

NHS DERBY AND DERBYSHIRE CCG
GOVERNING BODY – MEETING IN PUBLIC

Date & Time: Thursday 5th May 2022 – 9am to 10.30am
Via Microsoft Teams

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

Item	Subject	Paper	Presenter	Time
GBP/2223/023	Welcome, Apologies & Quoracy Apologies: Dr Merryl Watkins, Ian Gibbard, John MacDonald, Sue Sunderland	Verbal	Dr Avi Bhatia	9.00
GBP/2223/024	Questions from members of the public	Verbal	Dr Avi Bhatia	
GBP/2223/025	Declarations of Interest <ul style="list-style-type: none"> • Register of Interests • Summary register for recording any conflicts of interests during meetings • Glossary 	Papers	Dr Avi Bhatia	
CHAIR AND CHIEF OFFICER REPORTS				
GBP/2223/026	Chair's Report	Paper	Dr Avi Bhatia	9.05
GBP/2223/027	Chief Executive Officer's Report	Paper	Dr Chris Clayton	
FOR DISCUSSION				
GBP/2223/028	Staff Survey Results 2021/22	Paper	Helen Dillistone	9.20
GBP/2223/029	Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022	Paper	Brigid Stacey	
CORPORATE ASSURANCE				
GBP/2223/030	Finance Report – Month 12	Paper	Richard Chapman	9.50

GBP/2223/031	Joint CCG Finance Committee and System Finance and Estates Committee Assurance Report – April 2022	Verbal	Andrew Middleton	
GBP/2223/032	Audit Committee Assurance Report – April 2022	Paper	Jill Dentith	
GBP/2223/033	Clinical and Lay Commissioning Committee Assurance Report – April 2022	Paper	Professor Ian Shaw	
GBP/2223/034	Derbyshire Engagement Committee Assurance Report – April 2022	Paper	Martin Whittle	
GBP/2223/035	Governance Committee Assurance Report - April 2022	Paper	Jill Dentith	
GBP/2223/036	Primary Care Commissioning Committee Assurance Report – April 2022	Paper	Professor Ian Shaw	
GBP/2223/037	Quality and Performance Committee Assurance Report – April 2022	Paper	Dr Buk Dhadda	
GBP/2223/038	CCG Risk Register – April 2022	Paper	Helen Dillistone	
FOR INFORMATION				
GBP/2223/039	2022/23 Operational Plan - Final submission	Paper	Zara Jones	10.20
GBP/2223/040	2022/23 Finance Plan – Final submission	To follow	Richard Chapman	
GBP/2223/041	Ratified Minutes of Corporate Committees: <ul style="list-style-type: none"> • Audit Committee – 17.3.2022 • Governance Committee – 10.2.2022 • Derbyshire Engagement Committee – 15.3.2022 • Primary Care Commissioning Committee – 23.3.2022 • Quality and Performance Committee – 31.3.2022 	Papers	Committee Chairs	
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/2223/042	Minutes of the Governing Body Meeting in Public held on 7 th April 2022	Paper	Dr Avi Bhatia	10.25
GBP/2223/043	Matters arising from the minutes not elsewhere on agenda: <ul style="list-style-type: none"> • Action Log – April 2022 	Paper	Dr Avi Bhatia	

GBP/2223/ 044	Forward Planner	Paper	Dr Avi Bhatia	
GBP/2223/ 045	Any Other Business	Verbal	All	

Date and Time of Next Meeting: Thursday 16th June 2022 at 9am via MST

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

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

Name	Job Title	Committee Member	Also a member of	Declared Interest (including direct/ indirect interest)	Type of Interest				Date of Interest		Action taken to mitigate risk	
					Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To		
Bhatia, Dr Avi	Clinical Chair	Governing Body	Erewash Place Alliance Group Derbyshire Primary Care Leadership Group Joined Up Care Derbyshire Long Term Conditions Workstream	GP Partner at Moir Medical Centre	✓				2000	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				GP Partner at Erewash Health Partnership	✓				April 2018	Ongoing		
				Spouse works for Nottingham University Hospitals in Gynaecology					✓	Ongoing		Ongoing
Blackwell, Dr Penny	Governing Body GP	Governing Body	Derbyshire Primary Care Leadership Group Derbyshire Place Board Dales Health & Wellbeing Partnership Dales Place Alliance Group Joined Up Care Derbyshire Long Term Conditions Workstream	Director of Flourish Derbyshire Dales CIC, which aims to provide creative arts and activity projects and to support others in this activity for the Derbyshire Dales		✓			Feb 2019	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				GP partner at Hannage Brook Medical Centre, Wirksworth. Interests in Drug misuse	✓				Oct 2010	Ongoing		
				GP lead for Shared Care Pathology, Derbyshire Pathology					2011	Ongoing		
Braithwaite, Bruce	Secondary Care Specialist	Governing Body	Audit Committee Clinical & Lay Commissioning Committee	Shareholder in BD Braithwaite Ltd, which provides clinical services to Independent Healthcare Group and provides private medical services in the East Midlands (including patients who are not eligible for NHS funded treatment according to CCG guidelines)	✓				Aug 2014	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				Employed by Nottingham University Hospital NHS Trust which is commissioned by the CCG to provide services to NHS patients.	✓				Aug 2000	Ongoing		Declare interest in relevant meetings
				Founder Member, Shareholder and Director of Clinical Services for Alliance Surgical plc which is a company that bids for NHS contracts.	✓				July 2007	Ongoing		Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Chapman, Richard	Chief Finance Officer	Governing Body	Clinical & Lay Commissioning Committee System Finance and Estates Committee Primary Care Commissioning Committee	Fellow of the Royal College Of Surgeons of England and Member of the Vascular Society of Great Britain and Ireland. Advisor to NICE on an occasional basis.			✓		Aug 1992	Ongoing	No action required	
				Honorary Associate Professor, University of Nottingham, involved in clinical research activity in the East Midlands.			✓		Aug 2009	Ongoing	No action required	
				Medical Director of Independent Healthcare Group which provides local anaesthetic services to NHS patients in Leicestershire, Gloucestershire, Wiltshire and Somerset.	✓				Oct 2020	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				Chief Medical Officer for Circle Harmony Health Limited which is part owned by Circle Health Group who run BMI and Circle Hospitals	✓				Aug 2020	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				Nil							No action required	
Clayton, Dr Chris	Chief Executive Officer	Governing Body	Clinical & Lay Commissioning Committee Primary Care Commissioning Committee System Finance and Estates Committee	Spouse is a partner in PWC					✓	2019	Ongoing	Declare interest at relevant meetings
Cooper, Dr Ruth	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Derbyshire Primary Care Leadership Group North East Derbyshire & Bolsover Place Alliance Group GP Workforce Steering Group Alliance for Clinical Transformation Dermatology System EAF Planned Care Delivery Board Enhanced Health in Care Homes Working Group	Locum GP at Staffa Health, Tibshelf	✓				Dec 2020	Ongoing	Declare interests at relevant meetings and Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair	
				Shareholder in North Eastern Derbyshire Healthcare Ltd	✓				2015	Ongoing		
				Director of IS and RC Limited, providing medical services to Staffa Health and South Hardwick PCN, which includes the role of clinical lead for the Enhanced Health in Care Homes project	✓				03/02/2021	Ongoing		
				Fundraising Activities through Staffa Health to support Ashgate Hospice and Blythe House						✓	Ongoing	Ongoing

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

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

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

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

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

Abbreviations & Glossary of Terms

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

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

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

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

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

Governing Body Meeting in Public

5th May 2022

Item No: 026

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

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

Recommendations

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

Report Summary

Following an intense period of developing the governance structures and approach for the new Integrated Care Board and wider Integrated Care System, at a time when service pressures – including those of my own team in general practice in Long Eaton – have been a huge focus for our health and care services, it is rewarding that we are now taking significant steps forward in seeing the fruits of our labours.

I have reported previously on the developments of our Clinical and Professional Leadership Group (CPLG), where we have been revisiting the requirement and role that clinicians and care professionals can play in policy development, but also in acting as a prominent leadership group on behalf of the system. This has evolved significantly, and I am very excited about our first wider networking event that will take place on Tuesday 10th May, where we have invited everyone from a clinical or care professional background to discuss the vision for professional leadership development in Derby and Derbyshire, be inspired to join the movement of supportive and distributed leadership networks across our system and to become empowered to harness the difference that can be made to care through innovation in leadership connectivity and collaboration. We have a wide delegate list from across all partner organisations and it will be a rewarding milestone to share the vision and bring a much wider group of professionals into the discussion, having taken such care to develop it with my clinical and professional colleagues.

A further exciting development is the Population Health Management programme. Derby and Derbyshire is in wave four of this brand-new national programme which aims to use data and intelligence to help frontline teams understand current health and care needs and predict what local people will need in the future. We are only a few weeks into the programme, and already our Primary Care Network pilots have

identified very well-defined cohorts of people who, for example, are aged around 40 and therefore at an age where the impact of excess weight is known to begin to develop into longer-term impacts on health, and so that when in their 50s they will be at risk of increased hypertension, heart disease and other health problems. Intervening early, engaging with people who have recognised their risk factors but haven't spoken to their clinician about it yet, are the very essence of our prevention agenda. We know that getting help before any real, serious damage is done will extend someone's life, keep them healthier as they move into older age, increase their quality of life and at the same time reduce the burden on the NHS.

This work is all driven through an initial phase of very detailed data analysis, with a different approach to reviewing multiple data sets which has told us different stories about the health of our population, where for example some obesity data sets challenged our previously held hypotheses. It is such exciting work and despite it being very early days in the development programme, we are already recognising the impact this is going to have both now, and in the future once the programme is operating at scale. We can already measure things that are 'happening' but this programme gives us the focus on understanding things that are 'not happening', and where these are going to have a negative effect on someone's health in the future.

I give full credit to my colleagues in general practice and local authorities who are leading this work, and we will continue to report progress. PHM is new, but it is mission critical in not only improving local health, but helping to reduce the broader pressure on our health and care system.

Dr Avi Bhatia
Clinical Chair and CPLG Chair

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

None

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

Have any Conflicts of Interest been identified/ actions taken?

None

Governing Body Assurance Framework

N/A

Identification of Key Risks

N/A

Governing Body Meeting in Public

5th May 2022

Item No: 027

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

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

Recommendations

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

Report Summary

The Derby and Derbyshire health and care system continues to deal with three priorities: the maintenance of services under sustained pressure; the recovery of services affected by the Covid-19 pandemic and; the transition of our system in line with proposed Government legislation. Each of these priorities alone represents a combination of opportunities and risks, and our system partnership working remains at the heart of maximising the former and mitigating the latter.

The Clinical Commissioning Group remains as the statutory body responsible for the planning and commissioning of health services for our population and that will continue until 1st July 2022. One of the final stages of the process is completion of the legislative process and the Bill has now passed Royal Assent. This means that we can progress to the next milestone which is the submission of our due diligence work to NHS England during May. This is really positive news for our system and enables us to move forward with our plans to launch our Integrated Care Board.

The second shadow meeting of the Derby and Derbyshire Integrated Care Partnership (ICP) took place earlier in April. This is the forum in which health, social care, public health, the voluntary sector and other partners come together to devise our integrated care strategy for the future. This first phase – to September 2022 – will see the ICP work through the relationship between the ICP and our existing Health and Wellbeing Boards, to understand the collective priorities and to ensure that there isn't duplication of effort or mixed responsibilities. The second phase, from September to December, will see the ICP develop its integrated care strategy, which will form the bedrock of our system's priorities for the future. The discussions so far have been immensely constructive and there has been real progress in first understanding the likely roles as set out in emerging guidance, and determining which part of the system is best placed to lead and share intelligence with other parts. The ICP is meeting in shadow form at present, and meeting will be held in public following the launch of the new ICS in July 2022.

Outside of the establishment of the new ICB and ICP, what matters to our local population will be what we do to improve health and wellbeing for them and their families. Our approach to strategic intent, coupled with our developing work on the Population Health Management (PHM) programme, will ensure that we understand and can articulate the health and care issues facing our population and can work in partnership with citizens to find the best solutions. Joined Up Care Derbyshire has entered the fourth wave of the PHM programme, which is being implemented by NHS England and is in support of one of our central aims as an Integrated Care Systems; to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment, education).

Population Health Management is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. It means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources. PHM uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time. Our work so far has seen the identification of patient cohorts in pilot sites across the county where data and clinician review suggest that some form of intervention with the patient will help them to reduce the risks factors that may see them develop long term health conditions in the future. It's very exciting and motivating work, and when operating as scale will make a significant difference to the healthy life expectancy of local people.

In all of this work, what is of vital importance is that we have meaningful and early conversations with citizens about their needs and desires for the local health and care system. There are multiple conversations taking place with people every day, and we need to harness the knowledge and expertise that people bring, having lived through their lives and their illnesses, disabilities or other experiences. The data can only tell us so much; it is opening that up to real conversations that will convert the raw intelligence into changes that make a difference, and which help to reduce the inequalities of experience, outcomes and life expectancy we see across our county. Our engagement strategy will seek to place citizens at the centre, and we must hear everyone's voice if we are to truly make the difference that our ambition is set out to achieve.

Chris Clayton

Accountable Officer & Chief Executive

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

Meeting and purpose	Attended by	Frequency
System CEO strategy meetings	NHS system CEOs	Fortnightly
JUCD Board meetings	NHS system CEOs	Monthly
System Review Meeting Derbyshire	NHSE/System/CCG	Monthly
Executive Team Meetings	CCG Executives	Weekly
Derbyshire Chief Executives	System/CCG	Bi Monthly
EMAS Strategic Delivery Board	EMAS/CCGs	Bi-Monthly
Joint Health and Wellbeing Board	DCC/System/CCG	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/System/CCG	Monthly
Joint Committee of CCG	CCGs	Monthly
Outbreak Engagement Board	CEOs or nominees	Fortnightly
Partnership Board	CEOs or nominees	Monthly
Clinical Services and Strategies workstream	System Partners	Ad Hoc
Collaborative Commissioning Forum	CCG/NHSE	Monthly
Gold Command Vaccine Update	CG/DCHS	Ad Hoc
System Transition Assurance Sub-Committee	CCG/System	Monthly
East Midlands ICS Commissioning Board	Regional AOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance & Estates Sub Committee	NHS/System CEOs	Monthly
JUCD Development Session	CCG/System	Ad Hoc
Midlands ICS Executive & NHSEI Timeout	System/CCG/NHSE	Ad Hoc
JUCD Executive Leadership Programme (Cohort 2 - Workshop 2)	System/CCG	Ad Hoc
Urgent - Ambulance Pressures Meeting	System	Ad Hoc
Introductory & Welcome meeting for new ICB members	System	Ad Hoc
Interim NHS System Strategic Oversight Board	NHSE/CCG/System	Monthly
ICB Executive Director Interviews	System	Ad Hoc

Annual Report Updates	CCG	Ad Hoc
Shadow Derby and Derbyshire Integrated Care Partnership (ICP) Meeting	System	Monthly
PHM Development Programme - System Development Workshop 2	NHSE/CCG	Ad Hoc
Urgent SCG for current pressures in the health and care system	System	Ad Hoc
ICB Leadership Event with Amanda Pritchard	NHSE	Ad Hoc
Strategic Intent Executive Group	CCG/System	Monthly

3.0 National developments, research and reports

3.1 Lung cancer diagnosis delivered through use of mobile services

This is part of the biggest programme to improve early lung cancer diagnosis in health service history. Thanks to NHS teams who are making it even easier for people to get a Lung MOT in travelling trucks visiting different areas across the country. See the full article [here](#)

3.2 Provider collaboratives role in system working

Kings Fund article on how provider collaboratives fit into the wider health and care system. The explainer looks at provider collaboratives in England, the opportunities they provide and the unresolved questions to consider when thinking about their role in the changing health and care landscape. To find out more go [here](#)

3.3 Parkinson's patients supported by technology to support home monitoring

Patients with Parkinson's disease are being given life-changing smart watches that allow doctors to remotely assess their condition in a pioneering project to revolutionise NHS care. The cutting-edge gadget containing sensors, known as a Parkinson's Kinetigraph (PKG), is worn around the clock for six days to monitor patients' movements at home. [Read more](#)

3.4 Responses to Integration White Paper

In February 2022, the government published its white paper on [Health and social care integration: joining up people, places and populations](#); outlining the measures to make integrated health and social care a universal reality for everyone across England regardless of their condition and of where they live. Following this, [NHS Providers](#) and the [Local Government Association](#) have individually published their responses to the white paper.

3.5 Expanding virtual wards

Virtual wards enabled by technology allow patients to receive hospital-level care, monitoring and treatment, in their own home, rather than in hospital. A new film shows a [virtual ward](#) in action at Norfolk and Norwich University Hospitals NHS Foundation Trust, and how it is delivering on patient experience and flexibility for staff across hospital and community teams. An update on virtual wards in Derbyshire will be shared shortly.

3.6 NHS vaccinators start a new career in the NHS

Gym managers, dance teachers and a chef are among thousands of people who signed up to be volunteer vaccinators during the pandemic and have chosen to start a new career in the NHS. [Read more](#)

4.0 Local developments

4.1 Ukrainian Refugees Update

The CCG has been working alongside Local Resilience Forum (LRF) colleagues in recent weeks on the planning process for welcoming and hosting Ukrainian refugees. Part of this work has included the development of a handbook which contains key information across a range of different services. There is a section on how to access health which also contains links to translated materials and a range of other information. You can find it on the Derbyshire County Council website [here](#) Primary care teams have been briefed on key aspects including information on the government visa schemes (Ukraine Family Scheme and the Ukraine Sponsorship Scheme or Homes for Ukraine) and that soon after arrival in the UK, people should be supported to register with a GP practice and attend a new patient consultation to assess their health and care needs. The briefing explains that there may be a need for interactions with the NHS (including in primary care) before GP registration takes place and that all health and care professionals have a role to help support access to NHS services. Work continues to ensure that everything possible is being done to make refugees feel welcome and that they can easily access the health and care services that many are likely to need.

4.2 Campaigns to support our response to system pressure over Easter and May bank holidays

The "think NHS 111 first" campaign launched by Derbyshire Community Health Services NHS Foundation Trust promotes advice in what to do if you need medical help and you are not sure what to do. It includes the promotion of Urgent Treatment Centres through various media channels including an iVan which is operating over bank holiday weekends. This is in conjunction with the CCG led campaigns on community pharmacies (see more [here](#)) which encourages people to think about using their community pharmacy before their GP or other services. The campaign to promote the range of clinicians working in GP practices as an option before automatically requesting an appointment with their GP continues plus the bank holiday arrangements promotion which you can see [here](#)

4.3 Glossop Boundary Change

On Saturday 8 April we joined voluntary and community sector partners in Glossop

as part of a drop in event to listen and to understand what matters most to people about the Glossop boundary change. We received questions and some important insights from local people which were logged and fed into our transition workstreams as part of our commitment to listen and respond. We will be back in Glossop for further Saturday community drop in events in May and June. In the meantime you can see the latest information and updates in [this transition link](#).

4.4 Covid 5-11 Vaccination Programme

The vaccination programme for Derby and Derbyshire children aged 5-11 continues. Most appointments will be available at a local vaccination centre or community pharmacy outside school hours. You can book one via the [National Booking Service](#) or by calling 119.

4.5 Covid Spring Booster Vaccination

A reminder that vaccination sites across Derby and Derbyshire are offering appointments to eligible people as part of a spring booster campaign to protect against Covid-19. The appointments are open to people who are aged 75 or over, and those who are immunocompromised. Vaccination teams will also be visiting care homes to provide booster shots to residents. The current guidance recommends a six-month gap between booster jabs to get the best possible protection. Those who have not yet had a booster need only wait three months since their last dose to get this benefit.

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

Have any Conflicts of Interest been identified/ actions taken?

None Identified

Governing Body Assurance Framework

Not Applicable

Identification of Key Risks

Not Applicable

Governing Body Meeting in Public

5th May 2022

Item No: 028

Report Title	Staff Survey Results 2021/22
Author(s)	James Lunn, Head of HR and Organisational Development
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	Decision	Assurance	Discussion	X	Information
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 results from the 2021/22 NHS Derby and Derbyshire CCG Staff Survey.

Report Summary

Background

The purpose of the NHS Staff Survey is to collect staff views about working in their NHS organisation. Data is used to improve local working conditions for staff, and ultimately to improve patient care. The survey is administered annually so staff views can be monitored over time. It also allows us to compare the experiences of staff in similar organisations, and to compare the experiences of staff in the CCG with the national picture.

The 2021 National Staff Survey was opened up to all staff from NHS Derby and Derbyshire CCG (DDCCG) and is third year we have participated in the survey.

Our response figure at 87% is higher than last year (83%) and above the comparative average for similar organisations which is 79%.

The organisational response to this report will be pivotal in driving forward improvement measures relating to our people.

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience.

The People Promise is made up of seven elements:



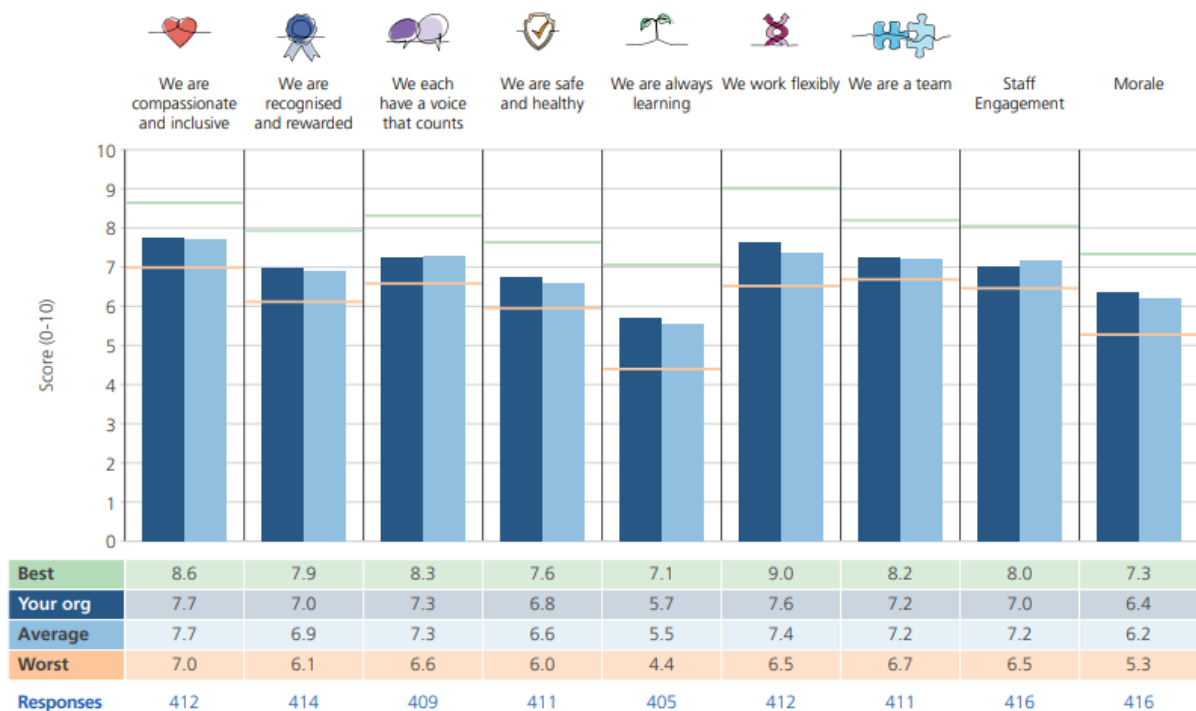
In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).

This means that trend data is only available for the Staff Engagement and Morale themes, which have both remained the same as last year at 7.0 and 6.4 respectively.

Summary

The infographic at Appendix 1 below provides a summary of the results of the staff survey.

NHS Derby and Derbyshire compares favourably with the average for all of the themes, with the exception of Staff Engagement where we are slightly below the average.



Staff Survey Results

The full management report on the DDCCG Staff Survey 2021 is attached at Appendix 2. This document details the findings from the NHS National Staff Survey 2021, carried out by Picker, on behalf of the CCG.

