVID Assessment Service being launched and embedded into system pathways.	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	20/21	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	⟷	Pandemic lock down is escalating concerns for CYP, and for incidents of domestic violence and assault. CYP access has increased despite lock down and digital offerings being utilised.	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

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
27	20/21	Increase in the number of safeguarding referrals linked to self neglect related to those who are not in touch with services. These initially increased immediately following COVID lockdown. The adult safeguarding processes and policy are able to respond to this type of enquiry once an adult at risk has been identified. Numbers are difficult to predict but numbers are predicted to increase as COVID restrictions ease.	4	3	12	4	3	12		The CCGs adult safeguarding team are in the process of meeting with NHS providers to seek assurance that they continue to meet their statutory responsibilities during exceptional times.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
28	20/21	Increase in safeguarding referrals once the lockdown is lifted and children and parents are seen and disclosures / injuries / evidence of abuse are seen / disclosed.	3	4	12	3	4	12		The number of contact made to children social care from the public and professionals has increased at the beginning of January 2021. Work continues across the partnership to ensure that children and families are being helped at the earliest and most appropriate point.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Michelina Racioppi, Assistant Director for Safeguarding Children / Lead Designated Nurse for Safeguarding Children
29	20/21	There is a risk of significant reputational damage to the CCG where contracts have been in place and the current contract management arrangements do not provide assurance that providers are compliant with the Data Security and Protection Toolkit.	3	3	9	3	3	9		Work is progressing on updating the database. However the project has now been frozen until April 2021 due to the pandemic.	Zara Jones Executive Director of Commissioning Operations	Governance	Helen Wilson, Deputy Director of Contracting & Performance Chrissy Tucker, Director of Corporate Delivery
30	20/21	There is an ever present risk of fraud and cybercrime; the likelihood of which may increase during the COVID emergency response period.	3	4	12	3	4	12		Risk will be reduced once third party evidence of infrastructure security is available.	Richard Chapman, Chief Finance Officer	Finance	Darran Green-Assistant Chief Finance Officer / Ged Connolly-Thompson, Head of Digital Development
32	20/21	Risk of exploitation by malevolent third parties If vulnerability is identified within any of the Microsoft Office 2010 applications after October 14th 2020 and not patched, due to support for Microsoft Office 2010 officially ending, after which point Microsoft will cease to issue updates and patches for vulnerabilities found within this suite of applications	3	4	12	3	4	12		Policies have been agreed with NECS over the GP and CCG estates to manage the deployment of cloud based apps and services from the Microsoft Office 365 suite of applications.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
33	20/21	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	NEW RISK		Brigid Stacey, Chief Nursing Officer	Quality & Performance	Laura Moore, Deputy Chief Nurse

NHS
Derby and Derbyshire
Clinical Commissioning Group

MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

HELD ON

Wednesday 27th January 2021

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

PRESENT

Ian Shaw (Chair)	**IS**	Lay Member Derby & Derbyshire CCG
Jill Dentith	**JeD**	Lay Member Derby & Derbyshire CCG
Simon McCandlish	**SMc**	Deputy Chair, Lay Member, Derby & Derbyshire CCG
Niki Bridge	**NB**	Deputy Chief Finance Officer, DDCCG (for CFO)
Steve Lloyd	**SL**	Executive Medical Director Derby & Derbyshire CCG
Marie Scouse	**MS**	AD of Nursing & Quality Derby & Derbyshire CCG (for CNO)

IN ATTENDANCE

Hannah Belcher	**HB**	AD GP Commissioning & Development Derby DDCCG
Kathryn Markus	**KM**	Chief Executive Derby & Derbyshire LMC
Clive Newman (Part of meeting)	**CN**	Director of GP Development Derby & Derbyshire CCG
Jean Richards	**JR**	Senior GP Commissioning Manager DDCCG
Pauline Innes	**PI**	Executive Assistant to Dr Steven Lloyd

APOLOGIES

Richard Chapman	**RC**	Chief Finance Officer Derby & Derbyshire CCG
Judy Derricott	**JDe**	Head of Primary Care Quality Derby & Derbyshire CCG
Abid Mumtaz	**AM**	Head of Commissioning Public Health, Derbyshire County Council
Adam Norris	**AN**	Service Commissioning Manager Public Health, Derbyshire County Council
Brigid Stacey	**BS**	Chief Nurse Derby & Derbyshire CCG

ITEM NO.	ITEM	ACTION
PCCC/2021/61	**WELCOME AND APOLOGIES** The Chair (IS) welcomed Committee Members to the meeting and introductions took place. Apologies were received and noted as above. The Chair confirmed that the meeting was quorate.	
PCCC/2021/62	**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 There were no Declarations of Interest made. The Chair declared that the meeting was quorate.	
FOR DECISION		
	No items for Decision	
	FOR DISCUSSION	
	No Items for Discussion	
FOR ASSURANCE		
PCCC/2021/63	**FINANCE UPDATE** Niki Bridge presented an update from the shared paper. The Committee noted that Month 8 Finance Report was presented to Derby & Derbyshire CCG Governing Body on the 5th January 2021. The Primary Care Commissioning Committee is asked to **NOTE** the following key points in the Governing Body report: • The month 8 year to date position • The temporary financial regime in place • The scenario model showing ongoing work in respect of full year outturn positions • The highlighted risks and mitigations The M9 financial position has not yet been reported to the Governing Body and so will be reported to the public session of the PCCC at the February 2021 meeting. **The Primary Care Commissioning Committee RECEIVED and NOTED the update on the CCGs financial position for month 8.**	
FOR INFORMATION		
	No items for information	
MINUTES AND MATTERS ARISING		
PCCC/2021/64	**Minutes of the Primary Care Commissioning Committee meeting held on 16th December 2020** The minutes from the meeting held on 16th December 2020 were agreed to be an accurate record of the meeting.	
PCCC/2021/65	**MATTERS ARISING MATRIX** There are no outstanding actions on the Action Matrix.	

PCCC/2021/66	**ANY OTHER BUSINESS** There were no items of any other business	
PCCC/2021/67	**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 five 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** Is the Committee assured on progress regarding actions assigned to it within the Recovery & Restoration plan? **Yes** 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 24th February 2021, 10:00-10:30am via Microsoft Teams Meeting		

NHS
Derby and Derbyshire
Clinical Commissioning Group

MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON 28th JANUARY 2021, 9AM TO 10.30AM
MS TEAMS

Present:		
Dr Buk Dhadda (Chair)	BD	Chair, Governing Body GP, DDCCG
Niki Bridge	NB	Deputy Director of Finance
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Craig Cook	CC	Deputy Director of Commissioning
Helen Hipkiss	HH	Deputy Director of Quality - DDCCG
Simon McCalandish	SMcC	Lay Member, Patient Experience
Dan Merrison	DM	Senior Performance & Assurance Manager
Andrew Middleton	AM	Lay Member, Finance
Nicola MacPhail	NMcP	Assistant Director of Quality - DDCCG
Hannah Morton	HM	Healthwatch
Laura Moore	LM	Deputy Chief Nurse, DDCCG
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Emma Pizzey	EP	GP South
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG
In Attendance:		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
Sarah MacGillivray	SM	Head of Patient Experience
Phil Sugden	PS	Assistant Director of Quality - DDCCG
Steph Austin	SA	Head of Clinical Quality -EoI & Care Homes
Juanita Murray	JM	Designated Nurse Safeguarding Children Chair of CDOP
Michelina Racioppi	MR	Assist Director Safeguarding Children/Lead Designated Nurse
Apologies:		
Alison Cargill	AC	Asst Director of Quality, DDCCG
Zara Jones	ZJ	Executive Director of Commissioning Operations, DDCCG
Steve Lloyd	SL	Medical Director, DDCCG
Bruce Braithwaite	BB	Secondary Care Consultant