Of the questions that can be historically compared to the 2020 staff survey results, 50 showed no significant difference. Two areas are significantly better, 3 worse as below:

	2019	2020	2021	Average
Have adequate materials, supplies and equipment to do my work	38%	77%	84%	76%
Enough staff at organisation to do my job properly	43%	56%	49%	39%
Team members often meet to discuss the team's effectiveness	68%	71%	63%	69%
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	96%	96%	90%	91%
Would feel confident that organisation would address concerns about unsafe clinical practice	62%	70%	78%	74%

When compared with the average, the CCG was significantly better in 20 question responses, significantly worse in 4 and no significant difference in 67.

	2019	2020	2021	Average
Able to meet conflicting demands on my time at work	45%	55%	52%	45%
Have adequate materials, supplies and equipment to do my work	38%	77%	84%	76%
Enough staff at organisation to do my job properly	43%	56%	49%	39%
Have realistic time pressures	23%	31%	30%	23%
Have a choice in deciding how to do my work	66%	70%	67%	74%
Relationships at work are unstrained	54%	69%	66%	59%
Organisation is committed to helping balance work and home life	-	-	77%	68%
Achieve a good balance between work and home life	-	-	74%	63%
Team members often meet to discuss the team's effectiveness	68%	71%	63%	69%
Immediate manager gives clear feedback on my work	69%	76%	80%	74%
Immediate manager helps me with problems I face	-	-	80%	76%
Don't work any additional paid hours per week for this organisation, over and above contracted hours	94%	92%	89%	94%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	36%	36%	34%	25%

Organisation takes positive action on health and well-being	-	-	79%	73%
In last 12 months, have not felt unwell due to work related stress	58%	63%	67%	52%
Never/rarely find work emotionally exhausting	-	-	33%	27%
Never/rarely frustrated by work	-	-	23%	19%
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	96%	96%	90%	91%
Organisation acts fairly: career progression	53%	64%	64%	59%
Feel organisation respects individual differences	-	-	82%	77%
Received appraisal in the past 12 months	93%	-	96%	84%
Organisation offers me challenging work	-	-	73%	77%
Would recommend organisation as place to work	49%	73%	71%	66%
Feel organisation would address any concerns I raised	-	-	69%	63%
I don't often think about leaving this organisation	41%	51%	52%	43%

Equality, Diversity & Inclusion

Over the past 12 months, there has been a continued focus in activity designed to make diversity and inclusion part of our DNA. We have reviewed the terms of reference of the diversity and inclusion network, implemented diverse recruitment panels and promoted key inclusion dates.

The experiences of our colleagues with a Disability are significantly worse in 57 areas, significantly better in just 1 area. The biggest areas of difference between colleagues with a disability and those without is as below:

	Disability Yes	Disability No
Often/always enthusiastic about my job	45.4%	66.5%
In last 12 months, have not felt unwell due to work related stress	51.5%	71.8%
In last 3 months, have not come to work when not feeling well enough to perform duties	35.4%	56.5%
Organisation acts fairly: career progression	52%	68.9%
I am not planning on leaving this organisation	48%	65.6%

The experiences of our BME colleagues (Mixed, Multiple, Asian, Asian British, Black, African, Caribbean, Black British and Other Ethnic Group) are significantly better in 29 areas and significantly worse in 23 areas.

Our BME colleagues are more likely to face harassment, bullying or discrimination and to consider leaving the organisation, less likely to feel safe speaking up, feel the

organisation acts fairly with career development and feel able to reach their potential. A comparison of the Workplace Race Equality Standard (WRES) questions is shown below:

	2021 White	2021 BME	2020 BME	2019 BME
Not experienced physical violence from patients/service users, their relatives or other members of the public	99.2%	100%	100%	96%
Not experienced harassment, bullying or abuse from other colleagues	93.7%	87.1%	80%	85%
Organisation acts fairly: career progression	67.6%	45.7%	45%	56%
Not experienced discrimination from manager/team leader or other colleagues	95.9%	88.6%	71%	85%

The experiences of our colleagues who identify as Gay, Lesbian, Bisexual and Other are significantly worse in 71 areas, significantly better in 9 areas (when compared to heterosexual colleagues).

The biggest areas of difference are as below:

	Gay, Lesbian, Bisexual and Other	Heterosexual or straight
Always know what work responsibilities are	36.8%	80.2%
Involved in deciding changes that affect work	26.3%	61%
Feel trusted to do my job	57.9%	89.4%
Able to make improvements happen in my area of work	36.8%	68.6%
Satisfied with recognition for good work	36.8%	74.2%
Satisfied with extent organisation values my work	31.6%	64.4%
Would recommend organisation as place to work	42.1%	73.2%

The diversity data, including WRES data, from the survey has been shared with members of the Diversity & Inclusion Network and joint workshops with the Organisational Effectiveness and Improvement Group (OEIG) members has been held on 29 April 2022 to review, identify root causes and recommend actions (this report has been written prior to this date).

Next Steps

The staff survey results have been shared with our senior leaders, internal engagement forums and all CCG staff to encourage discussion and help with the formulation of the action plan.

Directors will include feedback from their teams to assist in the development of their own local Organisational Development plans and inform the wider CCG action plan.

Some external facilitation will be supplied for the Directorates that may find this beneficial, particularly where some of the scores are challenging.

In addition, a joint OEIG and Diversity & Inclusion Network workshop has been held on 29 April 2022 to discuss improvement strategies, suggest actions and set targets.

Agreed actions will be incorporated into the CCG People Plan, and WRES/WDES action plans as appropriate. A full action plan will be shared with the Governance Committee for assurance in June, with progress update bi-annually.

It is envisaged that actions will include, but not be limited, to the below:

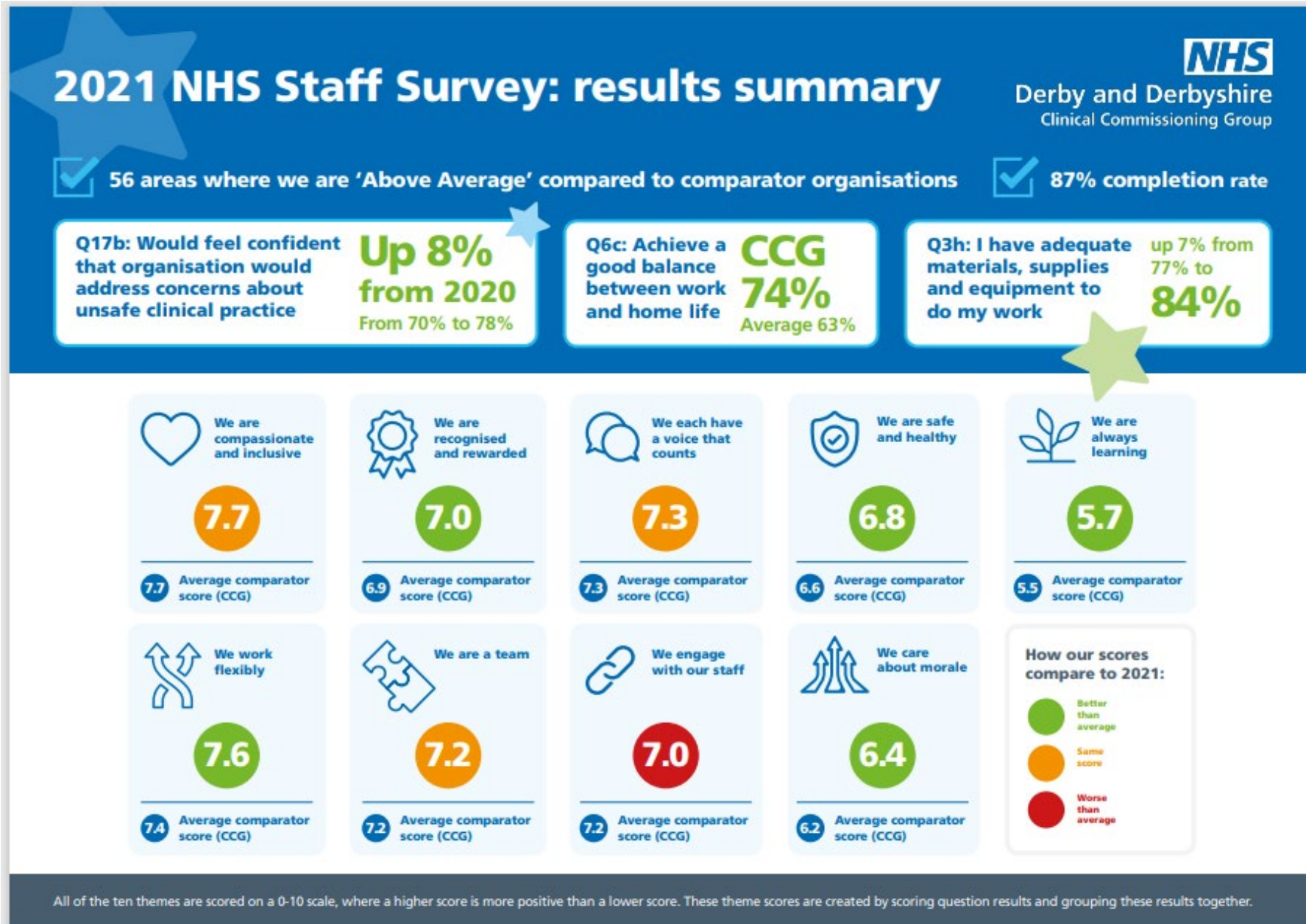
- Further development on equality, diversity and inclusion:
 - The fair and inclusive recruitment training package, which has been jointly developed with the Diversity & Inclusion Network, will be rolled out and mandated for recruiting managers
 - Unconscious bias e-learning will be mandated for all staff
 - Implementation of a Disability Policy and reasonable adjustment passport. This will include briefings for managers and staff
 - Working with Above Difference and system partners to review recruitment and selection policy and procedures using cultural intelligence (CQ) processes.
- Promote a culture of civility & respect in line with the NHS People Plan, including a refresh of the Dignity at Work Policy
 - Review and further development of the Freedom to Speak up Ambassador role (e.g. exit interviews)
- A 'Big conversation' on staff engagement, including focus groups
- When the Integrated Care Board structures are clearer, focus will be on achieving a greater consistency of experiences of staff across the organisation, including workload and resourcing
 - Leadership programme for ICB managers and leaders
 - Review of exit interview processes
 - Review of annual review conversation process, including rolling out a 360 degree appraisal process for managers. Building on the approach taken for the senior leadership team
- Develop a culture of organisational learning with appropriate strategies to improve our lowest People promise area of 'We are always learning' (score 5.7).

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

No, the resources required to deliver the actions from the Staff Survey are within the existing CCG establishment and budget.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
No
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
No
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
No
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 report has been developed to provide information and assurance to the Executive Team and the Governing Body.
Identification of Key Risks
Staff experiences whilst working in the CCG can impact organisational performance and delivery. It is important to listen to and take action on the results of the survey to improve the experience of all staff working within the CCG.

Appendix 1



NHS Staff Survey 2021

Management report

NHS DERBY AND DERBYSHIRE
CCG

December 2021



Contents

1. [Executive summary](#)
2. [Introduction](#)
3. [Overview of results](#)
4. [Positive score summary](#)
5. [External benchmarks](#)
6. [Internal benchmarks](#)
7. [Dartboard charts](#)

[Appendix 1: Results poster](#)

[Appendix 2: How your scores are calculated](#)

Executive summary

Section 1

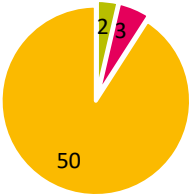
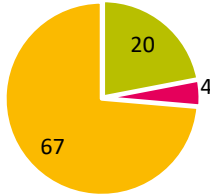


Executive summary (part 1 of 2)

This report summarises the findings from the [NHS Staff Survey 2021](#) carried out by Picker, on behalf of [NHS DERBY AND DERBYSHIRE CCG](#). Picker was commissioned by [39 Clinical Commissioning Groups](#) organisations to run their survey – this report presents your results in comparison to those organisations.

A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared. Your results include every question where your organisation received at least 11 responses (the minimum required).

481 Invited to complete the survey	480 Eligible at the end of survey	87% Completed the survey (418)	79% Average response rate for similar organisations	83% Your previous response rate
--	---	--	---	---

<p>71% q21c. Would recommend organisation as place to work</p> <p>65% q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation</p> <p>78% q21a. Care of patients/service users is organisation's top priority</p>	<p>Comparison to 2020*</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference 	<p>Comparison with average*</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference
---	---	---

*Chart shows the number of questions that are better, worse, or show no significant difference

Executive summary (part 2 of 2)

Top 5 scores vs Picker Average	Trust	Picker Avg
q19a. Received appraisal in the past 12 months	96%	84%
q6c. Achieve a good balance between work and home life	74%	63%
q3i. Enough staff at organisation to do my job properly	49%	39%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	34%	25%
q6b. Organisation is committed to helping balance work and home life	77%	68%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
q5b. Have a choice in deciding how to do my work	67%	74%
q7b. Team members often meet to discuss the team's effectiveness	63%	69%
q7g. Team deals with disagreements constructively	60%	65%
q20a. Organisation offers me challenging work	73%	77%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	89%	94%

Most improved scores	Trust 2021	Trust 2020
q17b. Would feel confident that organisation would address concerns about unsafe clinical practice	78%	70%
q3h. Have adequate materials, supplies and equipment to do my work	84%	77%
q17a. Would feel secure raising concerns about unsafe clinical practice	82%	77%
q14d. Last experience of harassment/bullying/abuse reported	43%	38%
q9b. Immediate manager gives clear feedback on my work	80%	76%

Most declined scores	Trust 2021	Trust 2020
q7b. Team members often meet to discuss the team's effectiveness	63%	71%
q3i. Enough staff at organisation to do my job properly	49%	56%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	90%	96%
q6a. Feel my role makes a difference to patients/service users	74%	78%
q2a. Often/always look forward to going to work	48%	52%

Introduction

Section 2



NHS Staff Survey 2021

Survey background

The [NHS Staff Survey](#) runs every year. All eligible NHS organisations in England are required to conduct the survey. As an approved survey contractor, we worked with [39 Clinical Commissioning Groups](#) organisations on the NHS Staff Survey 2021. This report shows your results in comparison to the average of those organisations (the “Picker Average”).

Methodology

The questionnaire used for the [NHS Staff Survey 2021](#) was developed by the NHS Staff Survey Coordination Centre together with the NHS Advisory Board. NHS England and NHS Improvement have comprehensive guidelines on which staff must be included in the survey, available here:

<https://www.nhsstaffsurveys.com/static/0adea536d87c2d217f273b7f24e85e5c/Guidance-for-participating-organisations-2021.docx>

The mandated core survey can be found here:

<https://www.nhsstaffsurveys.com/static/5051c9bf4e3622339dc41f581d4739e7/Core-questionnaire-2021.pdf>

Reporting

This report uses “positive score” as its primary unit of measurement. This allows you to compare your results historically, and to other similar organisations on a question-by-question basis, for all questions that can be positively scored.

For detailed information about positive scores, significant differences and sample sizes, please see Appendix 2.

How to use this report

When deciding which areas to act upon, a useful approach is to look at a particular section and follow these steps:

- **Identify any key questions where you wish to highlight the results.** The positive score summary is the first step to pick out any questions where the results are significantly different to the Picker Average. This allows you to feed back on where your organisation performs better than the average as well as where you may wish to focus improvement activities.
- **Review your organisation's performance over time.** Our report highlights significant changes from your previous survey and longer term trends over the last several years. Are there particular areas which have been improving or declining over time?
- **Consider how your organisation compares to others.** Look at the External Benchmark charts to see the range of scores and see how you compare with the other organisations that took part in the survey. This will give you an indication as to how you compare and what is a realistic ambition for areas where you may wish to improve.
- **Compare areas within your organisation.** Good practice could be shared and you can also see areas that may need attention. Go to the Internal Benchmark section to see where this is the case.

Overview of results

Section 3



Survey activity

87% Overall response rate (total returned as a % of total eligible)

79% Average response rate for similar organisations

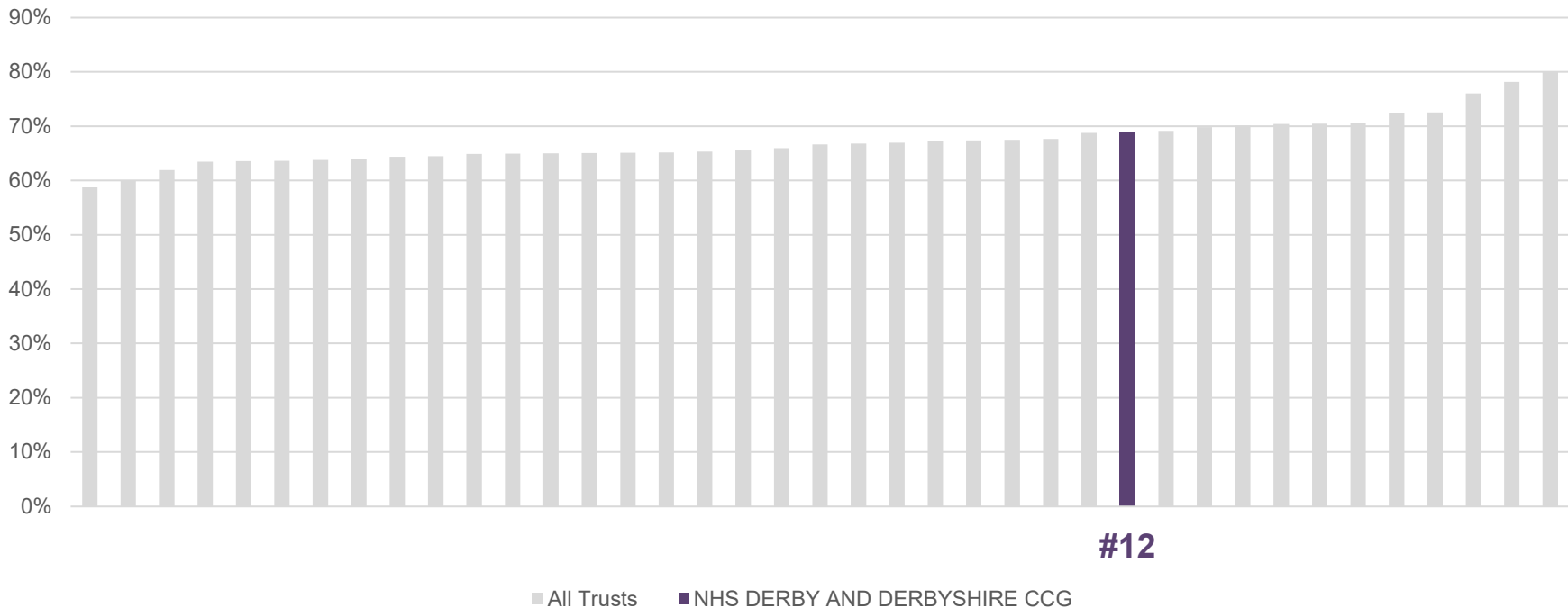
Response totals:

Outcome	Paper	Online	Total
Invited	0	481	481
Blank	0	0	0
Completed	0	418	418
Excluded	0	0	0
Ineligible	0	0	0
Left organisation	0	1	1
Not returned	0	61	61
No further mailings	0	0	0
Opted out	0	1	1
Undelivered	0	0	0

League table: overall positive score

The league table shows how your overall positive score is ranked in comparison to the overall positive score of every other [Clinical Commissioning Groups](#) organisation that ran the [NHS Staff Survey 2021](#) with Picker. The overall positive score is the average positive score for all positively scored questions in the survey.

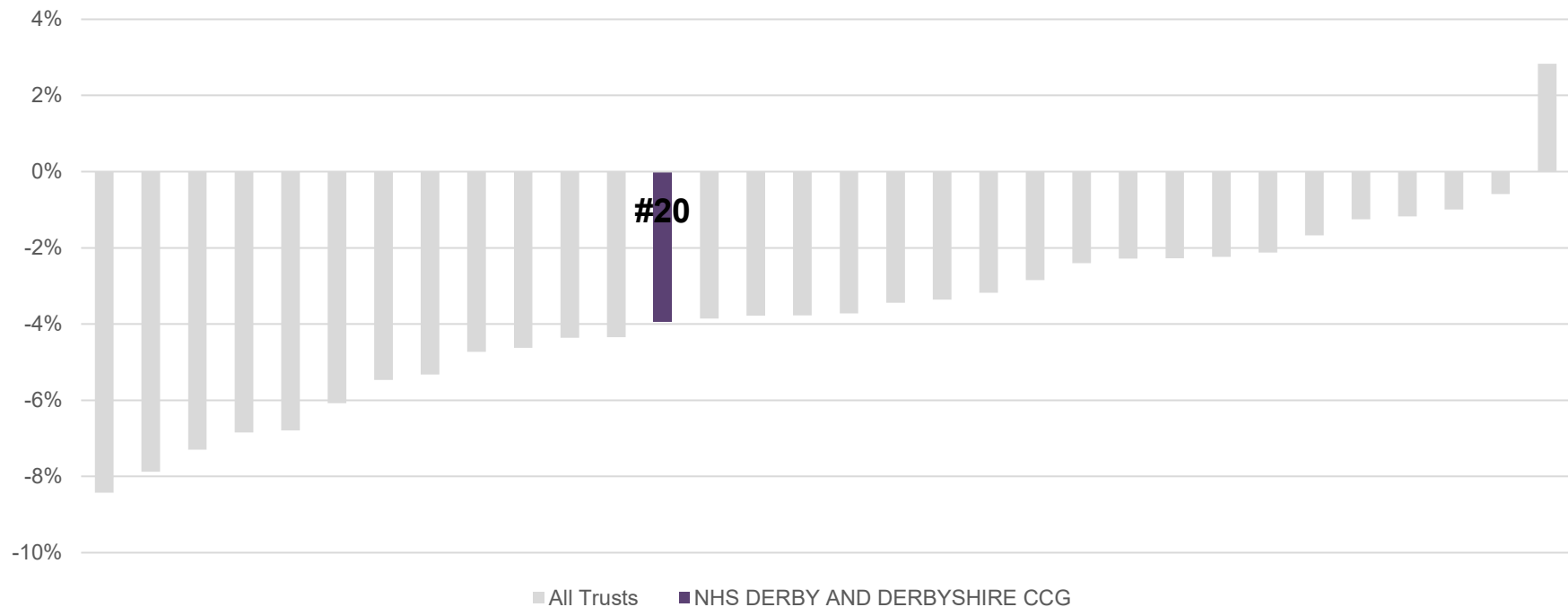
NHS Staff Survey 2021: Overall Positive Score



League table: historic positive score

The historical league table shows how your overall positive score changed from the previous survey, and how this change compares to other organisations [Clinical Commissioning Groups](#) who ran the [NHS Staff Survey 2021](#) with Picker.

NHS Staff Survey 2021: Overall Positive Score Change



Positive score summary

Section 4: Historical and organisation type comparison



Historical comparisons

This section compares your latest results to your historical scores, as well as to the Picker Average, across a 5 survey period. The average scores have been calculated from all organisations that commissioned Picker to conduct their survey.

How to read the tables

- These tables contain *positive scores*: **higher scores indicate better performance**. For an in-depth explanation of positive scoring, see Appendix 2.
- Coloured cells show where this year's score is *significantly different* to the score in the column to its left (e.g. last year's score, or the organisational average). **Green cells indicate a significantly improved score**, and **red cells show a significantly worse score**. For an in-depth explanation of significance testing, see Appendix 2.
- The left hand section of the table contains historical scores, which show all your positive scores for previous years.
- The right hand side of the table shows your score for this year vs. the average for similar organisations.

Example Table:

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
Q2a	Often/always look forward to going to work	59%	61%	67%	62%	62%	58%	64%
Q2b	Often/always enthusiastic about my job	70%	72%	73%	75%	69%	74%	75%

YOUR JOB (part 1 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q2a	Often/always look forward to going to work			46%	52%	48%	52%	48%
q2b	Often/always enthusiastic about my job			59%	62%	61%	64%	61%
q2c	Time often/always passes quickly when I am working			72%	74%	75%	76%	75%
q3a	Always know what work responsibilities are			67%	78%	78%	76%	78%
q3b	Feel trusted to do my job			83%	88%	88%	88%	88%
q3c	Opportunities to show initiative frequently in my role			71%	74%	74%	77%	74%
q3d	Able to make suggestions to improve the work of my team/dept			78%	82%	79%	81%	79%
q3e	Involved in deciding changes that affect work			56%	60%	58%	62%	58%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR JOB (part 2 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q3f	Able to make improvements happen in my area of work			64%	67%	66%	70%	66%
q3g	Able to meet conflicting demands on my time at work			43%	55%	52%	44%	52%
q3h	Have adequate materials, supplies and equipment to do my work			38%	77%	84%	76%	84%
q3i	Enough staff at organisation to do my job properly			43%	56%	49%	39%	49%
q4a	Satisfied with recognition for good work			62%	73%	70%	67%	70%
q4b	Satisfied with extent organisation values my work			42%	61%	61%	57%	61%
q4c	Satisfied with level of pay			61%	60%	62%	59%	62%
q4d	Satisfied with opportunities for flexible working patterns			67%	81%	83%	81%	83%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR JOB (part 3 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q5a	Have realistic time pressures			23%	31%	30%	23%	30%
q5b	Have a choice in deciding how to do my work			66%	70%	67%	74%	67%
q5c	Relationships at work are unstrained			54%	69%	66%	59%	66%
q6a	Feel my role makes a difference to patients/service users			69%	78%	74%	74%	74%
q6b	Organisation is committed to helping balance work and home life			-	-	77%	68%	77%
q6c	Achieve a good balance between work and home life			-	-	74%	63%	74%
q6d	Can approach immediate manager to talk openly about flexible working			-	-	86%	84%	86%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q7a	Team members have a set of shared objectives			69%	71%	72%	73%	72%
q7b	Team members often meet to discuss the team's effectiveness			68%	71%	63%	69%	63%
q7c	Receive the respect I deserve from my colleagues at work			70%	79%	78%	77%	78%
q7d	Team members understand each other's roles			-	-	68%	66%	68%
q7e	Enjoy working with colleagues in team			-	-	85%	85%	85%
q7f	Team has enough freedom in how to do its work			-	-	67%	68%	67%
q7g	Team deals with disagreements constructively			-	-	60%	65%	60%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q7h	Feel valued by my team			-	-	75%	77%	75%
q7i	Feel a strong personal attachment to my team			-	-	63%	66%	63%
q8a	Teams within the organisation work well together to achieve objectives			-	-	54%	53%	54%
q8b	Colleagues are understanding and kind to one another			-	-	81%	80%	81%
q8c	Colleagues are polite and treat each other with respect			-	-	84%	82%	84%
q8d	Colleagues show appreciation to one another			-	-	79%	76%	79%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR MANAGERS

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q9a	Immediate manager encourages me at work			78%	84%	83%	82%	83%
q9b	Immediate manager gives clear feedback on my work			69%	76%	80%	74%	80%
q9c	Immediate manager asks for my opinion before making decisions that affect my work			64%	72%	75%	74%	75%
q9d	Immediate manager takes a positive interest in my health & well-being			78%	86%	83%	81%	83%
q9e	Immediate manager values my work			81%	85%	83%	82%	83%
q9f	Immediate manager works with me to understand problems			-	-	82%	80%	82%
q9g	Immediate manager listens to challenges I face			-	-	82%	81%	82%
q9h	Immediate manager cares about my concerns			-	-	83%	80%	83%
q9i	Immediate manager helps me with problems I face			-	-	80%	76%	80%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 1 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours			94%	92%	89%	94%	89%
q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours			36%	36%	34%	25%	34%
q11a	Organisation takes positive action on health and well-being			-	-	79%	73%	79%
q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities			77%	71%	68%	73%	68%
q11c	In last 12 months, have not felt unwell due to work related stress			58%	63%	67%	62%	67%
q11d	In last 3 months, have not come to work when not feeling well enough to perform duties			45%	54%	51%	55%	51%
q11e	Not felt pressure from manager to come to work when not feeling well enough			82%	84%	85%	88%	85%
q12a	Never/rarely find work emotionally exhausting			-	-	33%	27%	33%
q12b	Never/rarely feel burnt out because of work			-	-	41%	36%	41%
q12c	Never/rarely frustrated by work			-	-	23%	19%	23%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 2 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q12d	Never/rarely exhausted by the thought of another day/shift at work			-	-	49%	45%	49%
q12e	Never/rarely worn out at the end of work			-	-	27%	25%	27%
q12f	Never/rarely feel every working hour is tiring			-	-	63%	61%	63%
q12g	Never/rarely lack energy for family and friends			-	-	48%	44%	48%
q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public			100%	100%	100%	99%	100%
q13b	Not experienced physical violence from managers			100%	100%	100%	100%	100%
q13c	Not experienced physical violence from other colleagues			100%	100%	100%	100%	100%
q13d	Last experience of physical violence reported			*	*	*	*	*
q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public			96%	96%	90%	91%	90%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

(part 3 of 3)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q14b	Not experienced harassment, bullying or abuse from managers			85%	90%	92%	91%	92%
q14c	Not experienced harassment, bullying or abuse from other colleagues			87%	91%	93%	90%	93%
q14d	Last experience of harassment/bullying/abuse reported			40%	38%	43%	45%	43%
q15	Organisation acts fairly: career progression			53%	64%	64%	59%	64%
q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public			100%	100%	99%	99%	99%
q16b	Not experienced discrimination from manager/team leader or other colleagues			91%	93%	95%	94%	95%
q17a	Would feel secure raising concerns about unsafe clinical practice			72%	77%	82%	80%	82%
q17b	Would feel confident that organisation would address concerns about unsafe clinical practice			62%	70%	78%	74%	78%
q18	Feel organisation respects individual differences			-	-	82%	77%	82%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR PERSONAL DEVELOPMENT & YOUR ORGANISATION (part 1 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q19a	Received appraisal in the past 12 months			93%	-	96%	84%	96%
q19b	Appraisal helped me improve how I do my job			20%	-	15%	18%	15%
q19c	Appraisal helped me agree clear objectives for my work			39%	-	33%	35%	33%
q19d	Appraisal left me feeling organisation values my work			30%	-	32%	36%	32%
q20a	Organisation offers me challenging work			-	-	73%	77%	73%
q20b	There are opportunities for me to develop my career in this organisation			-	-	49%	49%	49%
q20c	Have opportunities to improve my knowledge and skills			-	-	69%	70%	69%
q20d	Feel supported to develop my potential			-	-	61%	58%	61%
q20e	Able to access the right learning and development opportunities when I need to			-	-	60%	56%	60%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

YOUR PERSONAL DEVELOPMENT & YOUR ORGANISATION (part 2 of 2)

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q21a	Care of patients/service users is organisation's top priority			52%	76%	78%	79%	78%
q21b	Organisation acts on concerns raised by patients/service users			58%	75%	79%	79%	79%
q21c	Would recommend organisation as place to work			49%	73%	71%	66%	71%
q21d	If friend/relative needed treatment would be happy with standard of care provided by organisation			47%	66%	65%	61%	65%
q21e	Feel safe to speak up about anything that concerns me in this organisation			-	78%	75%	71%	75%
q21f	Feel organisation would address any concerns I raised			-	-	69%	63%	69%
q22a	I don't often think about leaving this organisation			41%	51%	52%	46%	52%
q22b	I am unlikely to look for a job at a new organisation in the next 12 months			43%	49%	49%	46%	49%
q22c	I am not planning on leaving this organisation			53%	63%	61%	60%	61%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

BACKGROUND INFORMATION

		Historical					External	
		2017	2018	2019	2020	2021	Average	Organisation
q28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work			-	87%	87%	81%	87%

Key: '*' = suppressed, '-' = question not asked, Empty cell = No historic data

External benchmarks

Section 5: Comparison of your results against other organisations



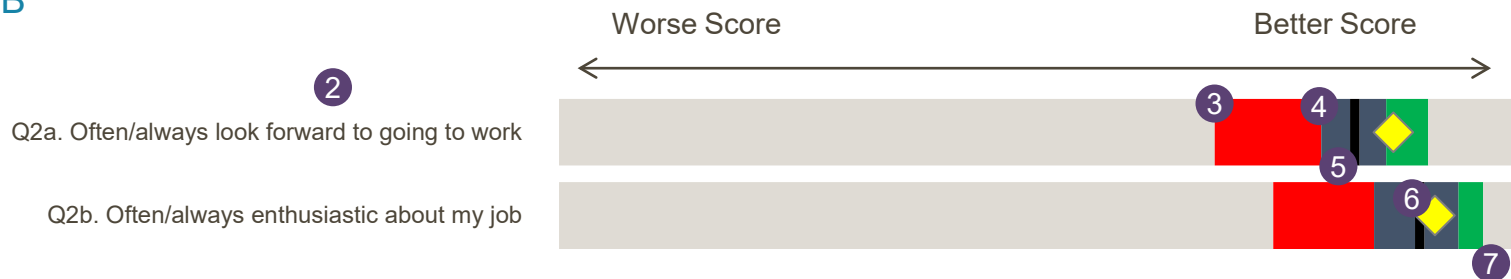
External benchmarks

External benchmarking compares experiences in your organisation with those of other organisations who commissioned Picker to conduct their survey. This allows you to understand where your performance sits in relation to the overall trend (i.e. the “Picker Average”).

Each blue bar shows the range of performance for a specific question, which helps to highlight where improvements are possible or resources could valuably be concentrated.

How to read the tables

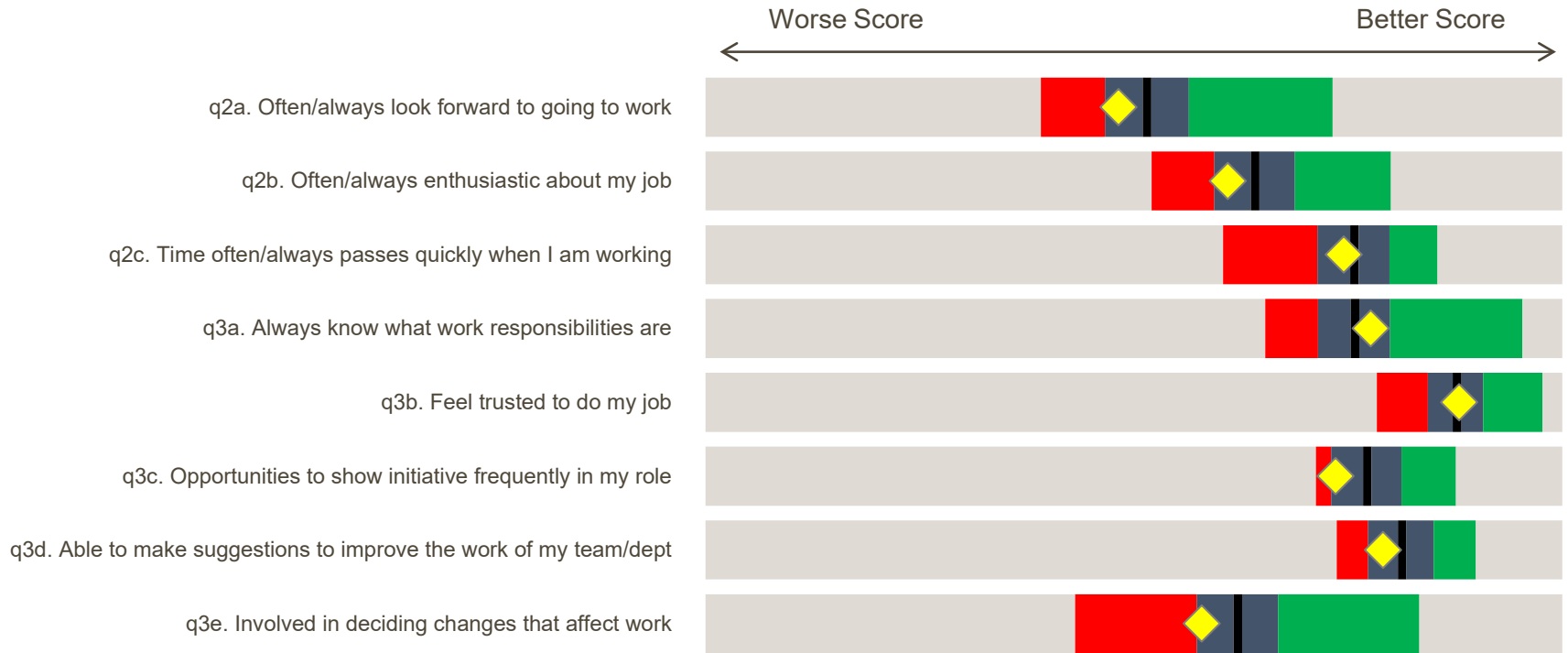
1 YOUR JOB



KEY

1. Section of the questionnaire
2. Question number and positive score text (derived from survey question)
3. Red bar: range of significantly negative scores
4. Grey bar: range of neither significantly negative nor significantly positive scores
5. Black line: average score
6. Yellow diamond: your organisation's score
7. Green bar: range of significantly positive scores

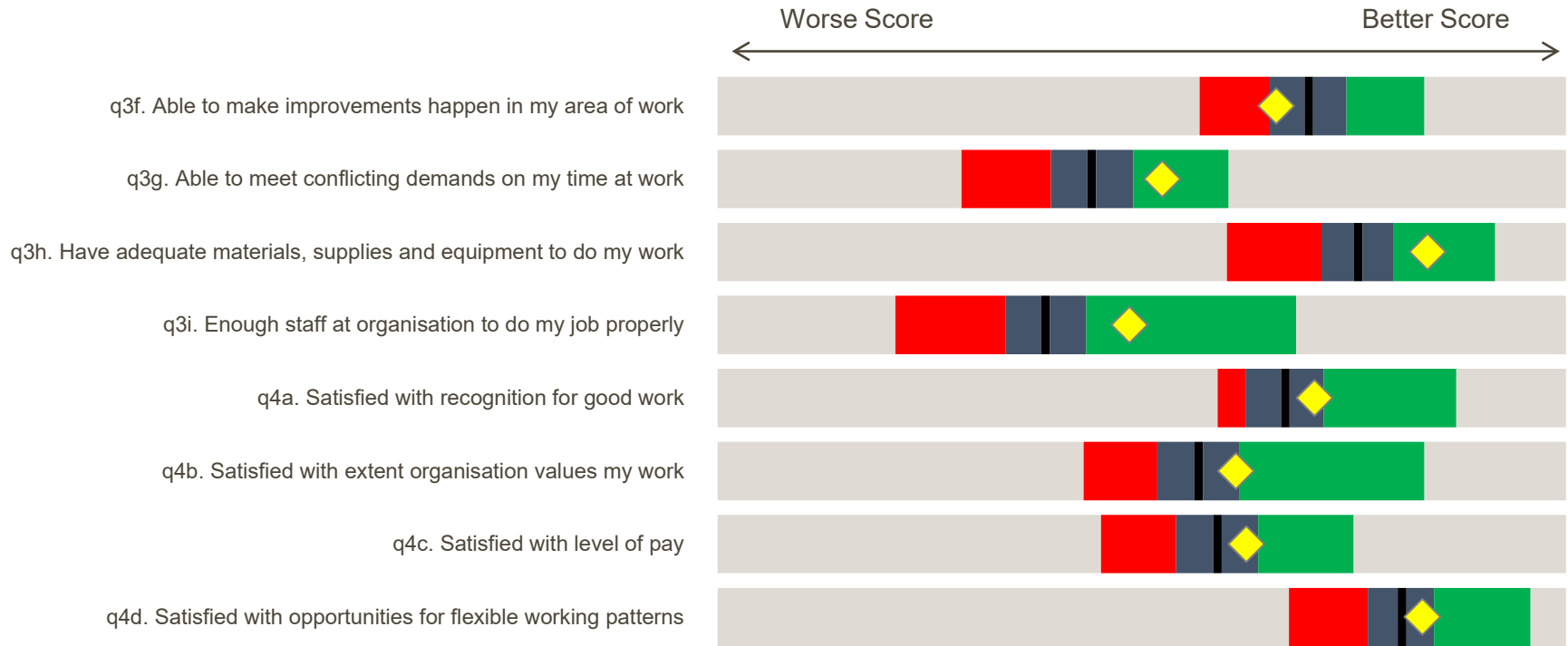
YOUR JOB (part 1 of 3)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

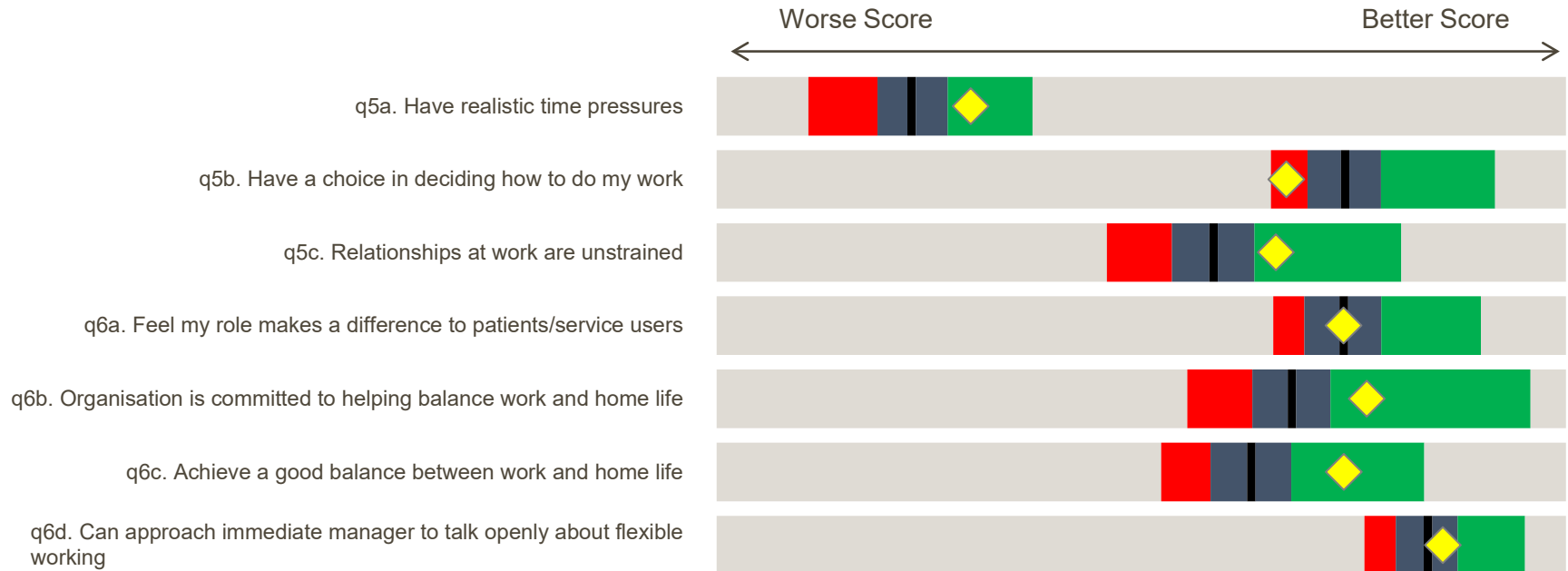
YOUR JOB (part 2 of 3)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

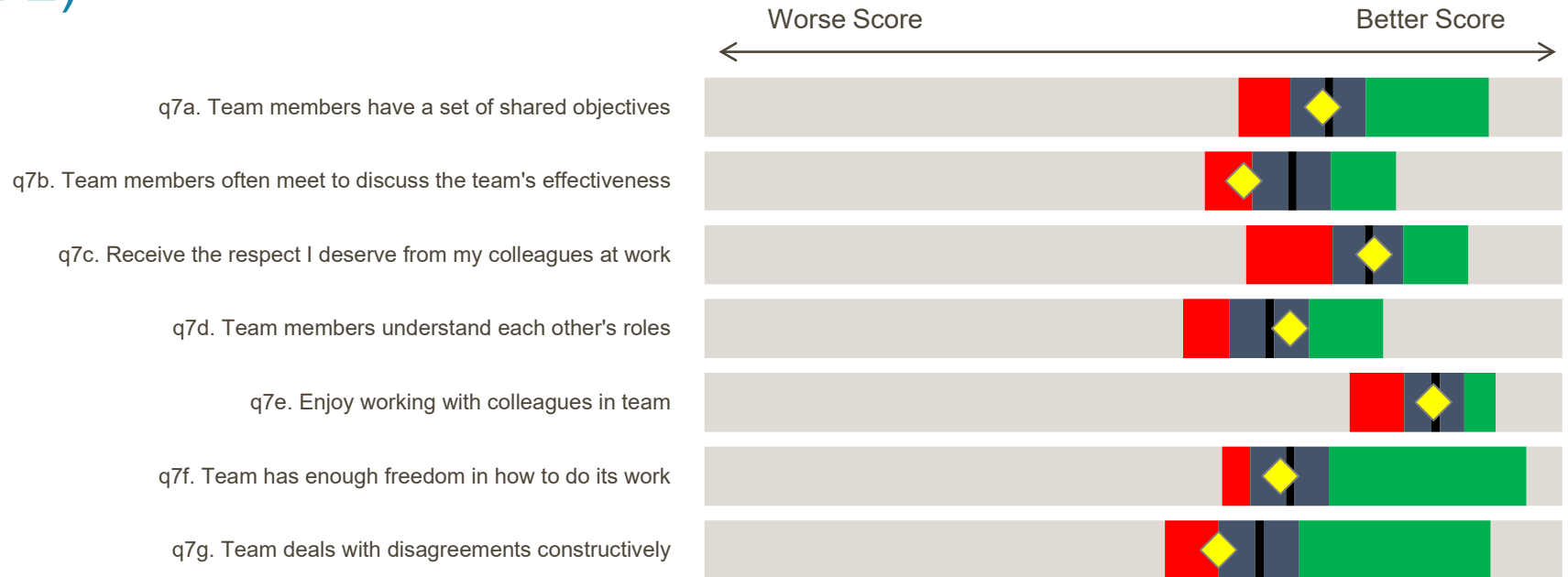
YOUR JOB (part 3 of 3)



■ Significantly negative range
 ■ Range
 ■ Average score
 ■ Significantly positive range
 ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

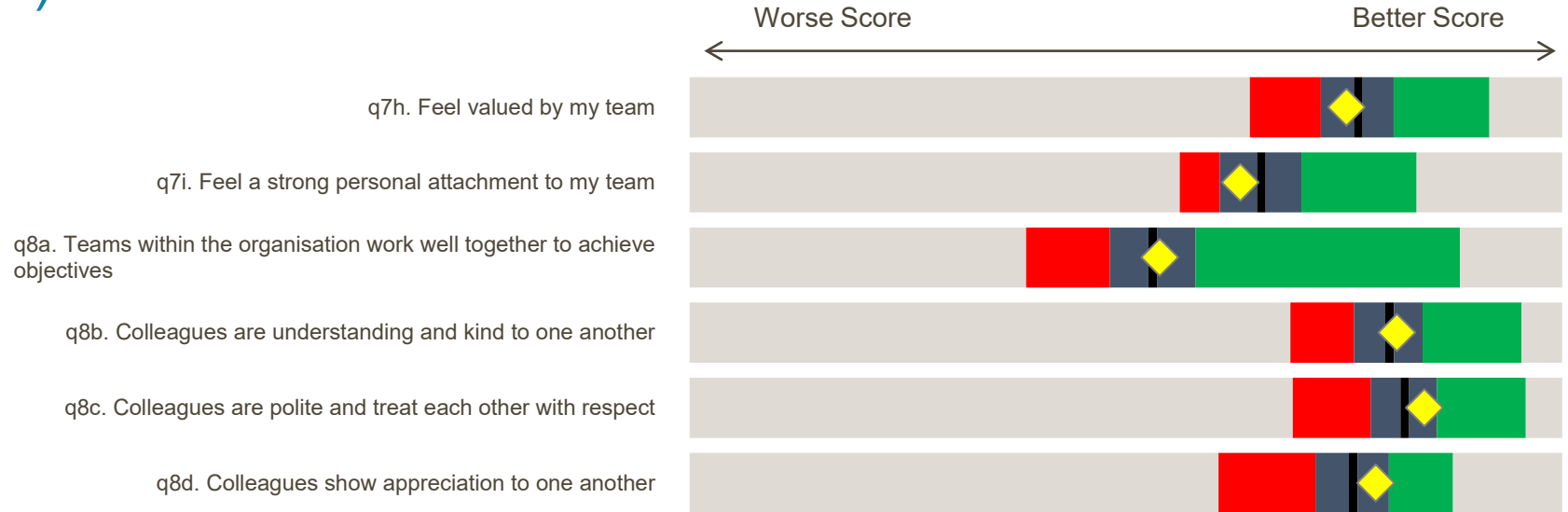
YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)