Item No.	Item	Action
QP20/21/146	**WELCOME, APOLOGIES & QUORACY** Apologies were received as above. BD declared the meeting quorate.	
QP20/21/147	**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 No declarations of interest were made.	
QP2021/148	**INTEGRATED PERFORMANCE REPORT** Performance The performance section of the Integrated Report was presented by JC and taken as read. AM referred to cancer performance and noted that it was good given the pressures and current circumstances. JC confirmed that with both Trusts the 2WW referrals are being managed well. There have been some issues around elective surgery which has been due to ICU capacity. Chemotherapy and Radiotherapy services are continuing. Diagnostic services are continuing and DNAs in this department has meant that cancer patients have been invited to attend appointments in a timelier manner. Weekly meetings take place with the CCG and both Trusts to highlight any issues. BD asked if either Trust have raised issues relating to the cancer performance targets. JC stated the current focus is on activity and getting patients through the pathway and therefore pressure has been eased on reaching the standards. EP asked if Derbyshire were in a similar situation to Nottingham Hospitals in terms of having to cancel cancer operations. CC confirmed Royal Derby Hospitals FT have not been able to maintain the objective of prioritising cancer surgery and there has	

	been an increase in operations requiring ICU care and these figures will be included in the next Integrated Performance Report. BD acknowledged the challenges for any Trust to maintain the complete pathway during these unprecedented times. A more informed discussion will be possible once the validated data is available. HW gave assurance that system data is available and has been reviewed and daily conversation are taking place around how to reschedule the cancelled operations. <u>Quality</u> The Quality section of the Integrated Report was presented by HH and taken as read. There were no questions raised by the Committee. <u>Activity</u> The Activity section of the Integrated Report was presented by HW and taken as read. HW asked if data showing the position against pre COVID would be useful to the Committee. The Committee were receptive of this suggestion. **ACTION** – HW will bring a proposal to the next meeting showing activity data comparisons to pre covid. The Committee confirmed the approval of the Integrated Performance Report.	**HW**
QP2021/ 149	**GBAF Q3** The GBAF was presented by SP and the paper was taken as read. SP noted the work of the task and finish group and asked the Committee to agree the recommendations to increase risk 1 and risk 2. BD took silence as agreement to the increase in risk 1 and risk 2.	
QP2021/ 150	**RISK REGISTER** The Risk Register was presented by SP and the paper was taken as read. SP asked for the Committees agreement to reduce risk 27 from 16 to 12. The risk is around Safeguarding referrals for adults and children during the pandemic. AM asked is there is an unknown backlog of concerns in terms of child and family behaviours and potentially Safeguarding. MR explained the reason for the reduction is due to referral numbers being back in line with pre covid levels; however this is an unknown entity and the impact of the pandemic will arise once these children are back in their usual environments. MR assured the Committee that the CCG is working closely with Education, Health, Local Authority and Police around the demand to Local Authority where people around making referrals and sharing concerns.	

	BD referred to risk 14 (Initial Health Assessments) and asked about the current position. MR confirmed that this is being closely reviewed by the provider, CRHFT. Compliance is currently approx. 53% and therefore the risk cannot be reduced. Breaches are a combination of Local Authority processes and health. Health breaches are due to staff sickness at CRHFT and not a delay in the assessment taking place but the report being received at the local authority. BD asked if the risk should be escalated due to the amount of time it has been on the Risk Register. MR confirmed the risk has been escalated and is closely monitored by the Corporate Parenting Board which is attended by CRHFT. The CCG and local authority also meet with providers to identify the reasons for the breaches. MR felt that the risk did not need to be escalated any further due to the reasons listed. The Committee agreed to the reduction of risk 27 from 16 to 12.	
QP2021/ 151	**3RD WAVE RESPONSE TO COVID-19** CC paper was presented by CC and taken as read. CC noted the 3 key points • Significant increase in capacity to respond to the pandemic. • Work that has been done by the system in prioritising the workforce redeployment across organisations. • Understanding the services that have required adjustments to free up staff as part of the COVID-19 response and what restoration means to these services. GS referred to the significant service changes on page 77 and asked what stage of re-enactment each service is at. • Development of a co-located UTC offering at the RDH, linking in with the DUCC and GP Streaming Service already in situ. This is likely to be implemented within the next month and is around creating dedicated space at Royal Derby Hospitals FT to deal with minor presentations. • Progressing the implementation of a 24/7 Same Day Emergency Care offer at the CRH including direct access for EMAS and NHS111. This is operational albeit not at the scale it needs to be. • Video calling function via CRH ED to be implemented for primary care and EMAS access to advice. CC believed that this was already in place and will confirm to GS. EP referred to page 81and noted that the scenario curves protrude above the surge capacity for ICU and asked if there is super surge capacity not included in the graph. CC confirmed the super surge capacity is not included however the graphs can be amended. The	

	reports does include narrative on what the maximum surge bed capability is at all 3 sites. HW added following the recent modelling meeting UHDBFT are revising their ICU trajectory as the ICU conversion rate has gone down. AM asked if the national decline is being replicated at a local level which could result in the super surge capacity not being required. CC agreed with this view however, noted the position at CRHFT is tenuous and is being driven by non covid patients.	
QP2021/ 152	**CONTINUING HEALTH CARE (CHC)** The paper around CHC was presented by NMcP and the paper was taken as read. Positive progress has been made in terms of restoration and recovery however this may not be maintained as some of the CHC nurses have been redeployed to the system. This will be monitored. There were no questions raised by the Committee.	
QP2021/ 153	**CARE HOMES** The paper around Care Homes was presented by SA and the paper was taken as read. MW asked how much details is known about the risk around potential closures of care homes. HH confirmed that under the current COVID-19 regulations the Local Authorities have a duty to maintain care homes to keep them open and therefore this is not currently a risk. AM referred to the delivery of vaccinations to residents and staff within care homes and asked if it is nearing the stage of care homes being declared a safe place. SA responded to say that all the care homes have a responsibility in terms of PPE and continue to follow national guidance and anyone being discharged to a care home has to be isolated for a 14 day period.	
QP2021/ 154	**INFECTION PREVENTION & CONTROL** The paper was taken at read and outlines the current position in terms of outbreaks. The CCG is involved with all outbreak management and mutual visits with providers are taking place. The IPC assurance group is in place and is working well across the system.	

	EP had submitted a query to Quality & Performance on the rates of nosocomial infection due to having a number of patients acquiring covid following admission to hospital for non covid reasons. LM confirmed patients are tested on arrival, day 3 and day 7 in line with national requirements. UHDB also test on day 13 and weekly thereafter. National guidelines state what is considered as a nosocomial infection : positives between 0-2 days = community acquired 3 – 7 days = Indeterminant possibly community 8- 14 days = hospital acquired possible 15+ days = plus hospital acquired definite AM referred to the table on page 128 and noted the high staff and patient infection level on Ward 6 at Royal Derby Hospitals FT and Butterley Ward at Ripley Hospital. LM confirmed that outbreak meetings take place for each outbreak and IPC measures are reviewed, in these particular instances the numbers have now reduced. BS added that all nosocomial infections are recorded and benched marked regionally. This report is received on a daily basis and will be shared with committee members. **ACTION** - LM and EP will meet to discuss In more detail. LM will include this detail in the IPC paper going forward.	**LM & EP**
QP2021/ 155	**RISK STRATIFICATION** The paper was taken as read and provides an update on the current position. All providers were asked to complete the new assurance framework however there are delays in obtaining the baseline positions from UHDB, Sharon Martin, Chief Operating Officer has taken ownership of this and has assured the Planned Care Delivery Board this information will be provided as soon as possible. LM then spoke about a Planned Care Delivery presentation made by Stephen Thomas at Royal Derby Hospital around bladder and prostate cancer in terms of patients presenting later and being diagnosed at a later stage of the disease. As a result there has been an increase in the amount of stage 4 cancers coming through the Trust. This has been picked up by Christine Urquhart (DDCCG) and a joint operational group will be established to collect more information on all tumour sites. LM suggested the work is fed back into the Q&P Committee. BD supported the suggestion. **ACTION** – A paper on bladder and prostate cancer will be brought back to a future Quality & Performance Committee. EP suggested adding a risk to the risk register around patient harm as a result of long waits and late presentations.	**LM**

	ACTION LM and SP will work together to add a risk around patient harm to the risk register.	**LM & SP**
QP2021/ 156	**CRHFT STROKE UPDATE** LM provided an update to the Committee on the progress against the action plan following the RCP report. There are some areas that are still rated as amber or red however assurance has been provided that CRHFT are working towards those actions. Since the writing of the paper the substantive consultant post has been turned down however the locum consultant is still in place and assistance is being provided by the South Yorkshire and Bassetlaw clinical network and other consultants employed by CRHFT are covering the TIA clinics. Work is also progressing with NHSE around determining whether a sustainable HASU is possible at CRHFT. Meetings take place every two weeks led by Steve Lloyd, and Zara Jones. MW asked whether there is an appetite to keep the unit functioning. LM confirmed the team at CRHFT are determined and are working in a more collaborative way than previously with a robust action plan and a new nurse leader in place. Wider discussions speak about the viability of a stroke unit of that size and contingency plans should the unit fall over as well as the safety of patients if there was no stroke unit at CRHFT. Sheffield HASU would not be able to take the number of patients and therefore discussions are being held with Doncaster and Rotherham HASU to look at all viable options. BS added that the view of the system and the region is the service must be safe and sustainable.	
QP2021/ 157	**SAFEGUARDING AND CHIL DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT** The Safeguarding Annual Report was presented by MR and the paper was taken as read. The Committee received and approved the report. MW asked if the drop in Early Help cases for Derbyshire. MR confirmed that that has been reviews of the Early Help provision and this is the reason for the marked decrease due to the difference in service provided. The CCG are working with partners around their responsibility in undertaking early help assessments. The CDOP Annual Report was presented by JM and the paper was taken as read.	

	JM confirmed that the new arrangements commenced in September 2019 and are in line with statutory guidance. The CDOP report also includes, for the first time, a patient story which is part of the learning process.	
QP2021/ 158	**UPDATE REPORTS FROM CLINICAL QUALITY REFERENCE GROUP INTERIM MEETINGS** The papers were taken as read and there were no questions raised by the Committee.	
QP2021/ 159	**MINUTES FROM THE MEETING HELD ON 18TH DECEMBER 2020.** The minutes were approved as a true and accurate record.	
QP2021/ 160	**MATTERS ARISING AND ACTION LOG** The action log was reviewed and updated. **ACTION** – JP and BS will undertake a detailed review of the action log in preparation for the next meeting.	**BS / JP**
QP2021/ 161	**AOB** MWa raised an issue around clinical waste. Derwent Logistic have been experiencing problems with the company who deal with their clinical waste. This has resulted in the practice accumulating clinical waste and this is becoming a health and safety issue. MWa asked if there was anything the Committee could do to assist. BS responded to say that she has been in contact with Steve Lloyd, Medical Director, CCG, who has confirmed that actions are being taken to support practices and in addition he will raise at the next Primary Care Co Commissioning Committee meeting. This issues has also been included on the risk register. The Committee noted the issues raised and felt there were significant safety concerns. The issue was escalated to the appropriate governance channels within the CCG on behalf of the Quality and Performance Committee.	
QP2021/ 162	**FORWARD PLANNER** The Forward Planner was reviewed. No updates were made.	

QP2021/ 163	**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? No	
DATE AND TIME OF NEXT MEETING		
Date: 25th February 2021		
Time: 9am		
Venue: MS Teams		

South Yorkshire and Bassetlaw Integrated Care System

Chief Executive Report

Health Executive Group

9 February 2021

Author(s)	**Andrew Cash**
Sponsor	

Is your report for Approval / Consideration / Noting

For noting and discussion

Links to the ICS Five Year Plan (please tick)

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 care**
- ☑ **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**

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 (SYB ICS) provides a summary update on the work of the SYB ICS for the month of January 2021.

Recommendations

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

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

Health Executive Group

9th February 2021

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of January 2021.

2. Summary update for activity during January

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

As at the end of January, the latest figures show that for South Yorkshire and Bassetlaw over 170k people in the highest priority groups had now been vaccinated. Just over 60k of those are 80 years old or over which is around 80% of the total number of people in this category we need to. The remainder of the 170k are either people 75 years and above, people who are classed as clinically extremely vulnerable and patient facing NHS and social care staff. The numbers are, of course, changing all the time. The latest statistics for South Yorkshire and Bassetlaw are published weekly here: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

All local primary care centres continue to vaccinate as planned and additional vaccination capacity has opened at Sheffield Arena. The Arena team is vaccinating 7 days a week, 12 hours a day and the first week of operation saw all available appointment slots taken up. The majority of care home residents across the region have now been vaccinated and vaccinations for patients registered as housebound with their GP practice have also commenced. Patient facing NHS and Social Care staff across the region also continue to be vaccinated.

Partners in each of our places, including NHS, Local Authority and Community, Voluntary and Faith groups are working together to ensure vaccination myths are dispelled and community leaders are helping to support positive messaging around the vaccination campaign, particularly in our communities that have been identified as most vaccine hesitant or who are seldom heard. Partners are also sharing Covid-19 vaccine facts resources to help combat a rise in the incidence of vaccine fraud.

All five places in South Yorkshire and Bassetlaw have been chosen to receive £1.4 million national funding for the Community Champions scheme, which awards councils and voluntary organisations funding to deliver a wide range of measures to protect those most at risk - building trust, communicating accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don't already exist and will also support areas to tackle misinformation and encourage vaccination take-up.

In terms of COVID-19 cases, the trend is a slowly downward. The lockdown is starting to have an effect, albeit slowly, with progress slow because the rates were high before the lockdown and the newer (more contagious) Covid-variants that have since been identified. Across the five places in SYB, rates are all falling with fewer outbreaks reported, and death rates continue to decline. Cases

of COVID-19 in the over 80s are also declining which, it is hoped, is an early sign that the vaccination programme is having an impact.

2.2 Regional update

The North East and Humber Regional ICS Leaders have been meeting weekly with the NHS England and Improvement Regional Director to discuss the ongoing COVID-19 incident, planning that is taking place to manage the pandemic and where support should be focused. Discussions during January focused on Wave 3 surge plans, the COVID-19 response and vaccination programme.

In addition to operational issues, ICS Leaders have been involved in discussions about the development of integrating care across four workstreams. These workstreams mirror the development work that is taking place in SYB: Place-based partnerships; provider collaboratives; how the nature of commissioning will change; and the integrated care system.

2.3 National update

NHS England and NHS Improvement (NHS E/I) issued their Phase Four letter on 23 December in which the operational priorities for winter and 2021/22 were set out. Key elements from the Letter include managing the ongoing demand from COVID-19, rapid implementation of the COVID-19 vaccination programme, maximising capacity to provide treatment to non-COVID-19 patients, preparedness to respond to the seasonal winter pressures and supporting the wellbeing of our workforce.