■ Significantly negative range
 ■ Range
 ■ Average score
 ■ Significantly positive range
 ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

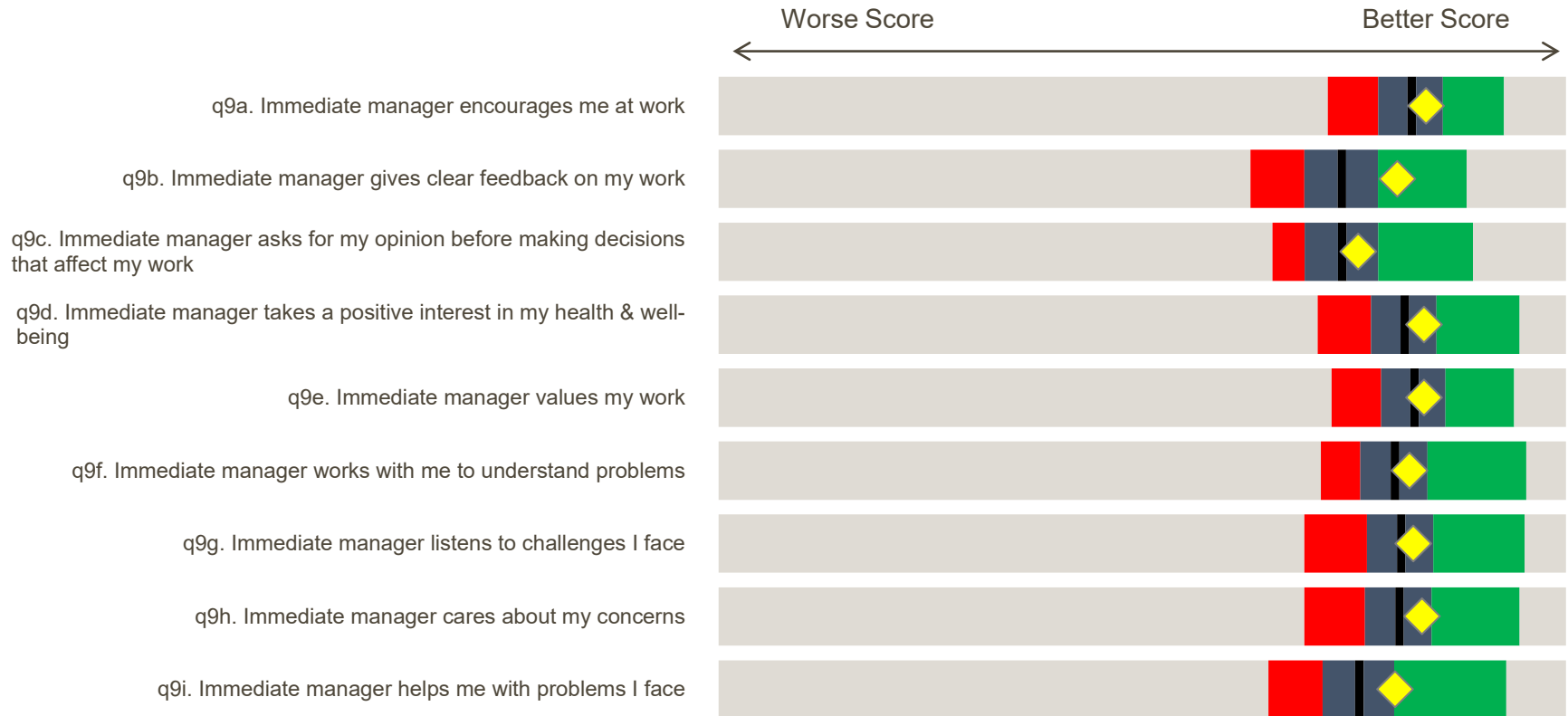
YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)



■ Significantly negative range
 ■ Range
 ■ Average score
 ■ Significantly positive range
 ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

YOUR MANAGERS

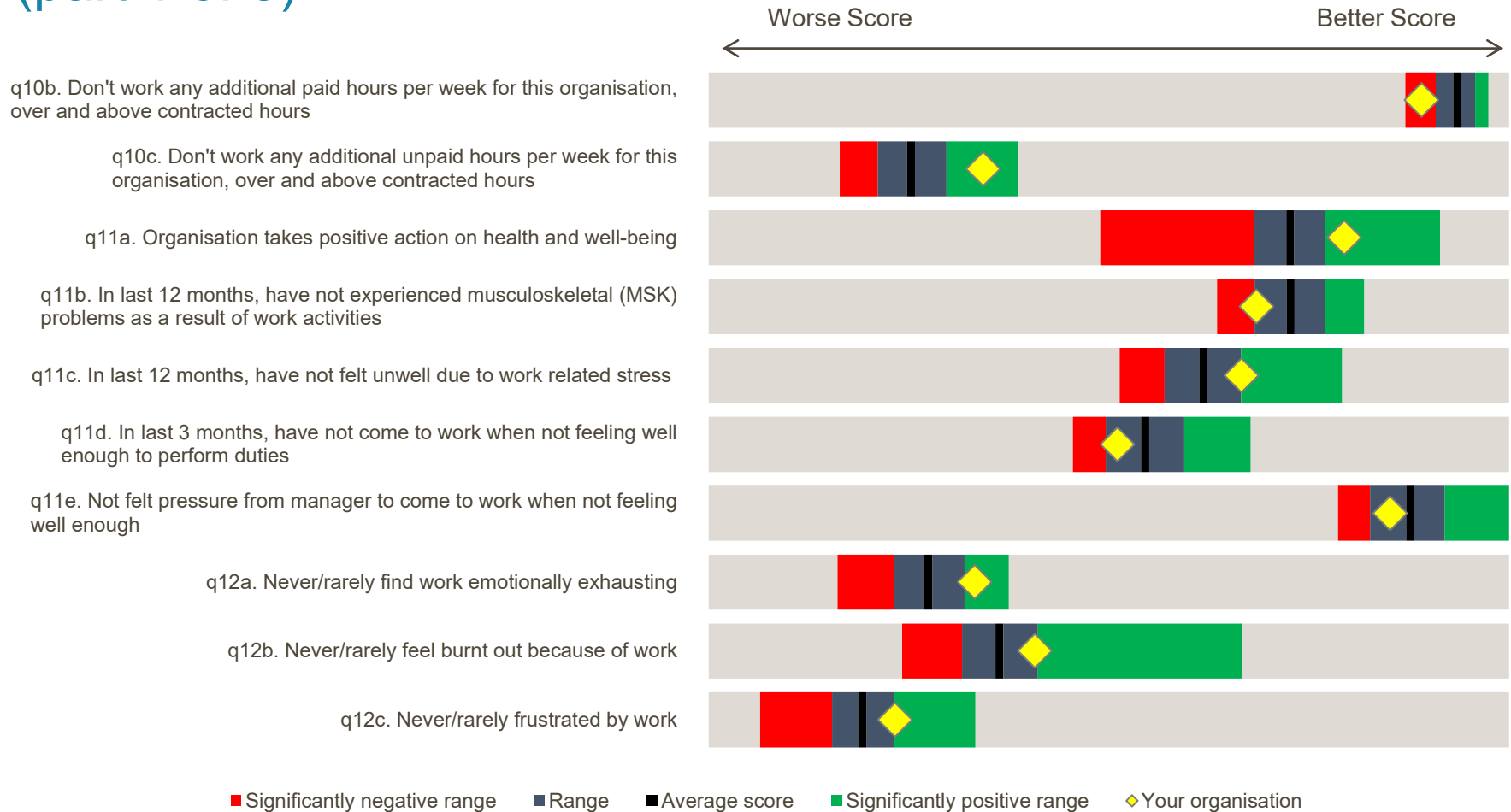


■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

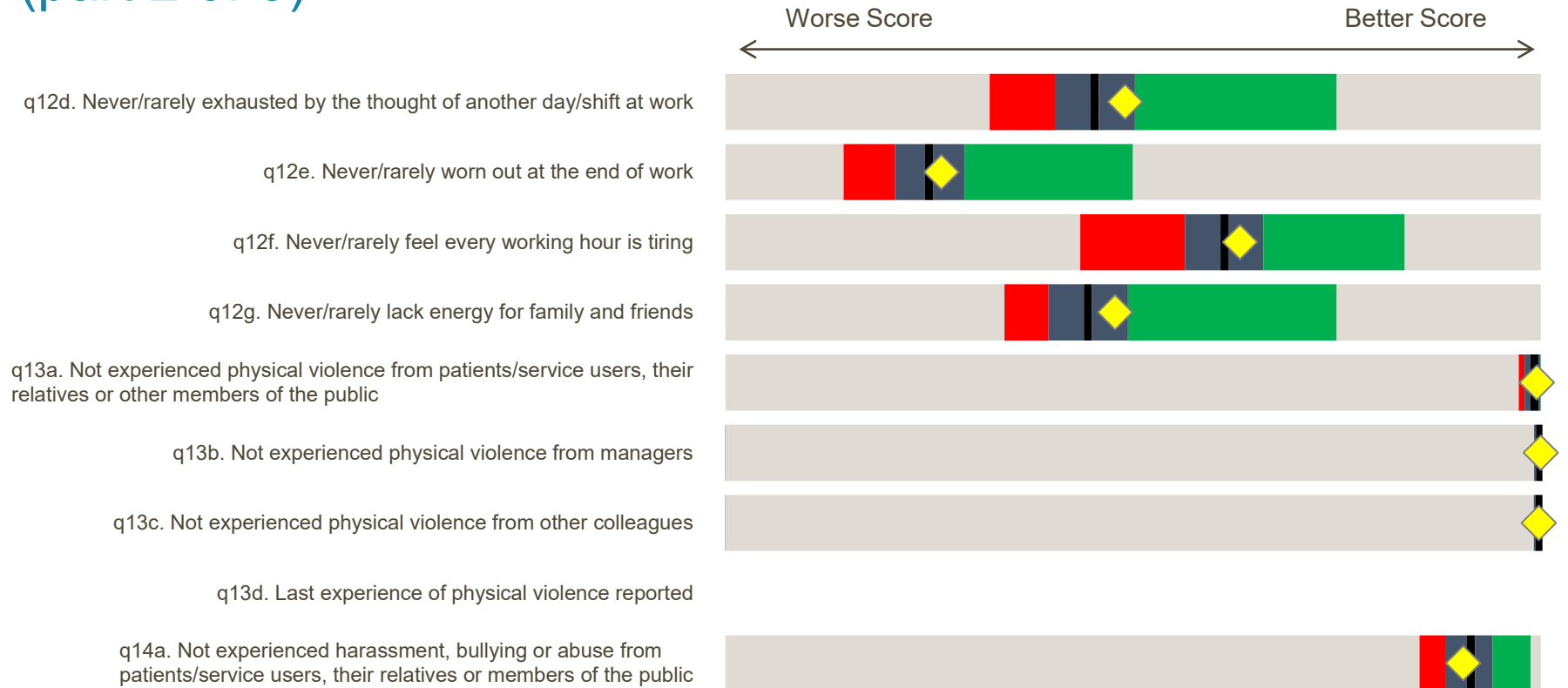
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

(part 1 of 3)



The yellow diamond will display when there are sufficient responses for each question

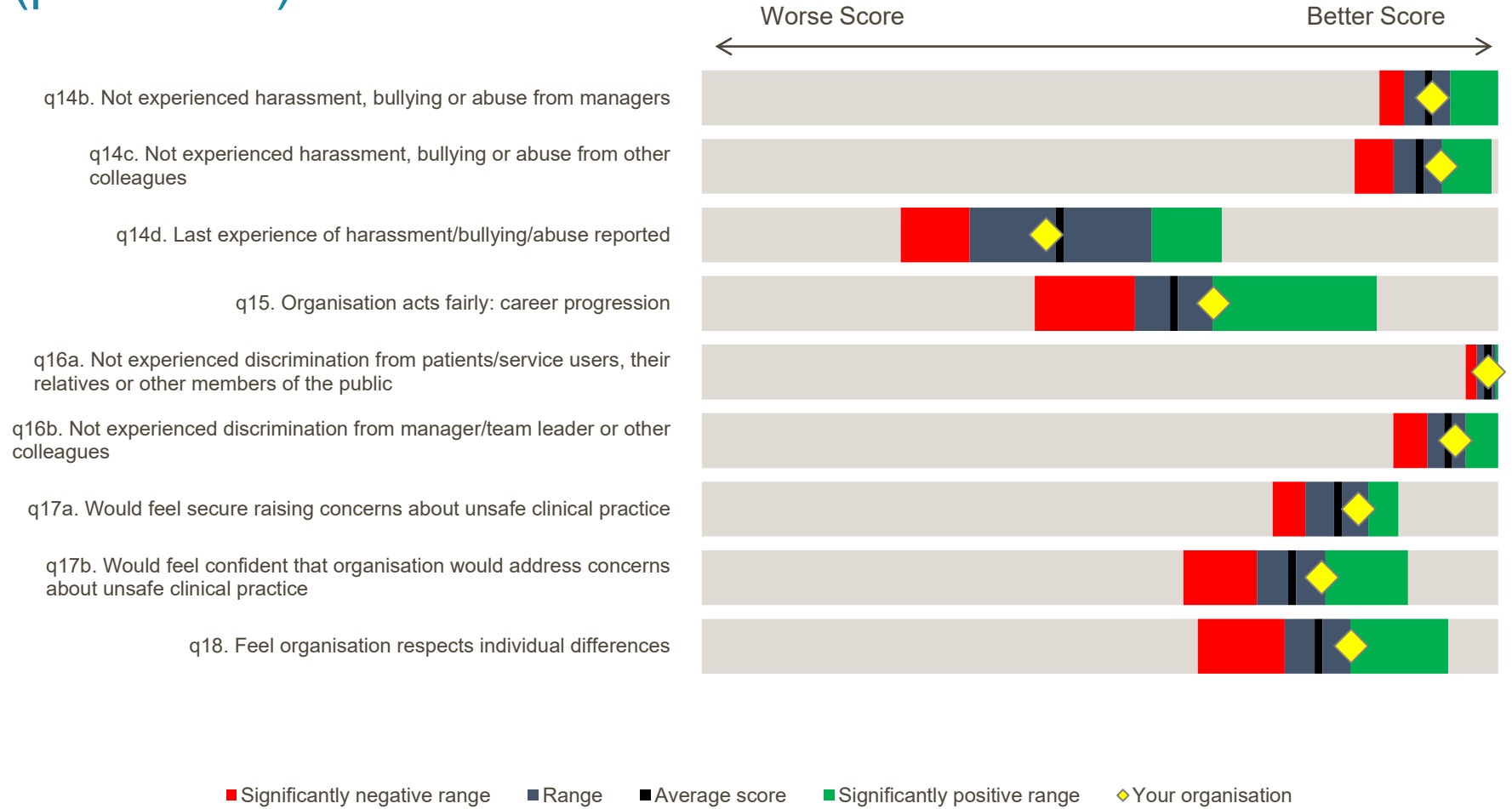
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 2 of 3)



■ Significantly negative range
 ■ Range
 ■ Average score
 ■ Significantly positive range
 ◆ Your organisation

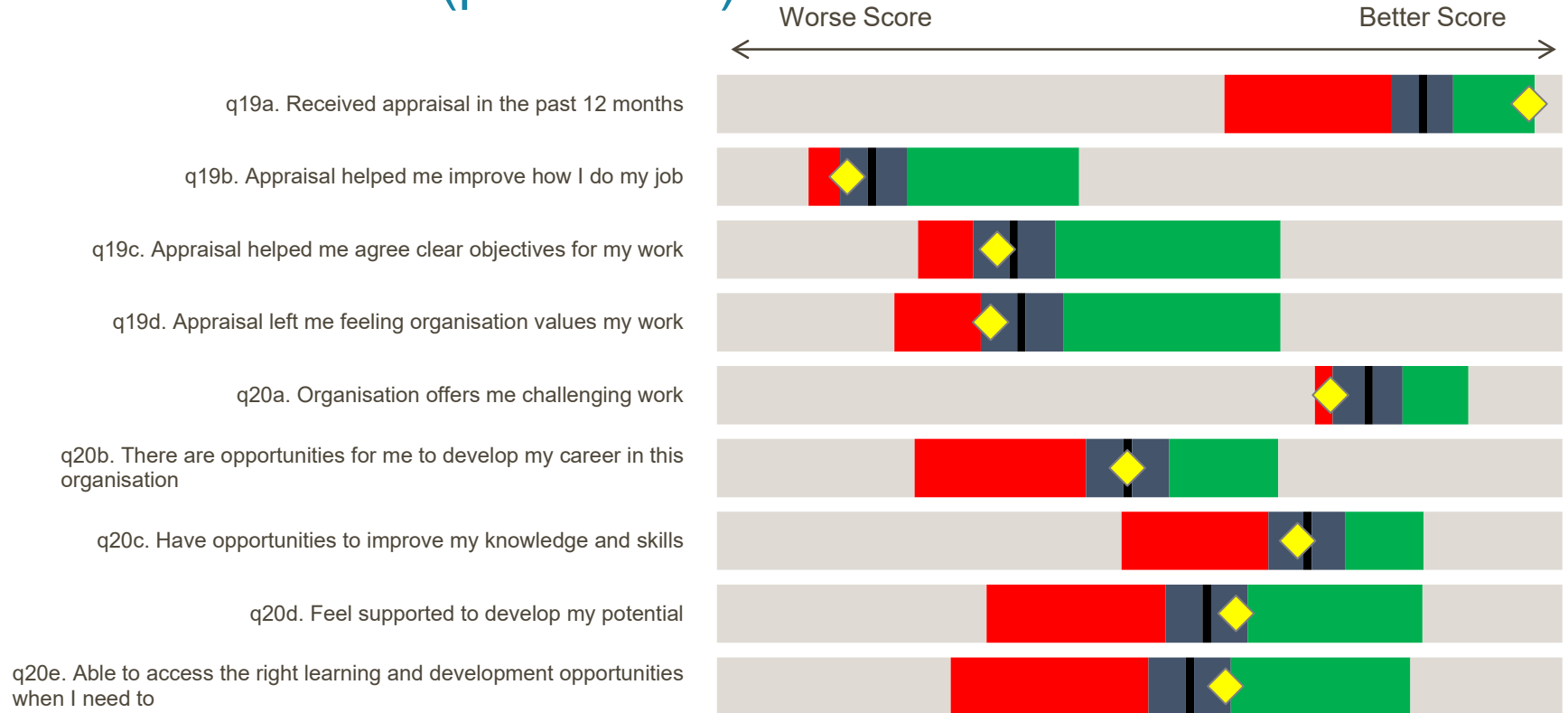
The yellow diamond will display when there are sufficient responses for each question

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 3 of 3)



The yellow diamond will display when there are sufficient responses for each question

YOUR PERSONAL DEVELOPMENT & YOUR ORGANISATION (part 1 of 2)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

YOUR PERSONAL DEVELOPMENT & YOUR ORGANISATION (part 2 of 2)



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

BACKGROUND INFORMATION

q28b. Disability: organisation made adequate adjustment(s) to enable me to carry out work



■ Significantly negative range ■ Range ■ Average score ■ Significantly positive range ◆ Your organisation

The yellow diamond will display when there are sufficient responses for each question

Internal benchmarks

Section 6: Comparison of results within your organisation



Internal benchmarks

Internal benchmarking charts allow you to easily compare experiences within your organisation. It shows the problem areas and top performers across every positively scored question.

How to read the tables

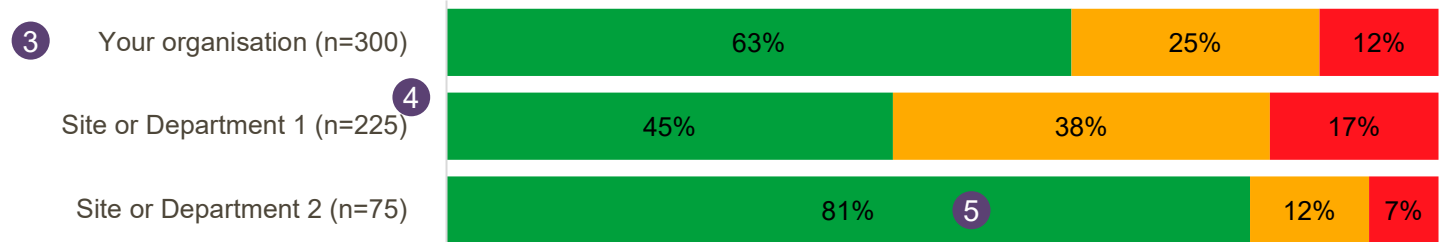
This chart shows how people across your organisation responded to a particular question. Each coloured bar represents a different aspect of performance: **positive responses (green)**, **neutral responses (amber)**, and **negative responses (red)**.