It also set out clear ambitions around how systems should address pandemic-related population health concerns as a direct result of COVID-19 in the areas of reducing health inequalities, expanding mental health provision and prioritising investment in primary and community care services.

There is also a clear framework for how systems should follow the new financial framework around funding (consistent with the NHS' Long Term Plan). A helpful summary by the NHS Confederation can be read here.

As part of national efforts to support all regions with the ongoing challenges of COVID-19, Amanda Pritchard, Chief Operating Officer for NHS England and NHS Improvement (NHS E/I) sent a further letter to NHS leaders on Tuesday 26th January.

The letter titled 'Reducing burden and releasing capacity to manage the COVID-19 pandemic' explains that systems should ensure they make pragmatic decisions about how best to free up management capacity and resources to focus on additional competing priorities around the vaccination programme and continued non-Covid care.

The letter encourages NHS trusts and foundation trusts to consider options including the pausing of all non-essential oversight meetings, streamlining assurance and reporting requirements and only maintaining those existing development workstreams that support recovery.

2.4 Safe Maternity Services during the COVID-19 Pandemic

The South Yorkshire and Bassetlaw Local Maternity and Neonatal System (LMNS) has published its 'Safe Maternity Services during the COVID-19 Pandemic' strategy. The document offers best practice guidelines to midwives and midwifery teams to ensure the care for women (and families) during the pandemic remains as unaffected as possible.

The LMNS has been ensuring service users are engaged with during these unprecedented service adaptions. By providing the most up to date evidence based information, the LMNS is working with partners to enable women to make choices that are personalised to their individual needs, wishes

and requirements.

The full document is published here:
https://www.healthandcaretogethersyb.co.uk/application/files/9516/0994/1635/Covid_Safety_Strategy_LMS_210104_v7_-_final.pdf

2.5 Sheffield City Region

The Sheffield City Region Mayoral Combined Authority and Local Enterprise Partnership approved their 20-year Strategic Economic Plan (SEP) on 28th January. The Plan sets out local leaders' blueprint to drive the region's recovery from COVID-19 and transform South Yorkshire's economy and society for people, businesses and places.

The SEP paves the way to a stronger, greener and fairer economy as the region looks to unlock its potential and create prosperity and opportunity for all. The ambition of the 20-year Strategic Economic Plan is for the South Yorkshire economy to look very different in 2041, with an extra £7.6bn Gross Value Added (GVA), 33,000 extra people in higher level jobs, reduced income inequality and improved wages by over £1,500 for the lowest paid, and a net zero carbon economy.

2.6 Mental Health White Paper

The government has published the Reforming the Mental Health Act White Paper, which sets out proposed changes to the Mental Health Act 1983. The paper also sets out proposals and ongoing work to reform policy and practice to support the implementation of a new Mental Health Act. The proposals take forward the majority of the recommendations made by the Independent Review of the Mental Health Act 1983.

The government is seeking views, until 21 April 2021, on the implementation and impact of the reforms. Feedback will inform the drafting of the Bill to amend the Act, which will be brought forward when parliamentary time allows.

2.7 SYB Recovery Plan

The pandemic has caused an unprecedented rise in waiting times for hospital and diagnostic care, interrupted ongoing care in the community for mental health and other long-term conditions and assessments for social care support. The impact has been devastating on our population, particularly on health inequalities which continue to widen. Our plan has always been to address inequities in access and outcomes through a collective partnership approach and we must now accelerate our efforts.

Before the Pandemic, South Yorkshire and Bassetlaw (SYB) had one of the lowest number of people nationally waiting over 52 weeks and today the region continues to hold a comparatively smaller over 52-week waiting list. Nonetheless, we are keen to address any delays and reduce the impact on our population.

The innovation and resourcefulness that helped to enable SYB's health and care system to continue delivering safe patient care during the pandemic will also be integral to our future plans. Our close partnership with the Yorkshire & Humber Academic Health Science Network will see the continuation of our co-developed Rapid Insights research - with a view to implementing recommendations where opportunities exist across the system.

As a partnership, we are now starting to shape the development of priorities for the coming year utilising the expertise and experience of our wider health and care partners to meet these challenges in the months and years ahead.

2.8 Sheffield Olympic Legacy Park

Proposals for the Sheffield Olympic Legacy Park (SOLP) were unveiled in January. The project, which involves and is supported by SYB partners, is set to yield significant economic and health benefits within SYB and across the UK.

It joins up a number of prestigious commercial (IBM and Canon Medical Systems Europe) and regional public sector partners on the 35-acre site benefiting from the cluster of specialised health and care, academia, clinical research and sports engineering centres.

Situated in the east of Sheffield, newly unveiled plans over the next five years are set to see a further 5,600 high value jobs created whilst generating over £2bn in Gross Value Added (GVA) benefits to support a post-pandemic and post-Brexit UK economy.

This development site is already home to a number of established research and development hubs including the English Institute of Sport Sheffield (EISS), Advanced Wellbeing Research Centre (AWRC) and National Centre of Excellence for Food Engineering (NCEFE), alongside the Oasis Academy Don Valley and the FlyDSA Arena, ensuring that it provides excellent transport links to the M1, tramway inter-connectivity to Sheffield and Rotherham but also with the possibility of greener links via the Sheffield & Tinsley Canal.

Perhaps one of the standout facilities on the Park will be development of the new national Centre for Child Health Technology (CCHT), thought to be the first of its kind globally, tasked with focusing on addressing issues that affect children and young people – with the added benefit of delivering over £200m in savings to the NHS in the next ten years.

In addition, Canon Medical Systems Europe will also host a world-leading diagnostic imaging lab and research centre, delivering ultramodern digital research and development capabilities to support the enhancement of diagnostics in the NHS.

I would like to acknowledge SYB partners Sheffield City Council, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Hallam University, Sheffield City Trust, Sheffield Children's NHS Foundation Trust and Yorkshire & Humber Academic Health Sciences Network for their exceptional work in supporting this key transformational project.

2.9 Anchor Networks

The impact the NHS has on people's health extends beyond the role as a provider of treatment and care. As large employers, buyers, and capital asset holders, our health care organisations are well positioned to use their spending power and resources to address social, economic and environmental factors that widen inequalities and contribute to poor health.

Anchor institutions are key to making a strategic contribution to the health and wellbeing of the local population and the local economy and include the NHS, along with local authorities, universities and other non-profit organisations. An Anchor Network goes one step further to bring the institutions together and early discussions are now taking place with the national team on what this means for SYB. A proposal is being developed with the four North ICSs taking a collective approach which will be informed by a system-wide event.

3. Finance update

At Month 9 the system is reporting a forecast surplus of £36.1m compared with a plan deficit of £3.9m. This is a significant improvement on the Month 8 forecast and reflects a reassessment of the forecast position at Month 9 and the continued impact of under-performance on elective activity and reduced cost pressures on CCG budgets.

Capital slippage has increase in Month 9 to a forecast £21.6m on planned spend of £163m or 13.2%. The slippage is due to the challenges of delivering a capital programme during the

pandemic, significant additional capital allocations for COVID-19 and critical infrastructure and the revisiting of a material business case. The slippage has been offset by a forecast unplanned charge of £9.5m for the Rotherham Carbon Energy scheme.

Because of the ongoing impact of the pandemic the financial framework that is in place for the second half of 20/21 will be rolled forward into at least the first quarter of 21/22. Further details are awaited.

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

Date: 3 February 2021

South Yorkshire and Bassetlaw Integrated Care System

Sheffield Olympic Legacy Park Update

Health Executive Group

9 February 2021

Author(s)	**Helen Stevens-Jones**
Sponsor	**Andrew Cash**

Is your report for Approval / Consideration / Noting

Noting

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

Building a sustainable health and care system

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

Strengthening our foundations

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

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

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

N/A

Summary of key issues

Recommendations

Sheffield Olympic Legacy Park update briefing

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

Health Executive Group

9th February 2021

1. Purpose

This briefing updates Health Executive Group members on the planned developments at the Sheffield Olympic Legacy Park following a virtual conference with stakeholders on 26 January 2021.