1

Your Job

Q2a. Often/always look forward to going to work

2



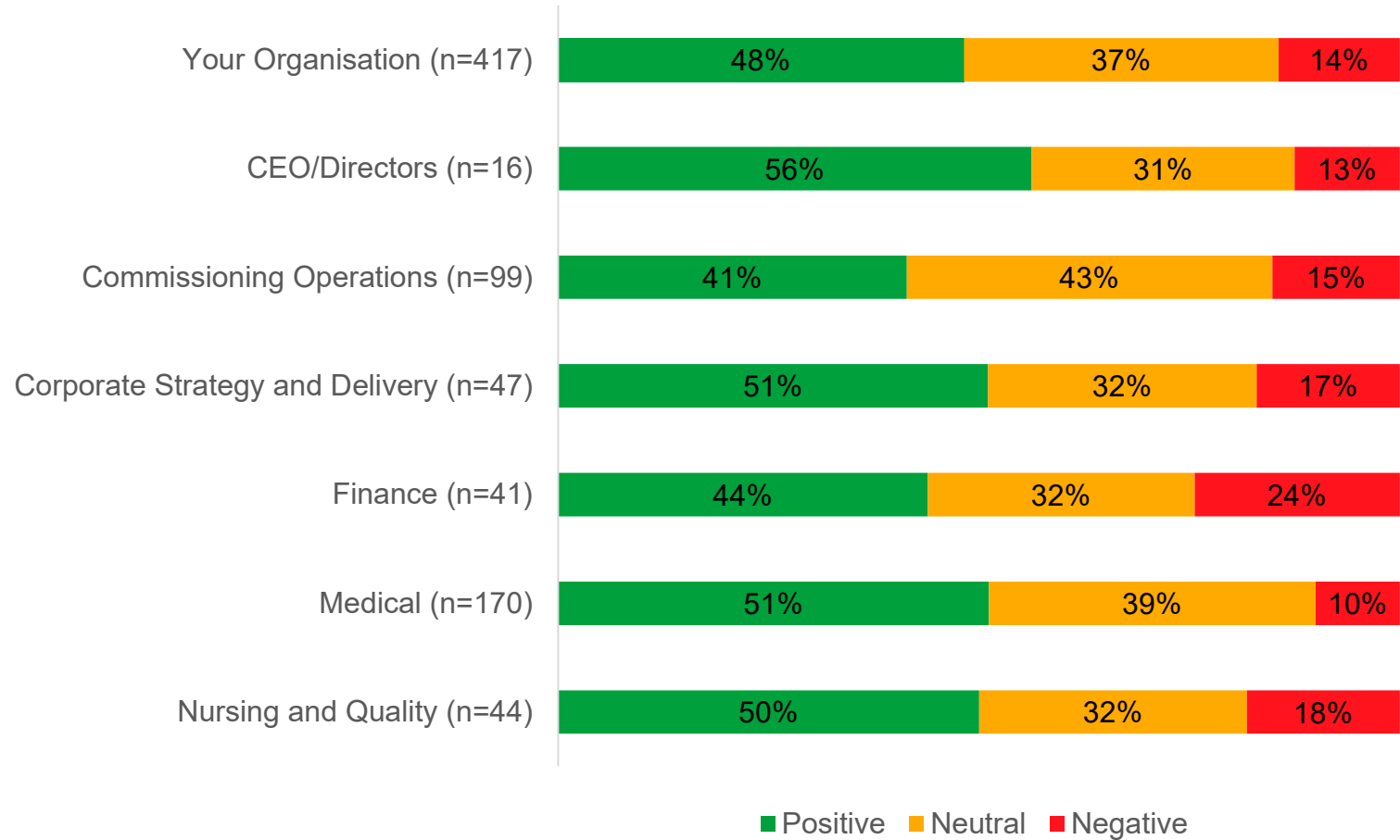
KEY

- 1. Section of the questionnaire
- 2. Question number and positive score text (derived from survey question)

- 3. Results for your organisation, or site / department
- 4. Number of respondents (n=...)
- 5. Proportion of positive, neutral and negative responses for this question