2. Sheffield Olympic Legacy Park update

Major health care, regeneration and sporting projects were announced for the Sheffield Olympic Legacy Park (SOLP) on 26th January 2021. The plans were unveiled at a virtual conference attended by over 150 national and regional figures across health and wellbeing, politics, property and investment, business and sport.

The SOLP builds from the legacy of Sheffield's involvement in sport, with the site hosting the 1991 World Student Games. Flagship developments in the new plan include a National Centre for Child Health Technology and a diagnostic imagery research hub.

The planned National Centre for Child Health Technology (CCHT) will be the first of its kind in the world, and will position the UK as a global leader in paediatrics and child health. The Centre will develop technology to address key national strategic priorities in child health including childhood obesity, child and adolescent mental health, long term conditions and prevention.

It brings together expertise from academia, elite sport, the NHS, and public and private sector organizations to create a cluster of life sciences assets including research centres, business incubators, educational facilities and laboratories for collaborative research and innovation in health and wellbeing.

A new Community Arena is also planned and will be home to a new, world-class diagnostic imaging lab and research centre for Canon Medical Systems Europe. The centre will deliver a state-of-the-art research hub for product development including AI (Artificial Intelligence) that promises to transform the speed and accuracy of diagnostics for the NHS. The new Community Arena will also provide community basketball facilities and become the new home of Sheffield Sharks Basketball Team.

A forward investment Master Plan is estimated to generate over 5,600 jobs and aims to ensure the Park will play a major role in the post-pandemic and post-Brexit economy of Sheffield and the Sheffield City Region.

A year ago, Sheffield Hallam University's £14m Advanced Wellbeing Research Centre (AWRC) opened at the heart of Sheffield Olympic Legacy Park. It features world-class facilities for multi-disciplinary researchers to carry out research on health and physical activity in collaboration with the private sector, charities and the community, with a focus on taking services and products from concept to market.

The SOLP will be able to be utilised by the NHS, academic partners and sports and fitness industries. It complements the existing research and excellence centre framework in Sheffield, including the Advanced Manufacturing Research Centre, the Centre of Excellence for Food Engineering and the Advanced Wellbeing Research Centre (SHU). It also presents a huge opportunity for local communities, particularly those living in the surrounding areas of East Sheffield to thrive with excellent transport links via the tram, M1 and the canal to provide a green link to the city centre.

To read more, go to: https://sheffieldolympiclegacypark.co.uk/latest-news/plans-revealed-for-over-200m-of-investment-on-olympic-legacy-site/

3. Recommendations

HEG members are asked to note the update.

Paper prepared by Helen Stevens-Jones
On behalf of Andrew Cash

Date 28th January 2021

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th March 2021

Item No: 197

Report Title	Mental Health Investment Standard (MHIS) Statement of Compliance - 2019/20
Author(s)	Matt James – Senior Finance Manager Commissioning
Sponsor (Director)	Richard Chapman, Chief Finance Officer

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

Recommendations

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

1. The MHIS Statement of Compliance has been prepared in accordance with the Audit of the MHIS Briefing for Clinical Commissioning Groups and supporting guidance;
2. The financial information underpinning the MHIS Statement of Compliance is reliable and accurate;
3. There are proper internal controls over the preparation of the MHIS Statement of Compliance to ensure that mental health expenditure is correctly classified and included in the MHIS Statement of Compliance, and these controls are subject to review to confirm that they are working effectively in practice; and
4. The MHIS Statement of Compliance is free from material misstatement, whether due to fraud or error.

Report Summary

The MHIS Independent Review for 2019/20 is close to completion. As the Governing Body we are required to write a letter of representation to the auditors, KPMG, confirming the 4 statements above. A copy of the letter signed by the CFO representing the Governing Body is attached.

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
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
No
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
No
Have any Conflicts of Interest been identified/ actions taken?
No
Governing Body Assurance Framework
N/A
Identification of Key Risks
None

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Andrew Cardoza
KPMG LLP
One Snowhill
Snowhill
Queensway
Birmingham
B4 6GH

25 February 2021

Dear Andrew

MHIS Statement of compliance 2019/20 - MANAGEMENT REPRESENTATION LETTER

This representation letter is provided in connection with your reasonable assurance engagement regarding the Mental Health Investment Standard Statement of Compliance of NHS Derby and Derbyshire Clinical Commissioning Group (the "**CCG**") for the year ended 31 March 2020. It is provided for the purpose of forming a conclusion, based on reasonable assurance procedures, on whether the Mental Health Investment Standard Statement of Compliance is in all material respects prepared in accordance with the NHS England publication '*Assurance Engagement of the Mental Health Investment Standard Briefing for Clinical Commissioning Groups'* under ISAE (UK) 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information.*

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, that: the Mental Health Investment Standard Statement of Compliance is prepared in all material respects in line with the criteria set out in the NHS England publication the '*Assurance Engagement of the Mental Health Investment Standard Briefing for Clinical Commissioning Groups'*.

The Governing Body confirms that:

a) The Mental Health Investment Standard Statement of Compliance has been prepared in accordance with the Audit of the Mental Health Investment Standard Briefing for Clinical Commissioning Groups and supporting guidance;

b) The financial information underpinning the Mental Health Investment Standard Statement of Compliance is reliable and accurate;

c) There are proper internal controls over the preparation of the MHIS Statement of Compliance to ensure that mental health expenditure is correctly classified and included in

the MHIS Statement of Compliance, and these controls are subject to review to confirm that they are working effectively in practice; and

d) The Mental Health Investment Standard Statement of Compliance is free from material misstatement, whether due to fraud or error.

Yours sincerely

Richard Chapman
Chief Finance Officer

NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
4th February 2021 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 (part meeting)
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
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

Apologies:

Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Steven Lloyd	SL	Medical Director

In attendance:

Dr Kath Bagshaw	KB	Deputy Medical Director
Kate Brown	KBr	Director of Planning and Primary Care (part meeting)
Ian Lawrence	IL	Clinical Director of Integration and CCIO, DCHSFT
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Fran Palmer	FP	Governance Manager
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
GBP/2021/155	**Welcome, Apologies & Quoracy** Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were received as above. It was confirmed that the meeting was quorate.	

GBP/2021/156	**Questions from members of the public** No questions were received from members of the public.	
GBP/2021/157	**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. Dr Kath Bagshaw (KB), Deputy Medical Director, who attended the meeting today to deputise for Dr Steve Lloyd, advised that she is a GP Partner at the Littlewick Medical Centre. Littlewick Medical Centre is a constituent practice of Erewash Health Partnership. Her declarations are recorded on the CCG's Register of Interests. No further declarations of interest were made and no changes were requested to the Register of Interests.	
GBP/2021/158	**Chair's Report** AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. Of particular note was the vaccination programme and the immense work undertaken from a standing start to being able to deliver the high levels of vaccinations now being achieved. AB placed on record his thanks, on behalf of the Governing Body and the wider health and care system leaders, for the fantastic and often unsung work that colleagues are delivering every day to make the vaccination programme in Derbyshire a success. It was commented that there is national evidence to demonstrate the success of the high levels of flu vaccinations this winter; as a consequence of these vaccinations, social distancing, hand sanitisation and isolation there have been fewer cases of flu and hospital admissions this year. However, as a result of this, it will likely be difficult to identify trends in the flu virus from other countries, as in previous years, which may lead to ineffective flu vaccines for 2021/22. **The Governing Body NOTED the contents of the report**	
GBP/2021/159	**Chief Officer's Report** Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The paper was taken as read. In his absence Helen Dillistone (HD) presented the paper and the following points of note were made: • The pressure is still very much being felt across the Derbyshire System and the demand for COVID beds remains high.	

	• As part of the way in which the System works, there is a structured process by which the System Leaders are brought together to facilitate difficult decisions and provide quick responses. System Escalation Calls are held 3 times a week and weekends if necessary. • The vaccination response has been huge across Derbyshire – further details will be provided by CC in his presentation later in the meeting. • Whilst the COVID pandemic continues, there is also a need to plan for the journey towards a Derbyshire Integrated Care System (ICS). At the previous meeting it was reported that Derbyshire had become a newly appointed ICS. The Joined Up Care Derbyshire (JUCD) Board recently held its first meeting in public as a newly-appointed ICS. The Board heard updates on the ongoing NHS England discussion to give ICS's more statutory powers, along with emerging thoughts on how provider collaboration can be further developed at scale across services in communities. The continued development of relationships with partners across communities is of utmost importance, and will be key to the success of collaborative working. • Continuing to engage with the public and stakeholders throughout the pandemic is incredibly important. Two events have recently been held for Patient Participation Groups, a Derbyshire Dialogue session on NHS 111 First and a Maternity Voices Network event. Weekly vaccination programme update meetings are held with MPs. Regular meetings are held with Councillors to keep them updated on the COVID situation and the vaccination programme. The CCG is grateful for all the support in sharing feedback and key messages across communities. • Thanks were given to the incredible frontline staff working across the health and social care system that work tirelessly and unstintingly to provide care and support for people in all health and care settings. **The Governing Body NOTED the contents of the report**	
GBP/2021/160	**Constitution Amendment** Richard Chapman (RCp) advised that, as a result of the vaccination programme, significant workload pressures are being experienced by both the Medical Director and the Director of GP Development. This could result in the inability to approve invoice payments in a timely manner, and delay cash flows to primary care providers at a critical time. The Executive Team has agreed for all invoices/payment files, which are the responsibility of either the Medical Director or the Director of GP Development, to be redirected to the Associate Director of Finance on a temporary basis in order to free up time. RCp also advised that the same arrangements had been implemented for the Nursing and Quality Directorate. It was confirmed that these arrangements have been discussed and agreed with Internal Audit. Andrew Middleton (AM), as Chair of the Finance Committee, stated that the Finance Team's record of paying 99.9% of invoices on time is something to be proud of; he queried if these arrangements will put this high record at risk. RCp responded that these arrangements have been implemented in order to enable all providers to be paid on time and prevent any cash flow issues.	

	The Governing Body APPROVED the Interim Arrangements within the Constitution for the Primary Care and Nursing and Quality Directorates	
GBP/2021/161	**COVID-19 Position Update** CC gave a presentation on the up-to-date COVID-19 position for Derbyshire, a copy of which will be circulated to members post meeting. The following points of note were made / questions raised in relation to the presentation: • It was queried if the issues with vaccinations were due to supply rather than an ability to vaccinate. CC responded that one of the challenges as the programme has been rolled out was building up capacity and bringing sites and centres on stream, and supplying all of these facilities. Assurance was provided that there is an adequate supply into Derbyshire to vaccinate the top 4 cohorts; work is being undertaken to plan for vaccines to be matched to where they are most needed in order to meet the required targets. • Concern was expressed around staff mental health and burnout, as they are working flat out covering the vaccination programmes whilst a backlog of patients, that will need to be seen when the pandemic ends, is building up. It was asked what the annual leave position looked like and how this was being built in. CC advised that the concerns are well understood in terms of the challenges the pandemic has brought to a host of staff; images have been seen in the media of the challenges staff are facing in Intensive Care Units. Staff who work in different settings, with circumstantial challenges, are equally as important. Work is being undertaken nationally on how to support staff groups; the CCG has health and wellbeing support in place for its staff. CC confirmed that staff are being encouraged to take annual leave to refresh themselves. The Executive Team is currently working through the annual leave policy to ensure that staff are not carrying over too much annual leave. • The work of the volunteers and administration staff involved in running the vaccination centres was highlighted and the 'thank you to everyone involved' message was reinforced; people are doing above and beyond their day jobs and the patients really appreciate it. CC is trying to steer the organisation through the recognised challenges of this massive programme, that so far has delivered an incredible number of vaccines; we should all take pride in this. The collective efforts overall have resulted in an amazing job and efforts will continue until the task is finished, with learning occurring as we go. Thank you to everyone. **The Governing Body NOTED the presentation provided**	
GBP/2021/162	**Finance Report – Month 9** Richard Chapman (RCp) provided an update on the Month 9 position. The following points of note were made: • The CCG has a Year -To-Date (YTD) surplus of £9.379m. • The Operating Cost Statement demonstrates that the CCG had a deficit of £3.301m for the first half of the financial year and will have a	

	surplus of £6.4m for the second half, resulting in an expected surplus outturn of £3.13m at year end. • Details of the current run rate based on the second half of the year expenditure were provided for information. A description was also given of the changes to the run rates expected by the end of March. • The reasons for the changes in forecast outturn between Months 8 and 9 were provided for information. • The System YTD and forecast outturn situation was presented. The System started the year with a £33.9m deficit but is now moving into a surplus position. An £11.6m System surplus is forecast at year end. **The Governing Body NOTED the following:** • **The financial arrangements for H2, October 2020 to March 2021** • **The reported YTD underspend is £9.379m** • **Allocations of £13.195m for COVID costs M7 to M9, £9.709m relating to M7 and M8 expected in M10** • **The cumulative COVID allocation stands at £33.32m** • **The cumulative top-up allocation stands at £6.386m** • **These figures relate to the period H1. They include a retrospective reduction to the H1 top-up allocation for £3.3m however an amendment £0.479m is expected in M10** • **A full year expenditure underspend of £3.13m is forecast**	
GBP/2021/163	**Finance Committee Assurance Report – January 2021** AM provided a verbal update following the Finance Committee meeting held on 28th January 2021. The following points of note were made: • In these ultimately abnormal, dynamic times, with the recovery and restoration put on hold, demand may well be high when things revert back to near normal. • The resource challenges have not gone away; they are only being masked by the COVID situation and abnormal behaviours. • 2021/22 could also be another abnormal financial year. • The CCG has been challenged to provide a strong steer as to the financial pressures that will be faced in Derbyshire; it is important that this is seen as a System issue, as any decisions made will have lasting effects for years to come. • The System Finance Oversight Group is getting closer to preparing to become an ICS and will continue to meet to work through the challenges. **The Governing Body NOTED the verbal update for assurance purposes**	
GBP/2021/164	**Audit Committee Assurance Report – January 2021** Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 21st January 2021. The report was taken as read and the following points of note were made: • The work of Internal Audit has been impacted and the Audit Plan has been adjusted accordingly in line with this. It was confirmed that audit coverage has still provided a secure basis on which to test internal	