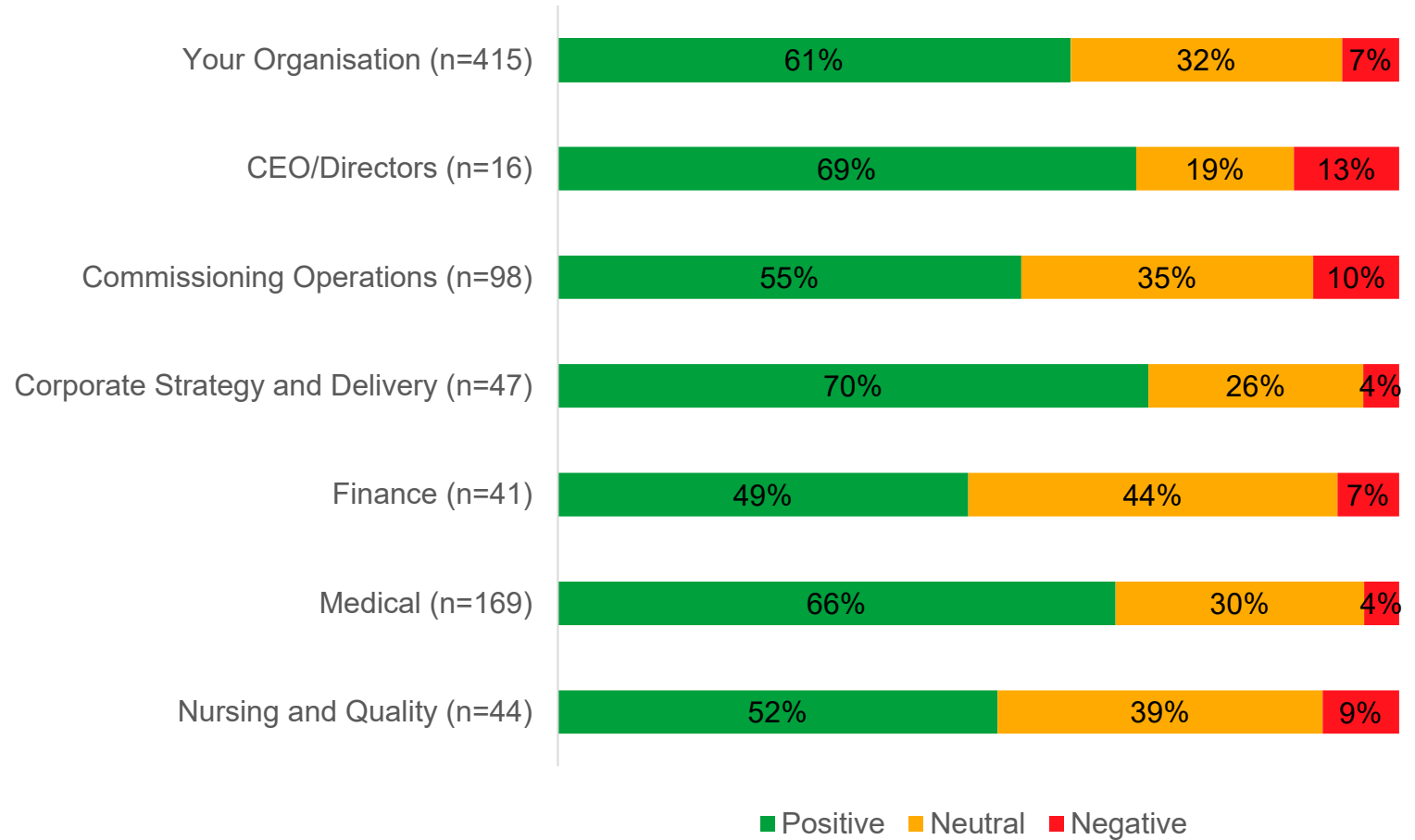
YOUR JOB

q2a Often/always look forward to going to work



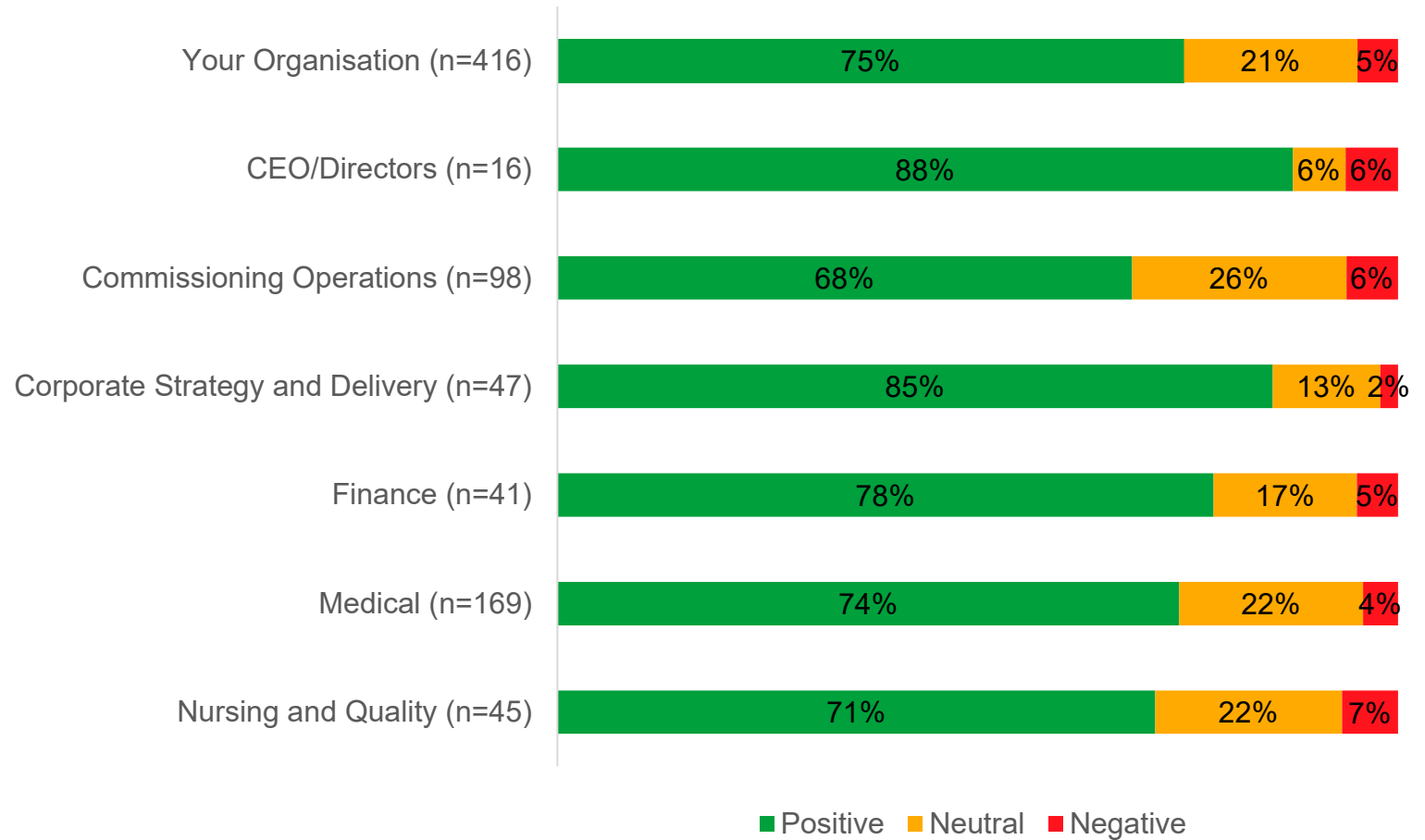
YOUR JOB

q2b Often/always enthusiastic about my job



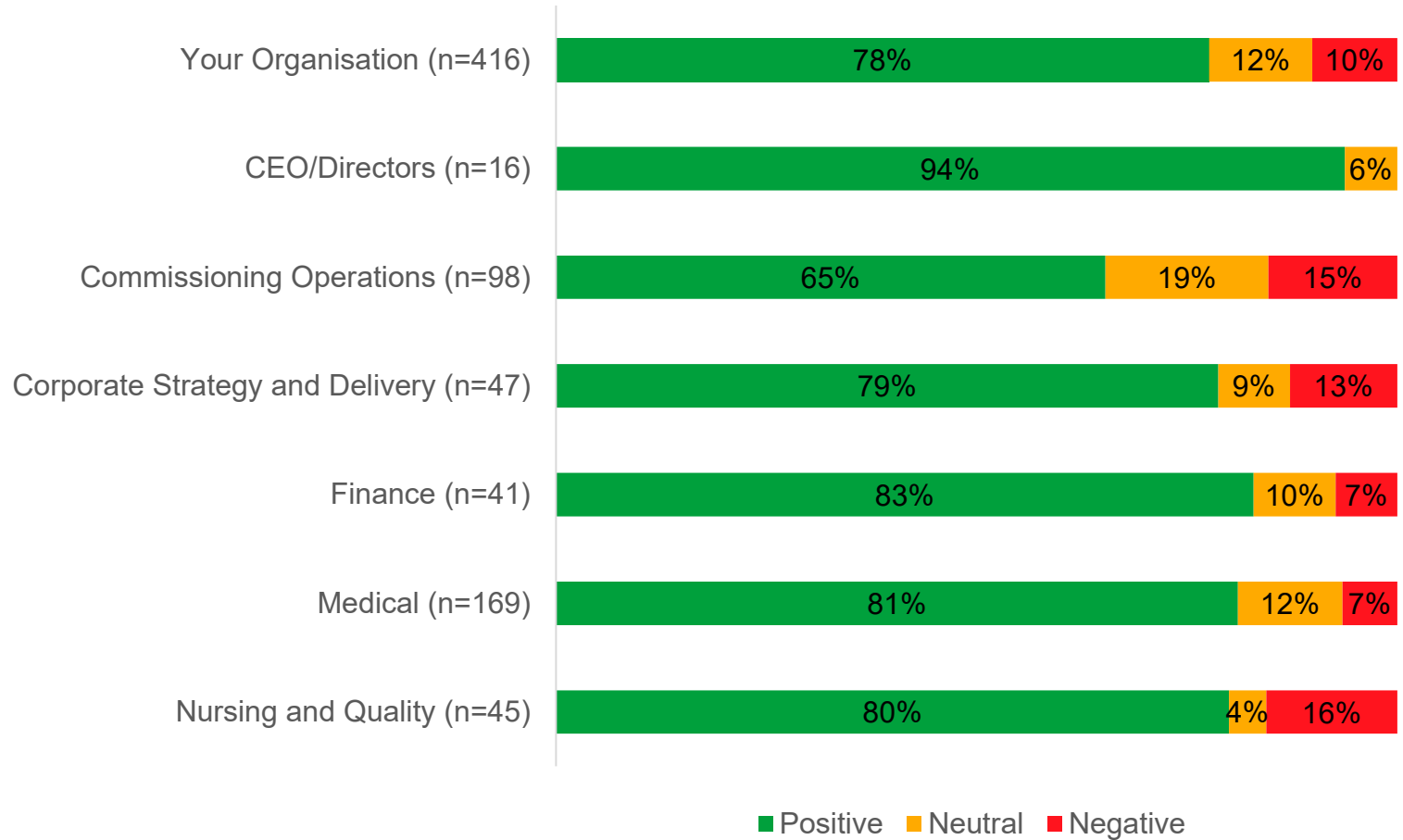
YOUR JOB

q2c Time often/always passes quickly when I am working



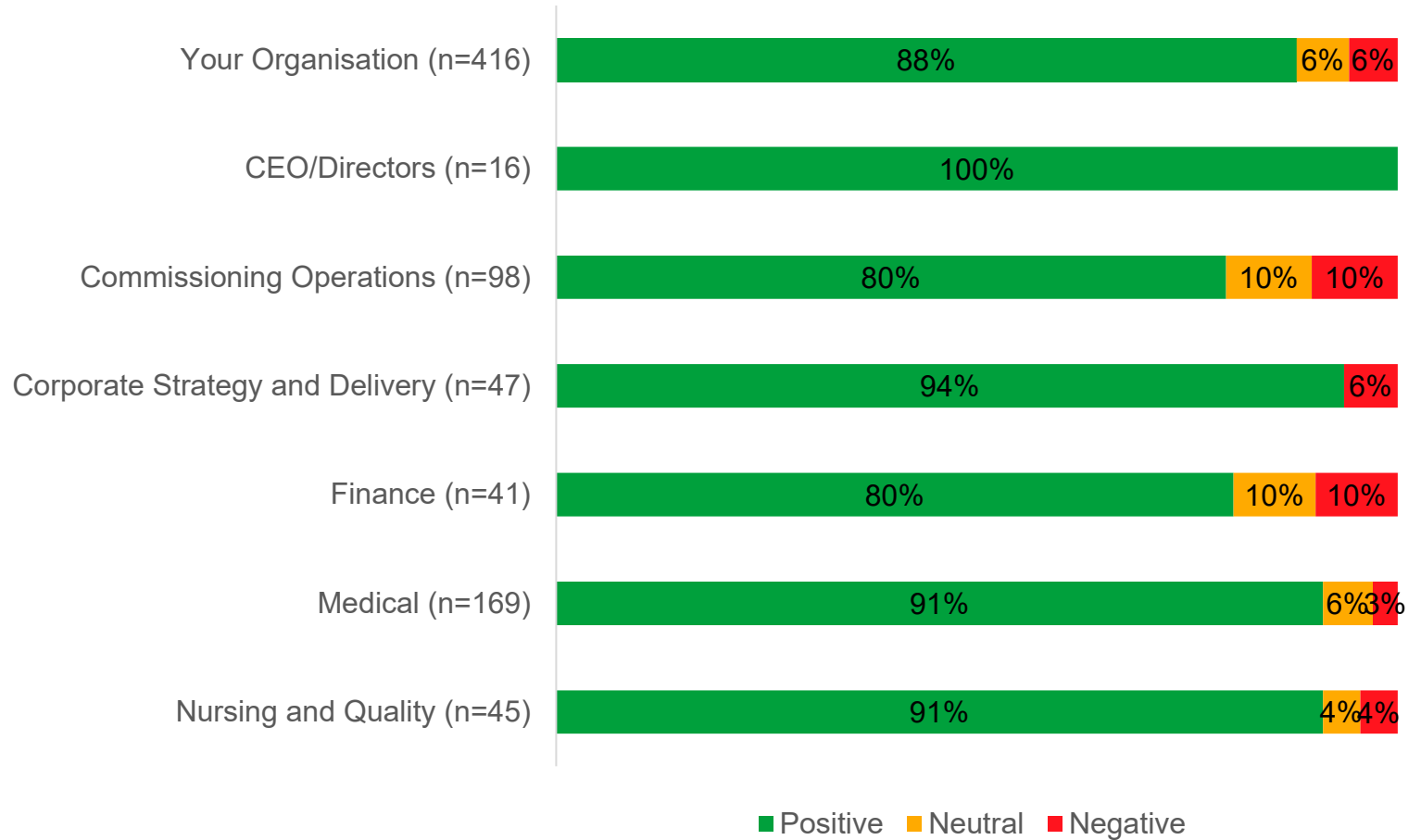
YOUR JOB

q3a Always know what work responsibilities are



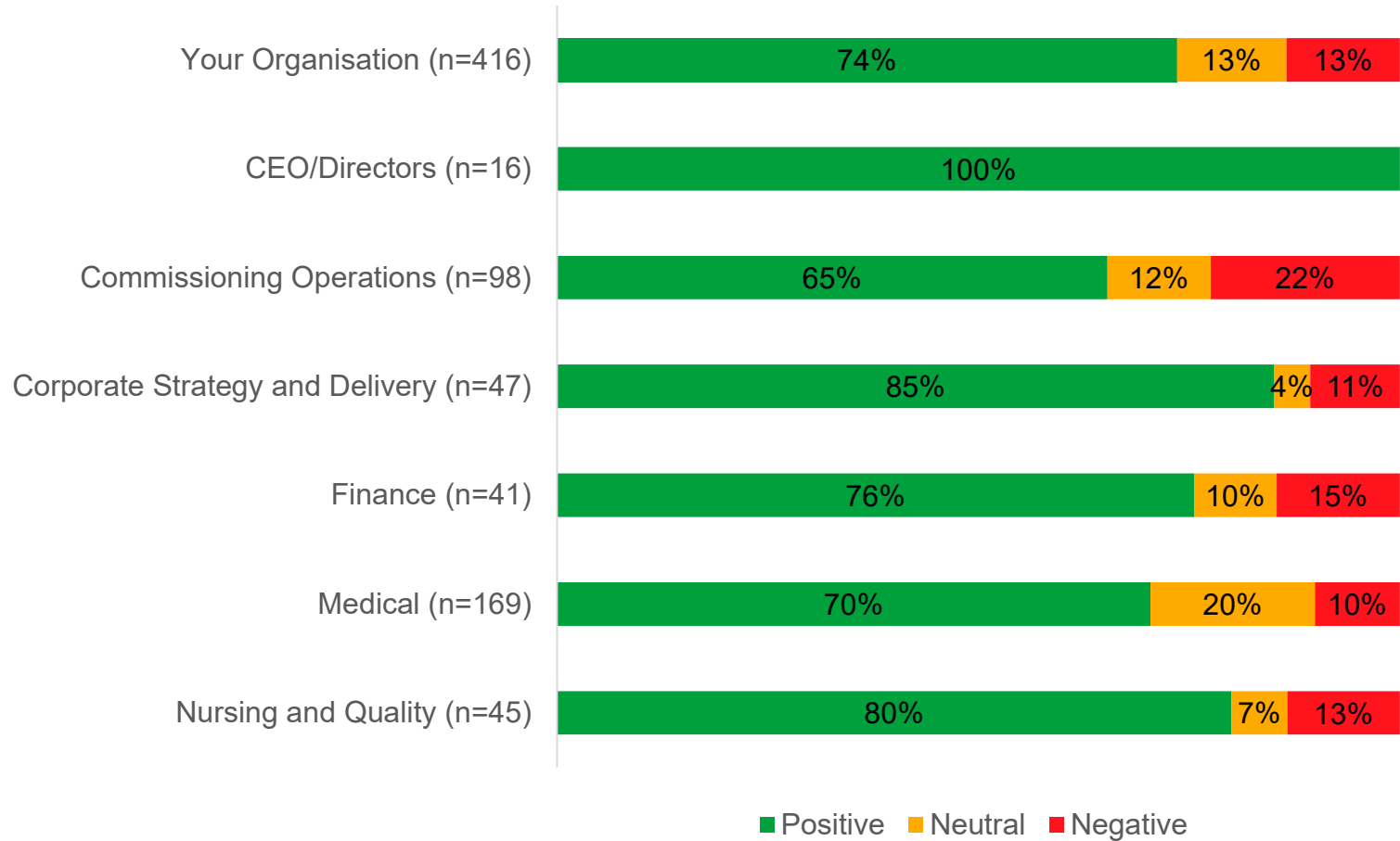
YOUR JOB

q3b Feel trusted to do my job



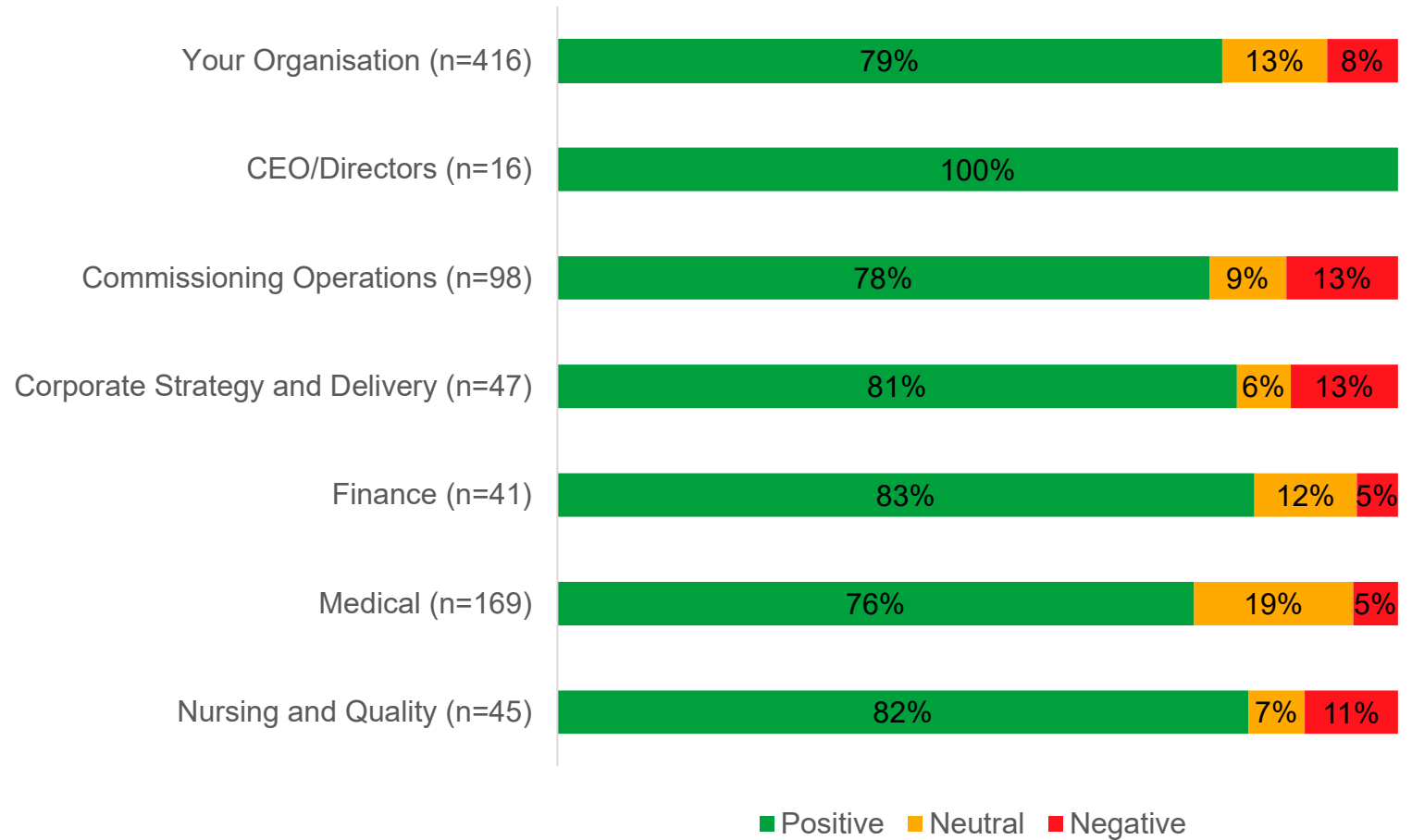
YOUR JOB

q3c Opportunities to show initiative frequently in my role



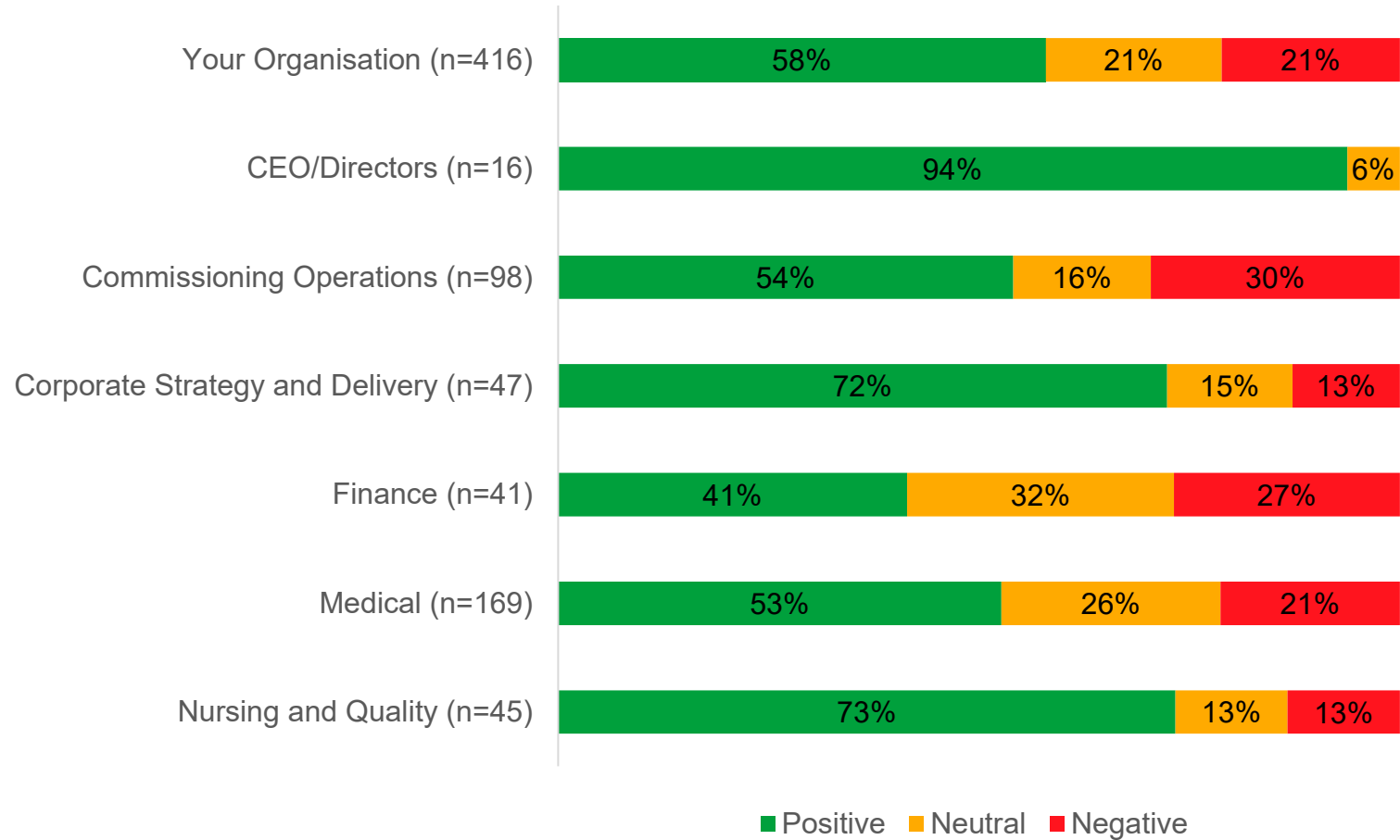
YOUR JOB

q3d Able to make suggestions to improve the work of my team/dept



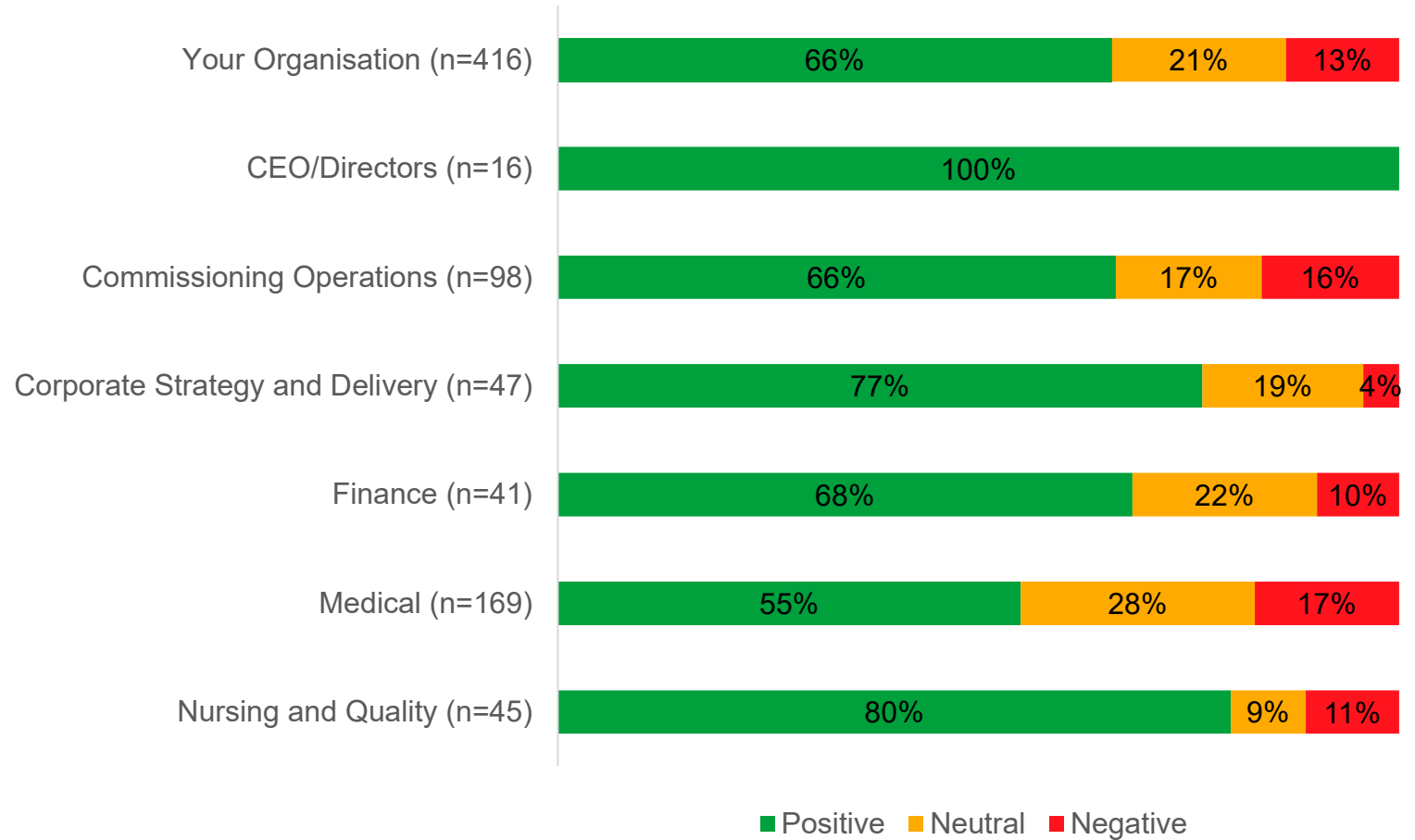
YOUR JOB

q3e Involved in deciding changes that affect work



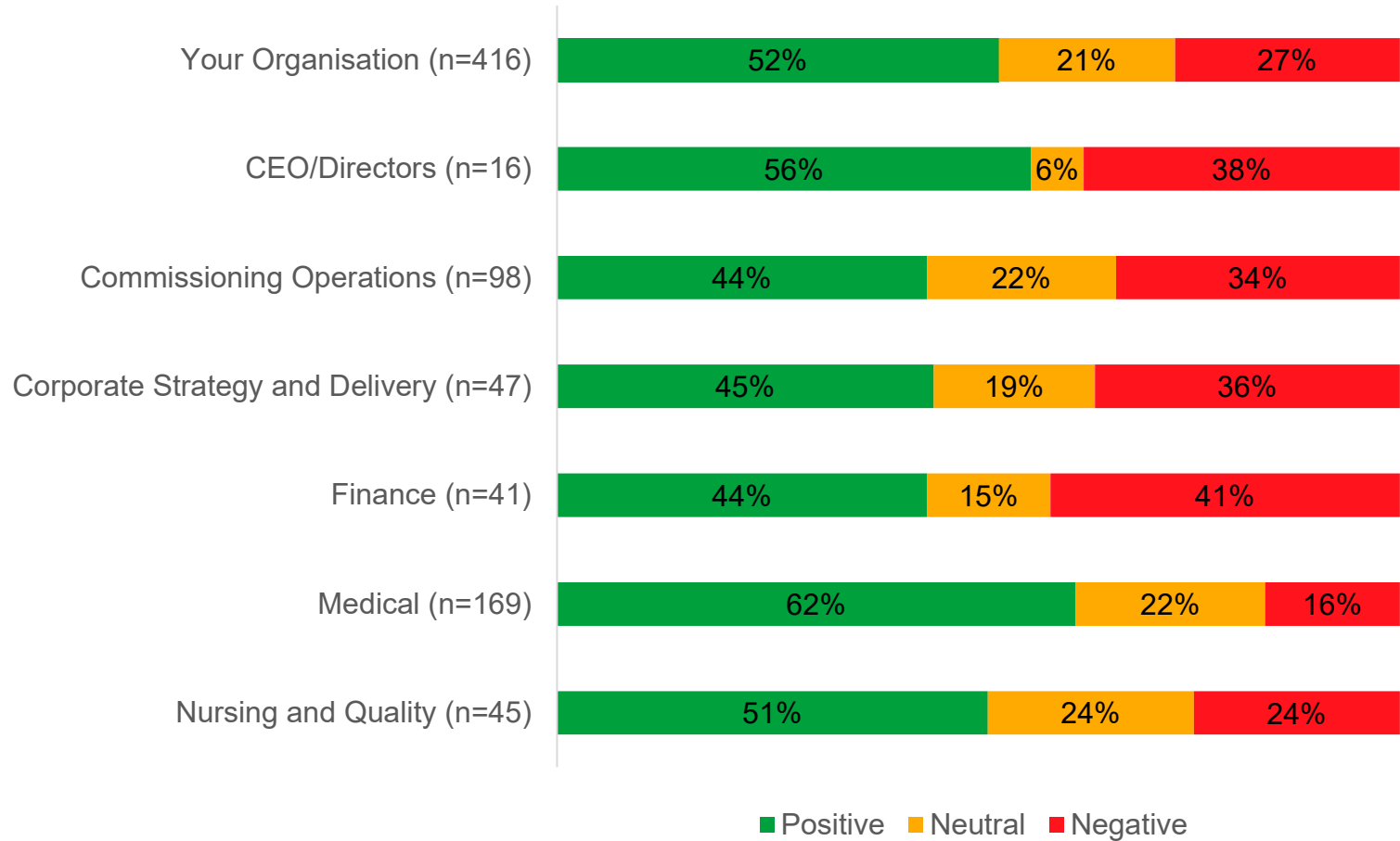
YOUR JOB