	CCG controls. • A full report was received from the Counter Fraud service which denoted the high level of cybercrime associated with the pandemic; however no local incidents were reported. • A review of future external audit arrangements is to be undertaken in light of KPMG undertaking work elsewhere within the NHS which may result in future conflicts of interest. **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/165	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – January 2021** Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 14th January 2021. The report was taken as read and the following points of note was made: The Committee received and ratified the following CPAG updates: • 1a - Position statement for reversal of male and female sterilisation • 1b - Position statement for laser treatment for myopia • 1c - Removal of Benign skin lesions policy • 1d - Functional Electrical Stimulation (FES) policy **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/166	**Engagement Committee Assurance Report – January 2021** Simon McCandlish (SM) provided an update following the Engagement Committee meeting held on 20th January 2021. SM advised that it was a positive meeting with no issues to highlight; the time was used efficiently. The report was taken as read. A paper was received on the development of a new integration index. It was asked what this index would be looking for. The paper allowed the Committee to quantify the issues discussed in the report, which was seen as a point of learning. Closer working will help to provide real benefits and better value for money of scare resources. **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/167	**Governance Committee Assurance Report – January 2021** Jill Dentith (JD) provided an update following the Governance Committee meeting held on 21st January 2021. The report was taken as read and the following points of note were made: The Committee approved the following Corporate Policies and Procedures: • Business Continuity Plan • Business Continuity Policy	

	• Emergency Planning Resilience and Response Policy Statement • Health and Safety Policy The Committee approved the following Digital / IT Policies and Procedures: • Acceptable Use Policy • Information Handling and Classification • Communication and Information Security • Third Party Supplier <u>Derbyshire Maternity and Neonatal Voices committee</u> - The Committee approved the governance arrangements as follows: • To support the provision of the Derbyshire Maternity and Neonatal Voices Partnership (DMNV) • To recommend the formal connection of the DMNV to the Quality and Performance Committee • To support the provision of supervision within the CCG to ensure that objectives and deliverables are assured <u>Business Continuity, Emergency Planning Resilience and Response 2020/21 (including COVID-19 and adverse weather conditions) and EU Exit Transition Update</u> - The Committee noted this update. Assurance was provided that the EU transition was working well in the CCG and that a watching brief will be kept on it. <u>Freedom to speak up Guardian role</u> - A verbal update was noted and the Committee agreed to promote the role of the Guardian through the Communications team. <u>Complaints Annual Report 2019/20</u> - The Committee noted the content of the report and raised concern at the number of complaints being fully or partially upheld, particularly in relation to Continuing Healthcare (CHC) which suggested that there may be issues with the process. The Committee requested that this be discussed by the Executive Team and asked for options to be reported back on how it could be managed to get it back on track. It was commented that CHC is a very emotive issue, with many unpopular decisions having to be made; even if everything was completed correctly there would still be complaints in relation to outcomes. JD advised that the complaints were mainly around the processes undertaken to make the decisions, and the procedures underpinning them. Brigid Stacey (BS) advised that the processes for CHC have been tightened up in order to reduce expenditure; a number of processes are being upheld in relation to bringing in an external company and rightsizing the procedures in order to adhere to the CHC framework more stringently. Although the complaints were upheld, the processes are right. A further report will be provided to the Committee in due course. **The Governing Body NOTED the contents of the report for assurance purposes**	

GBP/2021/168	**Primary Care Commissioning Committee (PCCC) Assurance Report – January 2021** Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting held on 27th January 2021. All of the usual standing items were dealt with and there was nothing else for discussion at this point in time. **The Governing Body NOTED the verbal update for assurance purposes**	
GBP/2021/169	**Quality and Performance Committee (Q&PC) Assurance Report – January 2021** Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 28th January 2021. The report was taken as read and the following points of note were made: • This was a much shorter meeting than usual due to the current COVID-19 pressures. • The Committee approved the Safeguarding Adults, Safeguarding Children, Looked After Children and the Child Death Overview Panel Annual Reports for 2019/20 **The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks**	
GBP/2021/170	**CCG Risk Register – January 2021** This report was presented to the Governing Body to highlight areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 31st January 2021. HD requested approval to reduce the following two risks: <u>Risk 027</u>: 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. This risk was decreased in score from a very high 16 to a high score of 12 due to experience gained from the first lockdown and subsequent learning. This was approved at the Q&PC meeting held on 28th January 2021. BD advised that the Q&PC was sufficiently assured by the systems and processes in place to reduce this risk. <u>Risk 10</u>: 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. This risk was decreased in score from a high 12 to a high 8 due to Business Continuity arrangements being enacted and embedded over the	

	past year and the further development of strengthened partnership working both with health colleagues and other key stakeholders. This was approved virtually by the Governance Committee on 28th January 2021. JD advised that this risk had been reduced due to better enactment and wider embedding of arrangements within the organisation and closer working with System partners. **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 2021** • **Appendix 2 which summarises the movement of all risks in January 2021** • **APPROVED the reductions in scores for Risk 10 and Risk 27 respectively**	
GBP/2021/171	**Governing Body Assurance Report (GBAF) – Quarter 3** The Governing Body Assurance Framework (GBAF) provides a structure and process that enables the organisation to focus on the strategic and principal risks that might compromise the CCG in achieving its corporate objectives. It also maps out both the key controls in place to manage the objectives and associated strategic risks, and provides the Governing Body with sufficient assurance on the effectiveness of the controls. HD presented the GBAF for Quarter 3 advising that the responsible Corporate Committees have scrutinised and approved the risks at their respective Committee meetings during January 2021. The following movements in risk scores have been undertaken after consideration at these Committees: GBAF Risk 1 – Assigned to the Q&PC - has been increased in risk score from a high 9 to a high score of 12. GBAF Risk 2 – Assigned to the Q&PC - has been increased in risk score from a high 12 to a very high score of 16. BS advised that the Q&PC has implemented a GBAF Task and Finish operational group which reviews its risks on a monthly basis. It was agreed that this was good custom and practice. GBAF Risk 4A – Assigned to the Finance Committee - has been decreased in risk score from a very high 16 to a high score of 8. GBAF Risk 4B – Assigned to the Finance Committee - has been decreased in risk score from a high 16 to a high score of 8. GBAF Risk 5 – Assigned to the Engagement Committee - has been reduced in risk score from a high 12 to a high 9. This reflects the appetite and development to implement the Derbyshire Dialogue programme. **The Governing Body AGREED the 2020/21 Quarter 3 (October to December) Governing Body Assurance Framework** **The Governing Body APPROVED the changes in risk scores for the above risks**	

GBP/2021/172	**Joined Up Care Derbyshire Board Update – January 2021** CC provided an update on the discussions held at the Joined Up Care Derbyshire Board meeting held on 21st January 2021. The report was taken as read. **The Governing Body RECEIVED and NOTED this update for information and assurance purposes**	
GBP/2021/173	**Team Up Derbyshire – Update** Dr Ian Lawrence (IL), JUCD Lead for the Ageing Well Programme, attended to introduce this item for information initially before bringing it for further discussions following consideration at the CLCC and PCCC meetings. It is an ambitious programme to transform the way the System treats and cares for housebound patients. It is proposed to build a platform for the integration of services to housebound patients through Networks, Community Services, General Practices, Adult Social Care and Mental Health over the next 2 or 3 years. A high level overview was provided for information. The following points of note were made / questions raised: • Although supportive of the proposed set out, there will be a requirement to go through the required governance channels. The governance processes need to be clear and robust and underpin the initiative. IL confirmed that the steps to be undertaken have been outlined in the proposal. It will be presented to the CLCC, PCCC and ET in March. This update was provided primarily for those people who do not attend these forums. • The concept of an MDT approach is a great idea which should release GP resources for patients that are not housebound. The service ideally should take on responsibility for the patients with GP oversight. The clinical responsibilities need to be made clear in order to prevent a disjoined system. IL explained that there is more detail available which responds to this point. • More detail around the finances and where the extra funding will come from was requested. • Concern was expressed around the central recording of information for these patients and making it available for all clinicians to see. • The Primary Care Estates Strategy needs to link in with these future developments. • A caution was expressed when defining responses i.e. urgent or proactive. • There was confusion as to whether this would include care homes. • All meetings held to discuss this item would need to manage GP conflicts of interest appropriately; GPs have a lot to contribute but could be stymied by conflicts which could potentially result in this initiative not receiving the best outcome. AB considered that, if this is the right way forward for health and wellbeing in Derbyshire, the governance should not be a barrier. It needs to be ensured that everything is done correctly, that the clinical model is right and any conflicts managed sensibly. The Clinical and Professional Reference Group (CPRG) could be used as a System forum to provide	