q3f Able to make improvements happen in my area of work



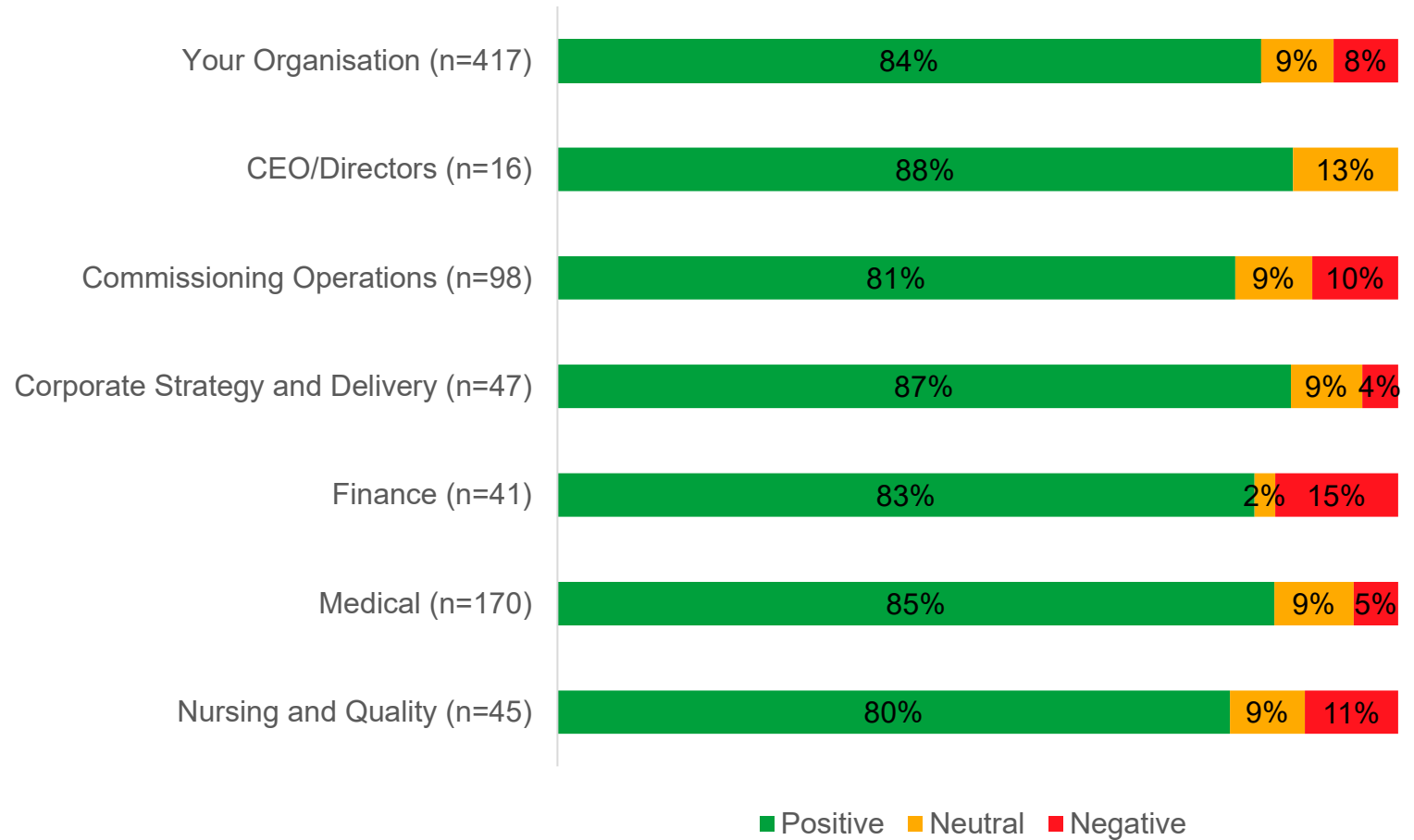
YOUR JOB

q3g Able to meet conflicting demands on my time at work



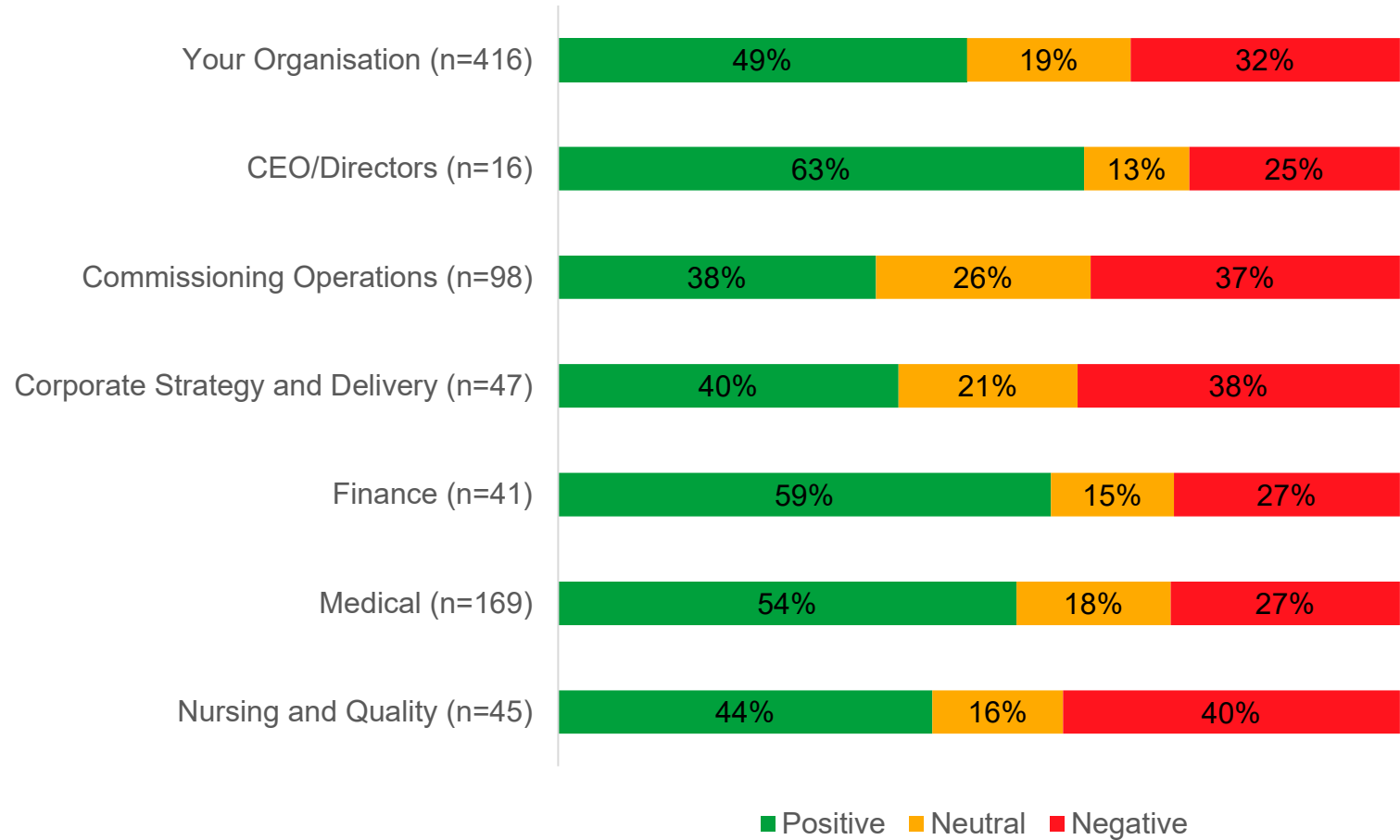
YOUR JOB

q3h Have adequate materials, supplies and equipment to do my work



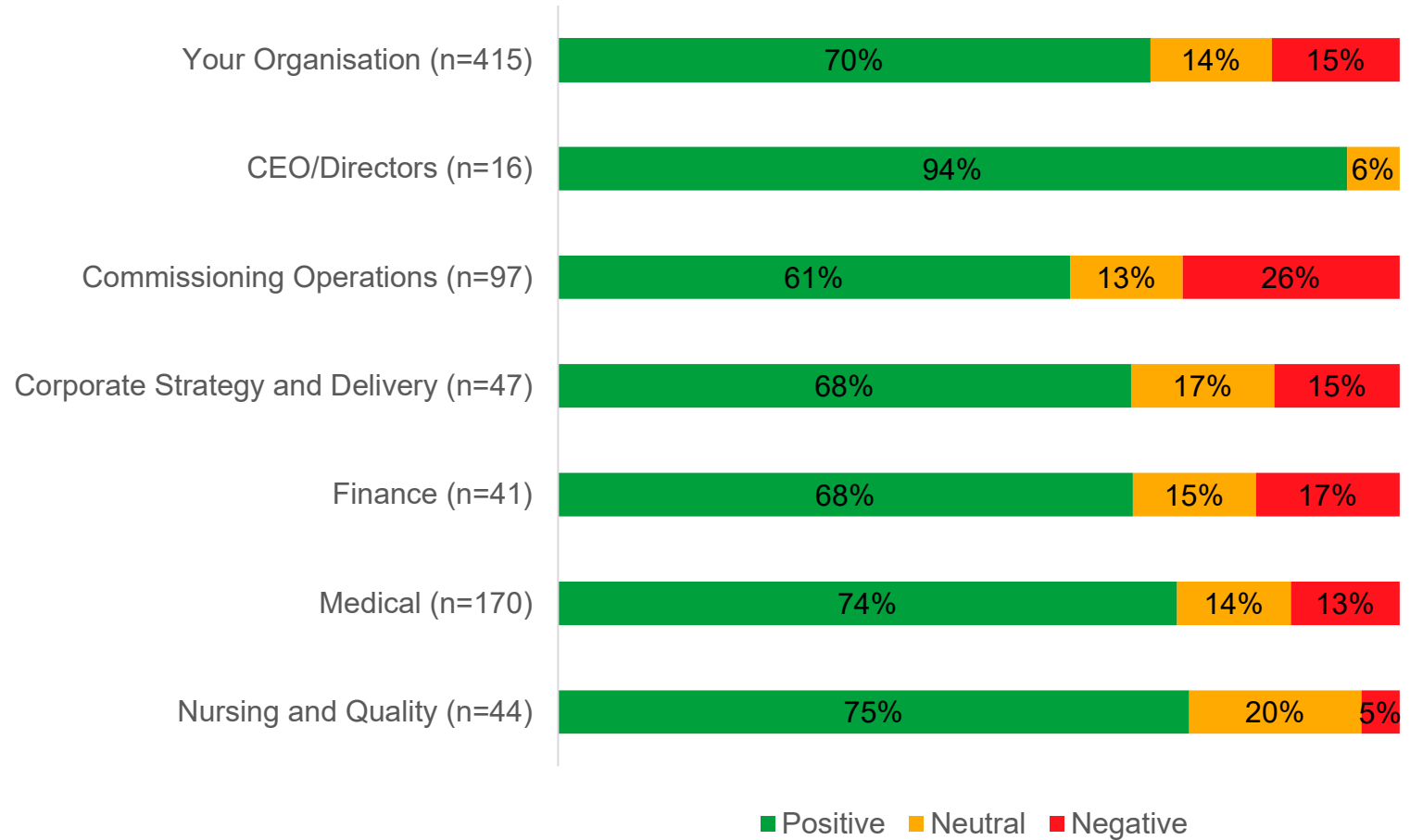
YOUR JOB

q3i Enough staff at organisation to do my job properly



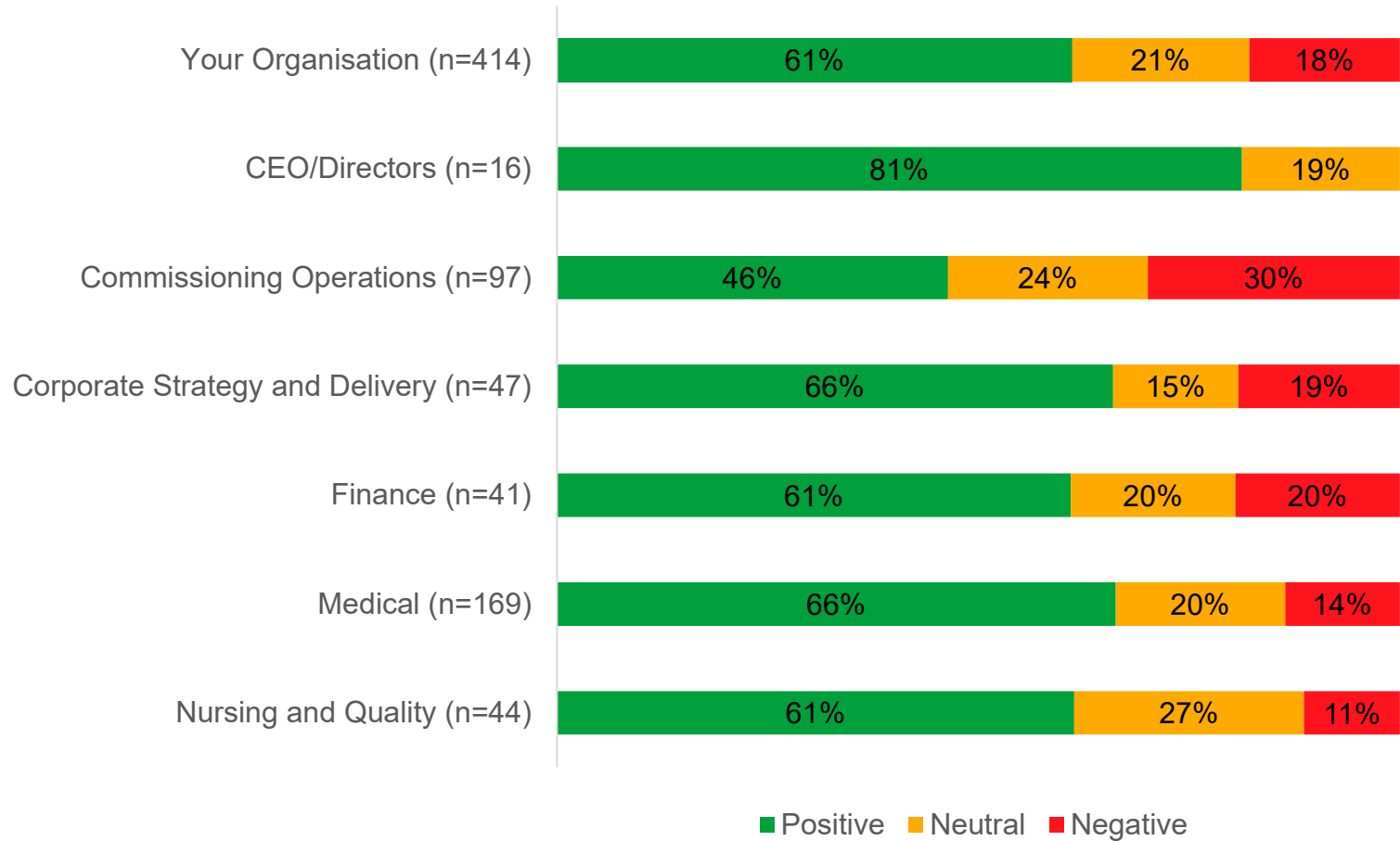
YOUR JOB

q4a Satisfied with recognition for good work



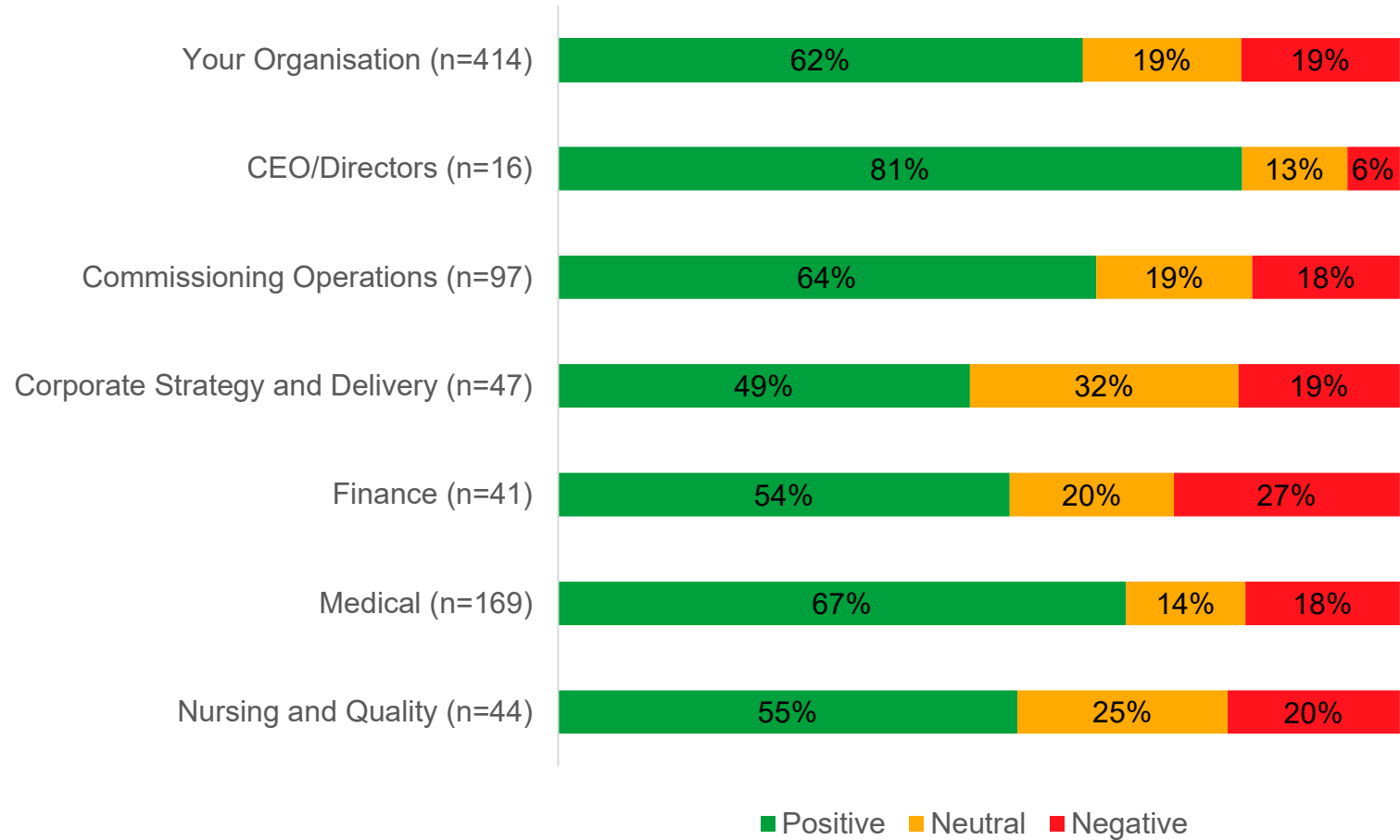
YOUR JOB

q4b Satisfied with extent organisation values my work



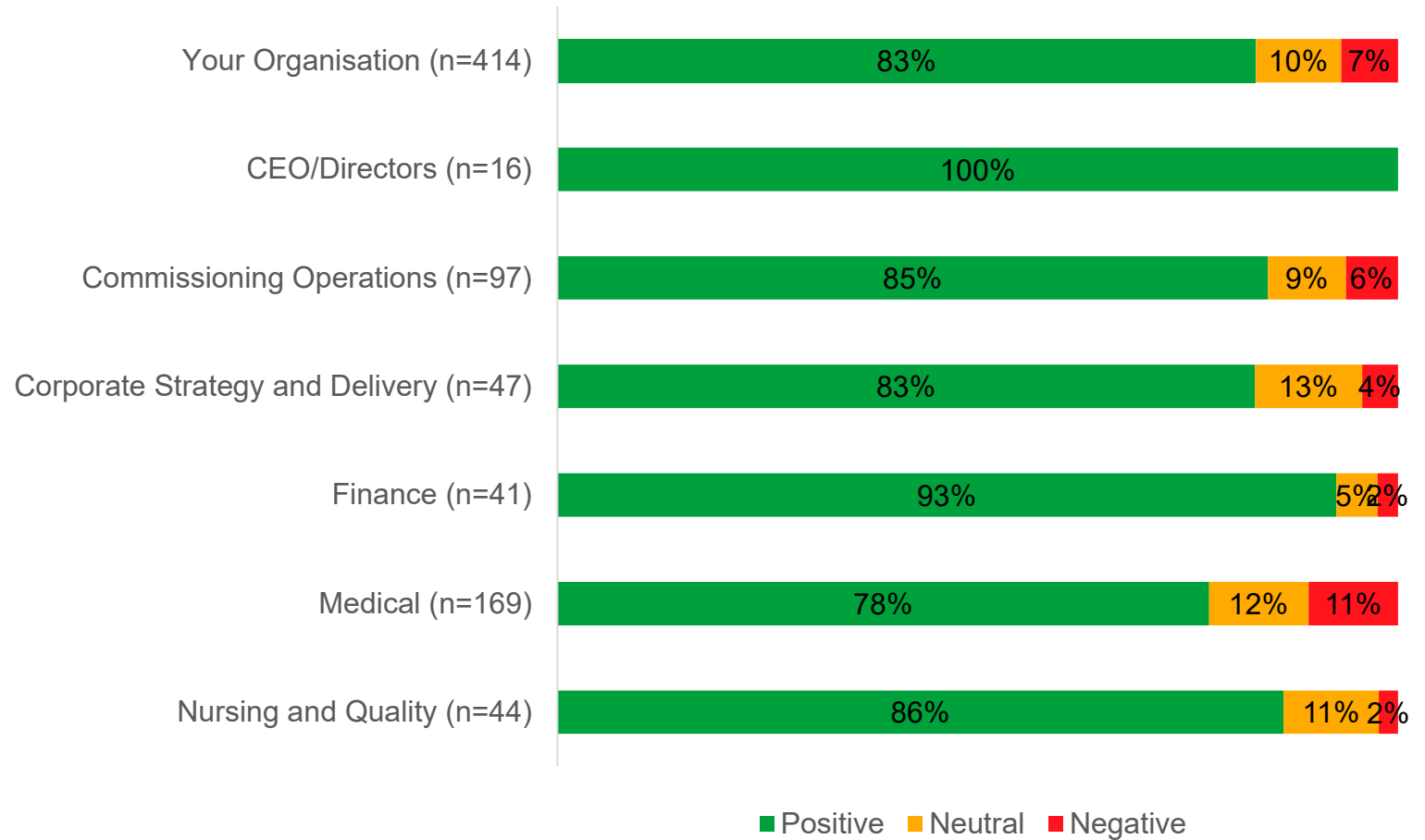
YOUR JOB

q4c Satisfied with level of pay



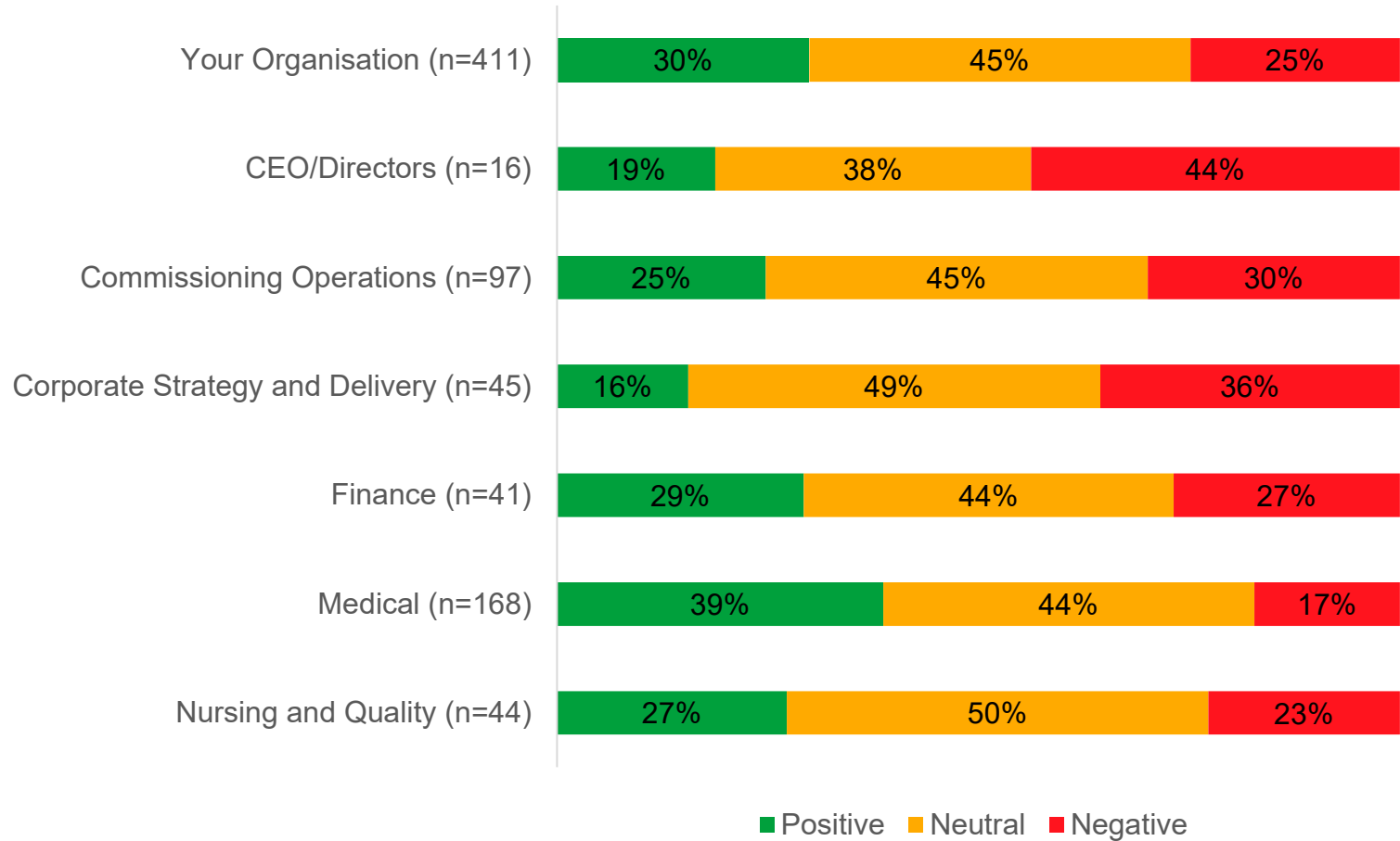
YOUR JOB

q4d Satisfied with opportunities for flexible working patterns



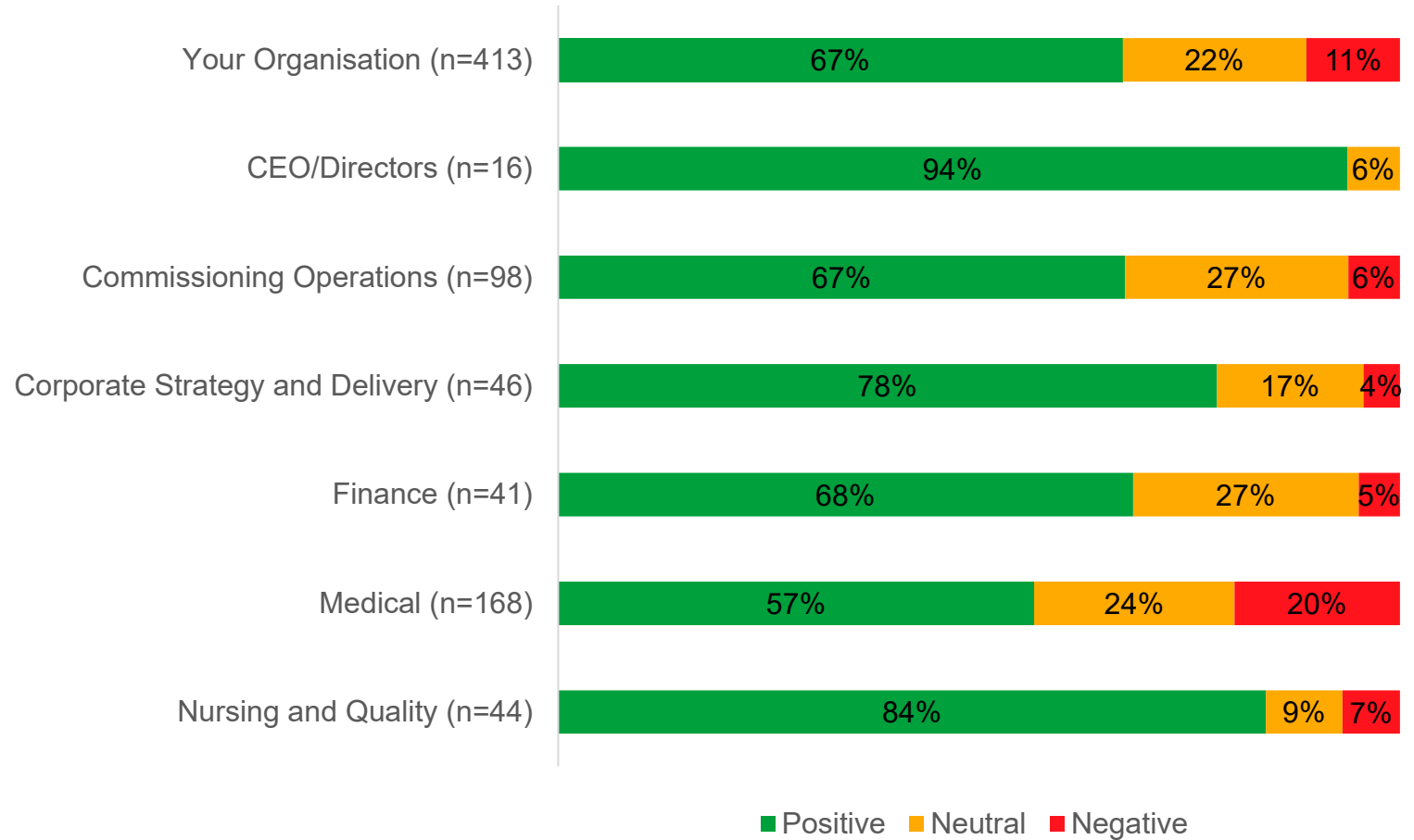
YOUR JOB

q5a Have realistic time pressures