	clinical and professional input. **The Governing Body:** • **SCRUTINISED the proposal to integrate community care in Derbyshire** • **NOTED the level of Derbyshire's ambition, which is greater than the ask associated with the national Ageing Well programme** • **WELCOMED the progress made to date** • **ACKNOWLEDGED and CONTRIBUTED to development of the proposed next steps towards implementation**	
GBP/2021/174	**Safeguarding Reports** • **The Safeguarding Children Annual Report – 2019/20** • **The Looked after Children Annual Report – 2019/20** • **The Safeguarding Adult Annual Report – 2019/20** • **The Child Death Overview Panel Annual report – 2019/20** **The Governing Body RECEIVED and NOTED these reports for information and assurance purposes**	
GBP/2021/175	**JUCD Board Minutes – November 2020** **The Governing Body RECEIVED and NOTED the minutes of the above meeting for information and assurance purposes**	
GBP/2021/176	**Ratified Minutes of DDCCG's Corporate Committees:** • Audit Committee – 19.11.2020 • Engagement Committee – 18.11.2020 • Governance Committee – 12.11.2020 • Primary Care Commissioning Committee – 16.12.2020 • Quality and Performance Committee – 18.12.2020 **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2021/177	**South Yorkshire and Bassetlaw Integrated Care System CEO Report – January 2021** **The Governing Body RECEIVED and NOTED this report**	
GBP/2021/178	**Minutes of the Governing Body meeting in public held on 14th January 2021** **The minutes of the above meeting were agreed as a true and accurate record**	
GBP/2021/179	**Matters Arising / Action Log** <u>Item GBP/2021/139 – Derbyshire Shared Care Records</u> It was asked if time and money is spent implementing this, whether it will	

	delay moving towards completely shared records – RCp advised that this is part of this process. In the past a lot of money has been spent on trying to obtain Shared Care Records but nothing has happened; assurance was requested that this is not heading in the same direction. Some reservations were made as to whether it was fit for purpose. RCp confirmed that this initiative has already been undertaken elsewhere in the country; the preferred bidder has already implemented this system in Dorset and learning is being taken from this. Item closed but the Governing Body will be kept informed of future implementation. <u>Item GBP/2021/114</u> – It was asked if seeing patients with low level mental health concerns was an inappropriate use of GP time and if there is another more appropriate service for first level mental health needs. Derbyshire Healthcare Foundation Trust has implemented a 24 hour mental health helpline for all Derbyshire residents. Digital First options are available for children and young people - Kooth and Qwell, and for adults Silvercloud and IAPT are in place. In April 2021 mental health practitioners are coming on line in PCNs, and post-COVID syndrome clinics will have a mental health component to them. The Derbyshire Pathfinder has an array of mental health resources available for both GPs and patients. A summary was requested for distribution to practices of the mental health interventions available. Item closed.	**KB**
GBP/2021/180	**Forward Planner** **The Governing Body NOTED the Planner for information**	
GBP/2021/181	**Any Other Business** None raised.	
DATE AND TIME OF NEXT MEETING Thursday 4th March 2021 – 9.30am to 11am via Microsoft Teams		

Signed by: ……. Dated: ……
(Chair)

NHS
Derby and Derbyshire
Clinical Commissioning Group

GOVERNING BODY MEETING IN PUBLIC
ACTION SHEET – February 2021

Item No.	Item title	Lead	Action Required	Action Implemented	Due Date
2020/21 Actions					
GBP/2021/140	Collaborative Commissioning Development	Zara Jones / Helen Dillistone	End mapping of governance underpinning was requested to ensure a smooth transition. A transition roadmap was also requested.		May 2021 May 2021
GBP/2021/139	Derbyshire Shared Care Records Update	Richard Chapman	It was asked if time and money is spent implementing this, whether it will delay moving towards completely shared records.	RCp advised that this is part of this process.	**Item complete**
		Richard Chapman / Governing Body GPs	In the past a lot of money has been spent on trying to obtain Shared Care Records but nothing has happened; assurance was requested that this is not heading in the same direction. Some reservations were made as to whether it was fit for purpose.	RCp confirmed that this initiative has already been undertaken elsewhere in the country; the preferred bidder has already implemented this system in Dorset and learning is being taken from this. Item closed but the Governing Body will be kept informed of future implementation.	**Item complete**
		Richard Chapman	RCp agreed to provide feedback and answers to the questions raised at the February meeting following the signing of the contract in mid-January.		**Item complete**

GBP/2021/114	COVID-19 Primary Care Update	Dr Steve Lloyd / Dr Kath Bagshaw	It was asked if seeing patients with low level mental health concerns was an inappropriate use of GP time and if there is another more appropriate service for first level mental health needs.	Derbyshire Healthcare Foundation Trust has implemented a 24 hour mental health helpline for all Derbyshire residents. Digital First options are available for children and young people - Kooth and Qwell, and for adults Silvercloud and IAPT are in place. In April 2021 mental health practitioners are coming on line in PCNs, and post-COVID syndrome clinics will have a mental health component to them. The Derbyshire Pathfinder has an array of mental health resources available for both GPs and patients. A summary will be distributed to all practices, via the GP membership Bulletin, of the mental health interventions available.	**Item complete**
GBP/2021/113	Primary Care Commissioning Committee (PCCC) - Updated Terms of Reference	Helen Dillistone	It was queried whether there is a need for 3 Lay Members to attend the PCCC, in light of the fact that other Committees have reduced their lay membership.	The membership for PCCC has been considered. Three Lay Members are required on the membership to provide a balance to the CCG voting members and to ensure that there are 2 lay members for quoracy of decisions	**Item complete**

NHS
Derby and Derbyshire
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Derby and Derbyshire CCG Governing Body Forward Planner 2020/21

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
WELCOME/ APOLOGIES												
Welcome/ Apologies and Quoracy	X	X	X	X	X	X	X	X	X	X	X	X
Questions from the Public	X	X	X	X	X	X	X	X	X	X	X	X
Declarations of Interest • Register of Interest • Summary register of interest declared during the meeting • Glossary	X	X	X	X	X	X	X	X	X	X	X	X
CHAIR AND CHIEF OFFICERS REPORT												
Chair's Report	X	X	X	X	X	X	X	X	X	X	X	X
Chief Executive Officer's Report	X	X	X	X	X	X	X	X	X	X	X	X
FOR DECISION												
Review of Committee Terms of References	X						X					
FOR DISCUSSION												
360 Stakeholder Survey												X
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	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	
Strategic Risks and Strategic Objectives		X										
Annual Report and Accounts			X									
AGM						X						
Corporate Committees Annual Report s				X								
Joined Up Care Derbyshire Board Update	X		X		X		X		X		X	
FOR INFORMATION												
Director of Public Health Annual Report						X						
Minutes of Corporate Committees												
Audit Committee	X	X	X				X		X		X	
Clinical & Lay Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X
Engagement Committee	X	X	X	X	X	X	X	X		X	X	X
Finance Committee	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee	X		X		X		X		X		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	

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
Minutes of Health and Wellbeing Board Derbyshire County												X
Minutes of Joined Up Care Derbyshire Board							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												

H&WB meetings –

Derby City dates – 14th January 2021, 18th March 2021, 13th May 2021

Derbyshire County dates – 1st April 2021