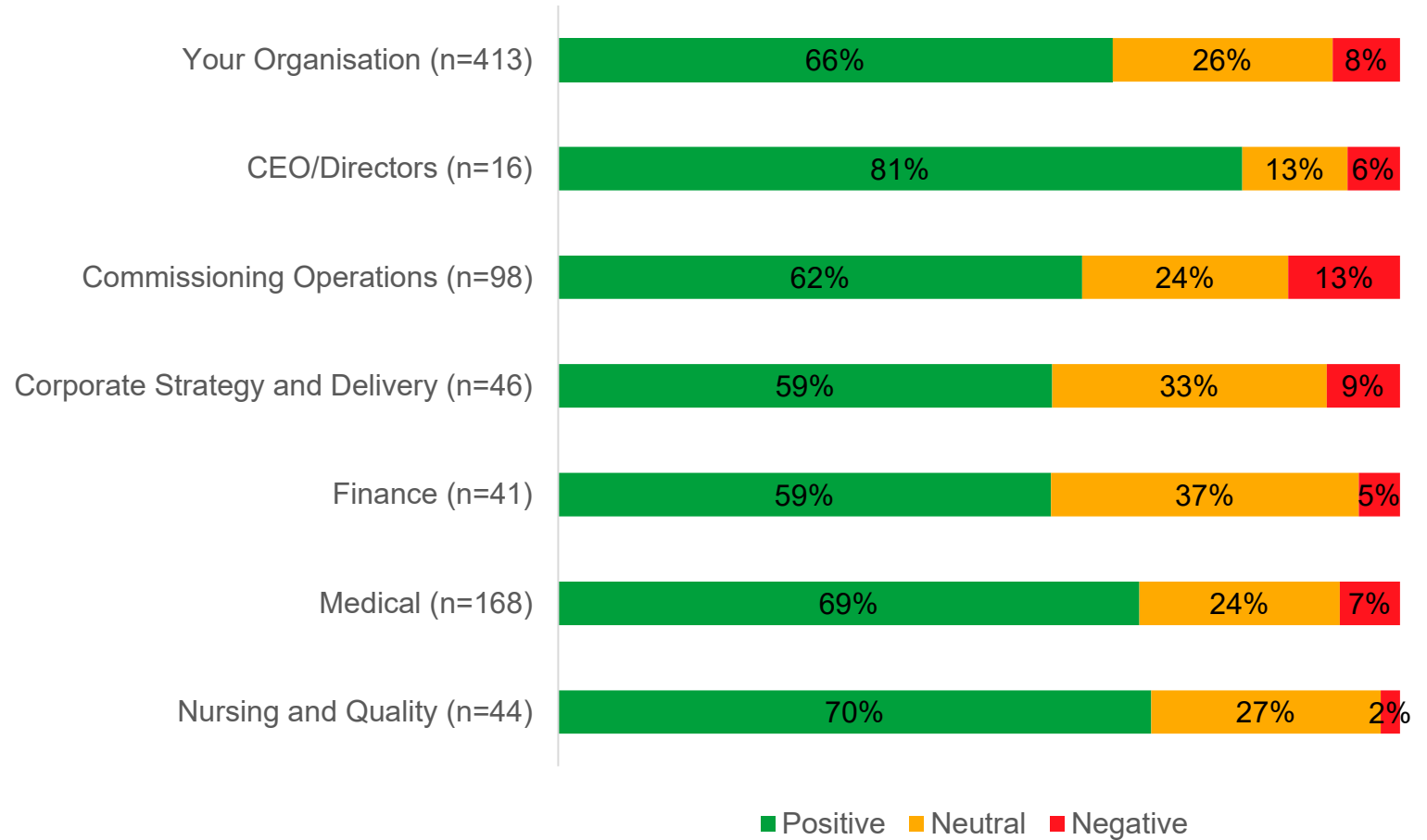
YOUR JOB

q5b Have a choice in deciding how to do my work



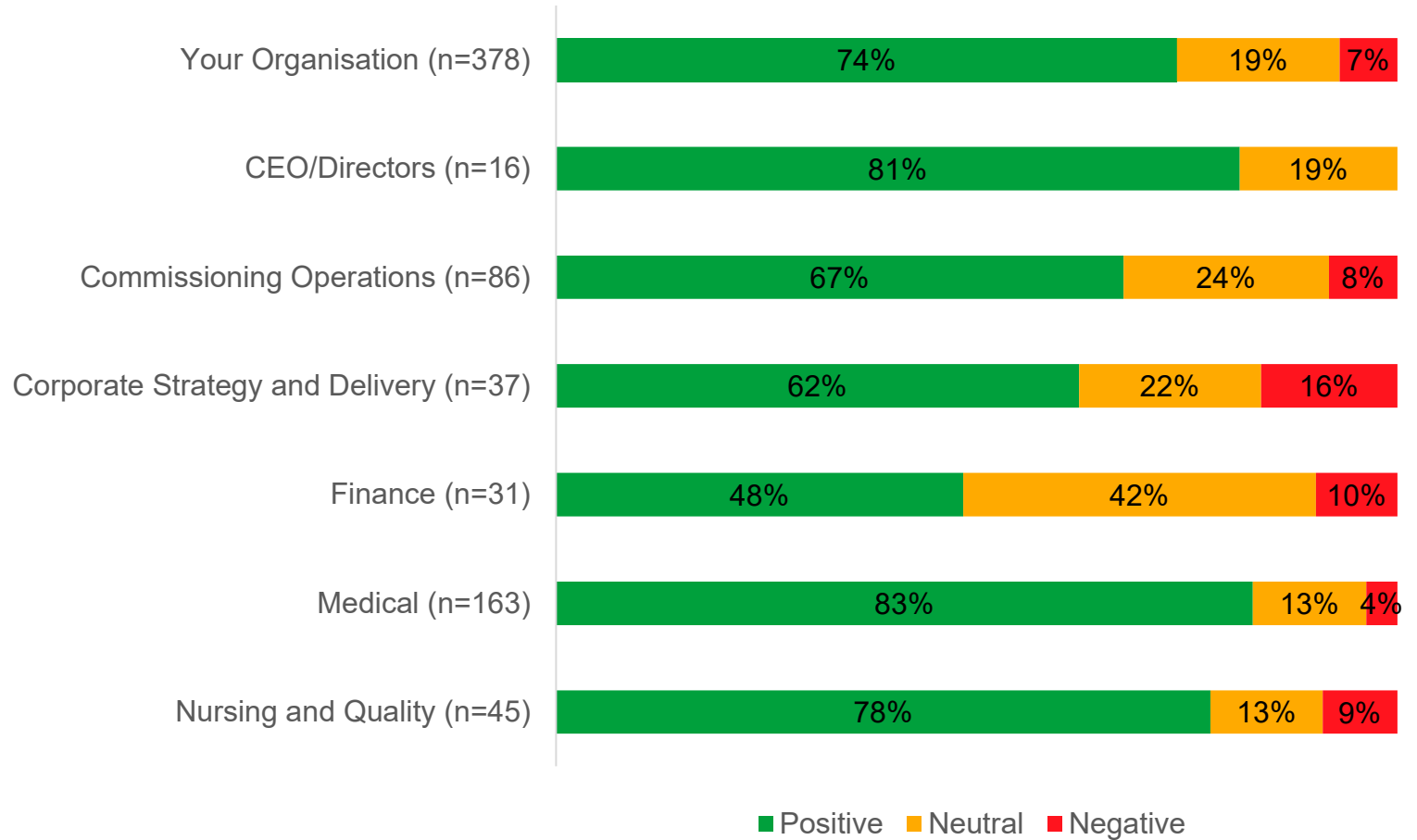
YOUR JOB

q5c Relationships at work are unstrained



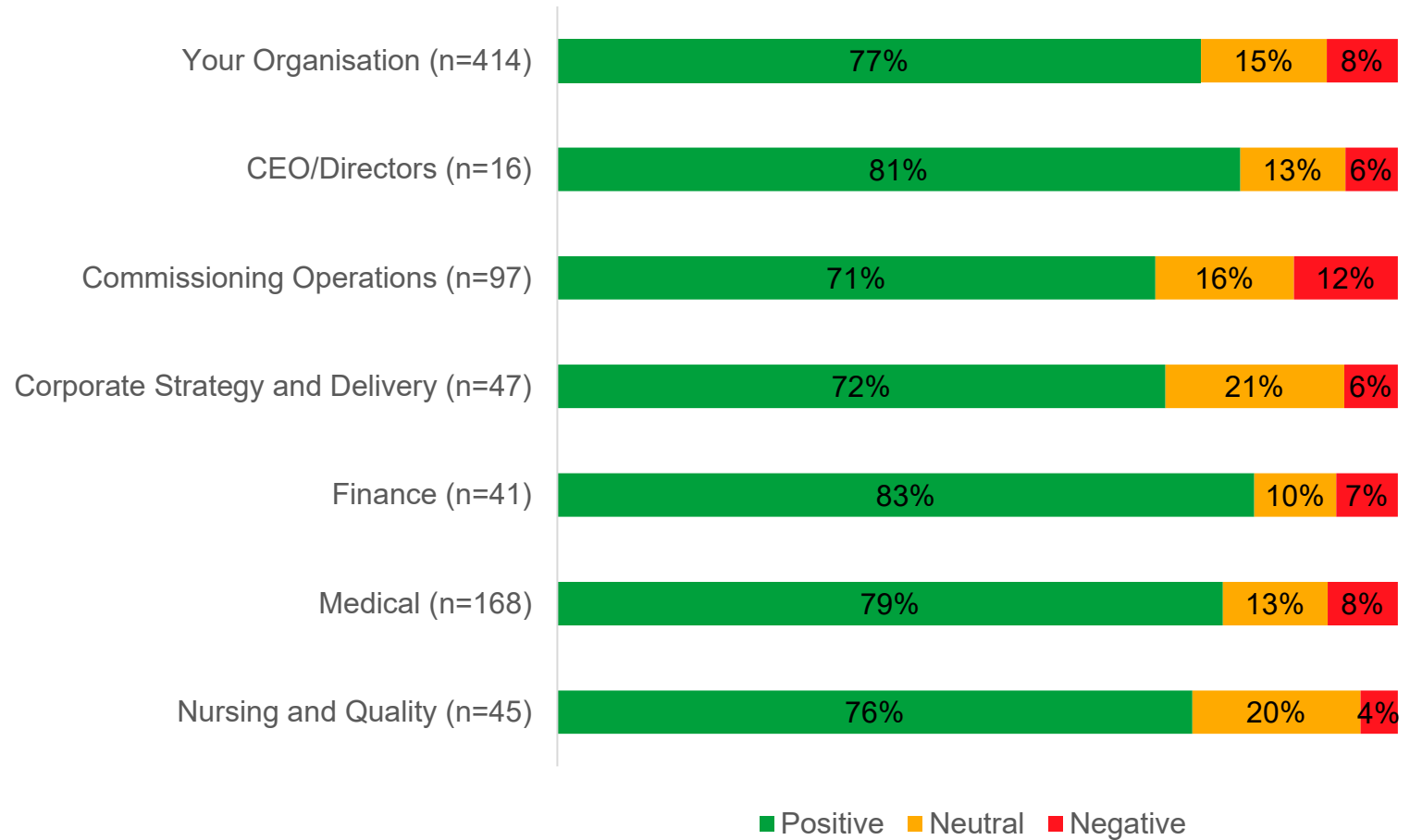
YOUR JOB

q6a Feel my role makes a difference to patients/service users



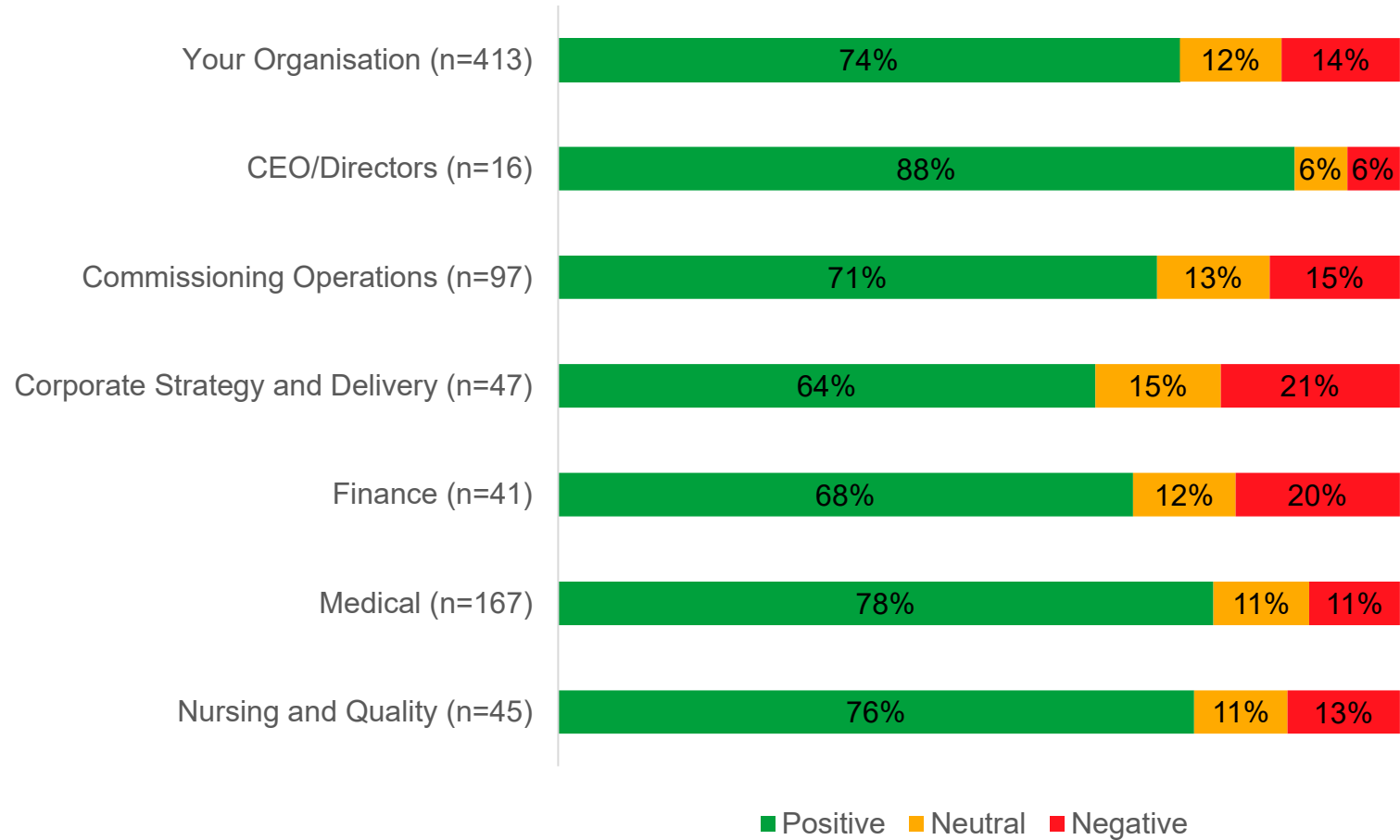
YOUR JOB

q6b Organisation is committed to helping balance work and home life



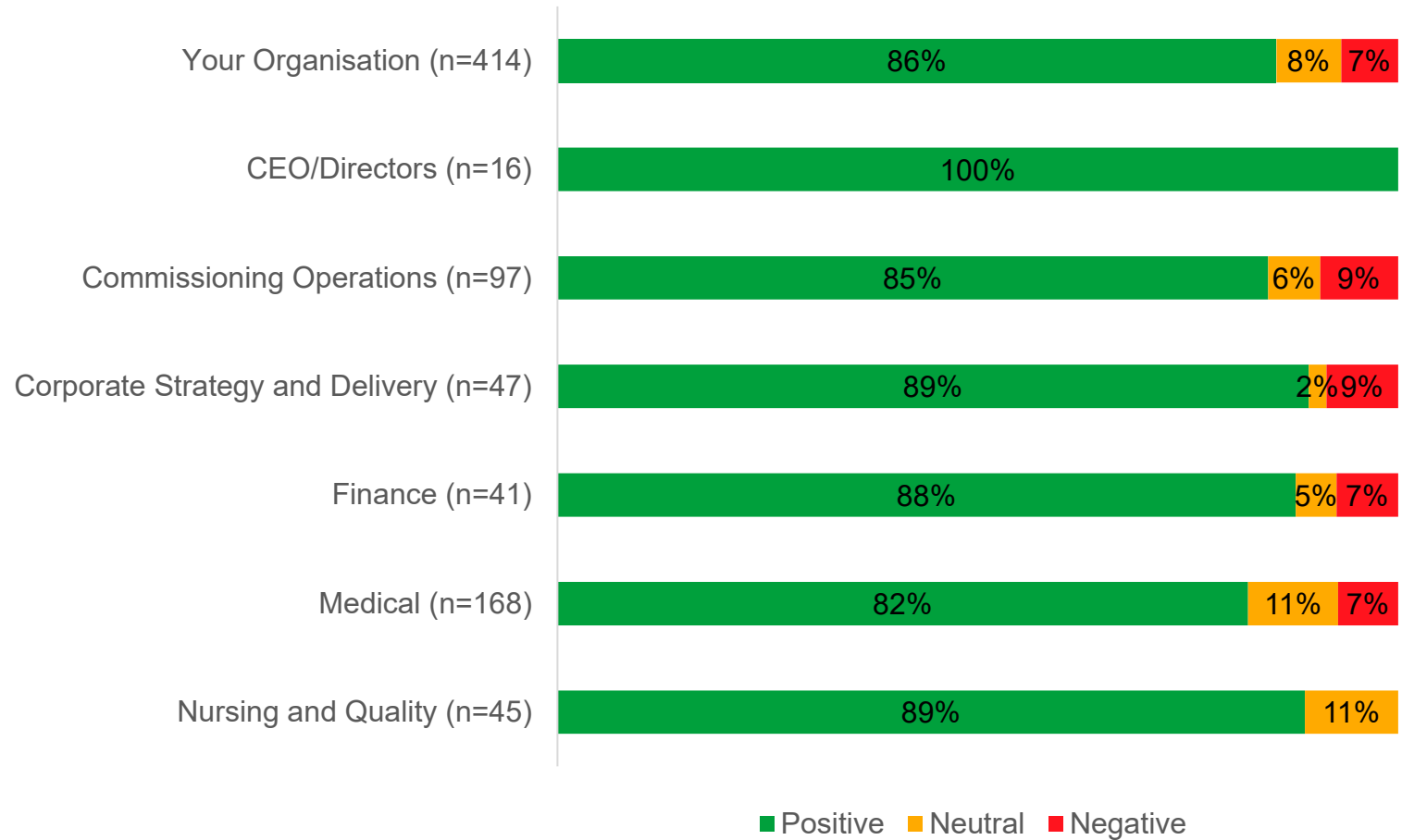
YOUR JOB

q6c Achieve a good balance between work and home life



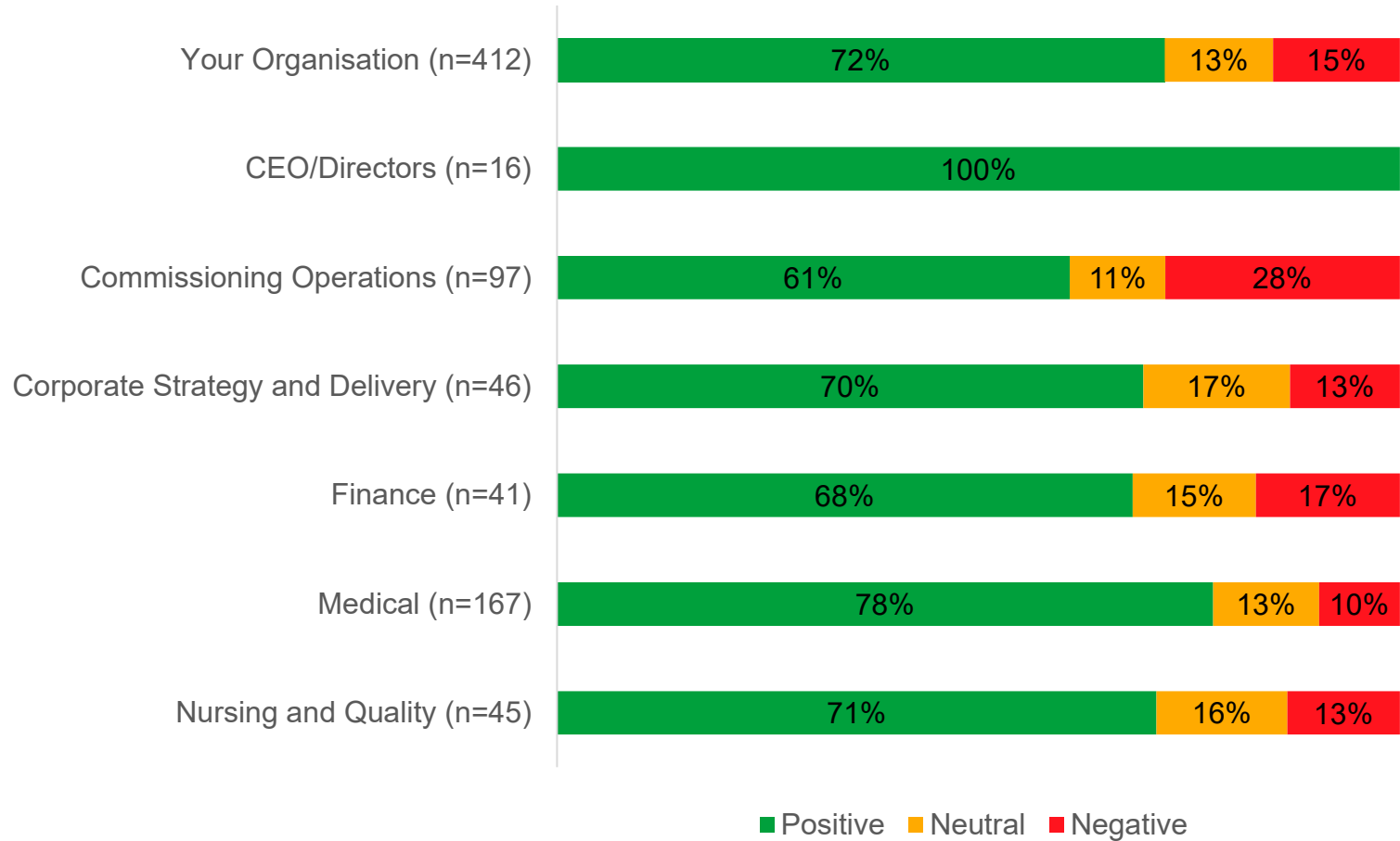
YOUR JOB

q6d Can approach immediate manager to talk openly about flexible working



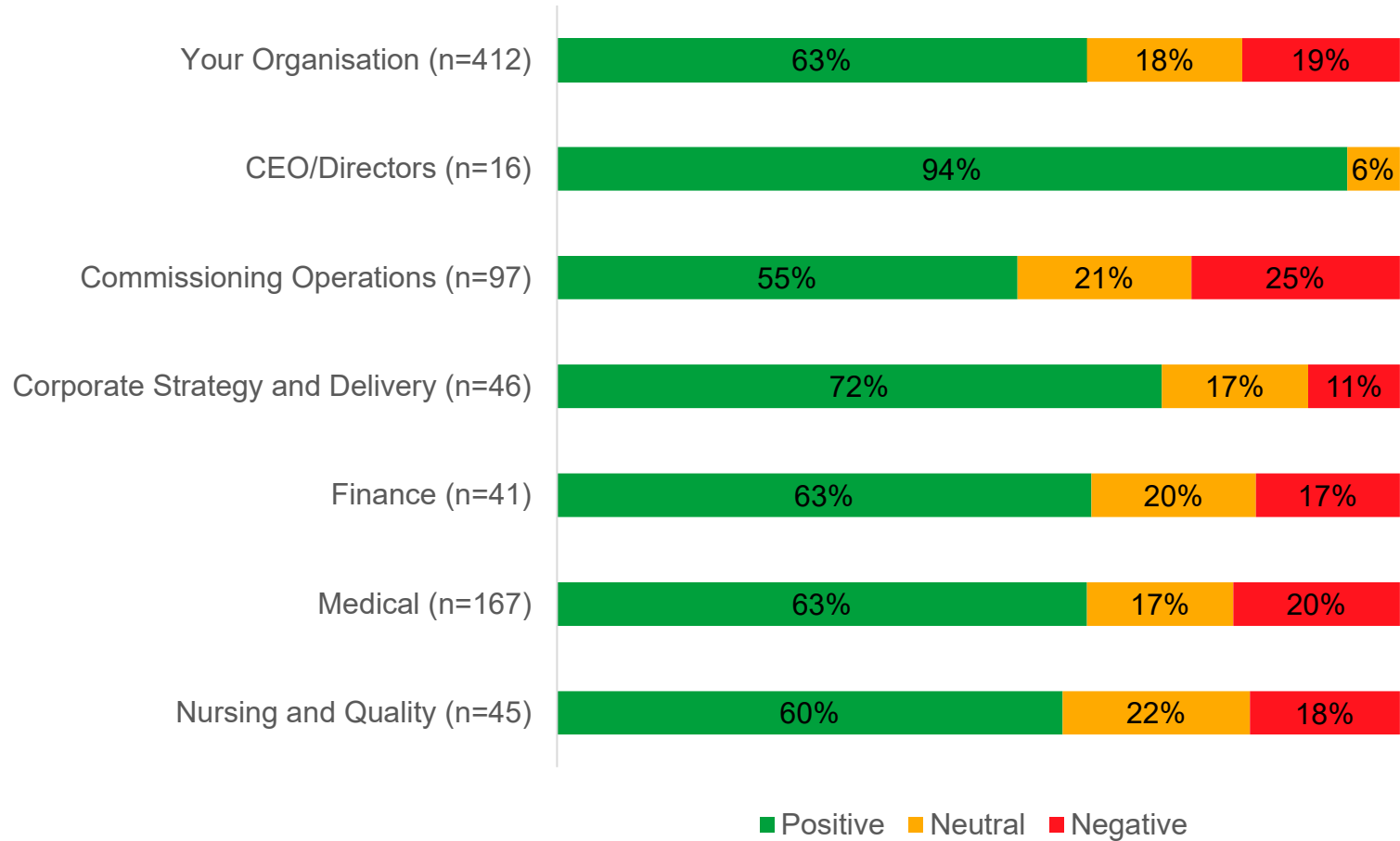
YOUR TEAM

q7a Team members have a set of shared objectives



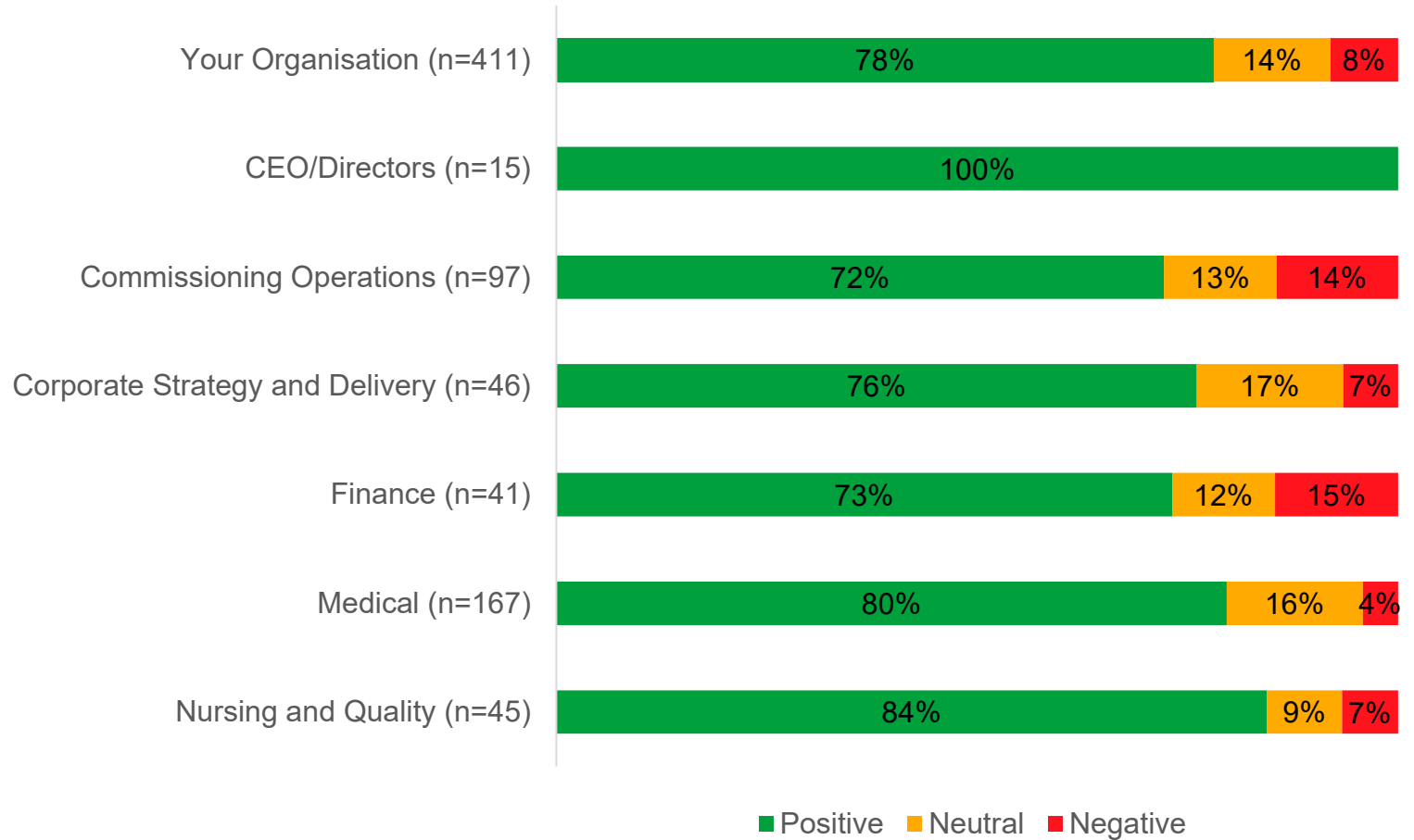
YOUR TEAM

q7b Team members often meet to discuss the team's effectiveness



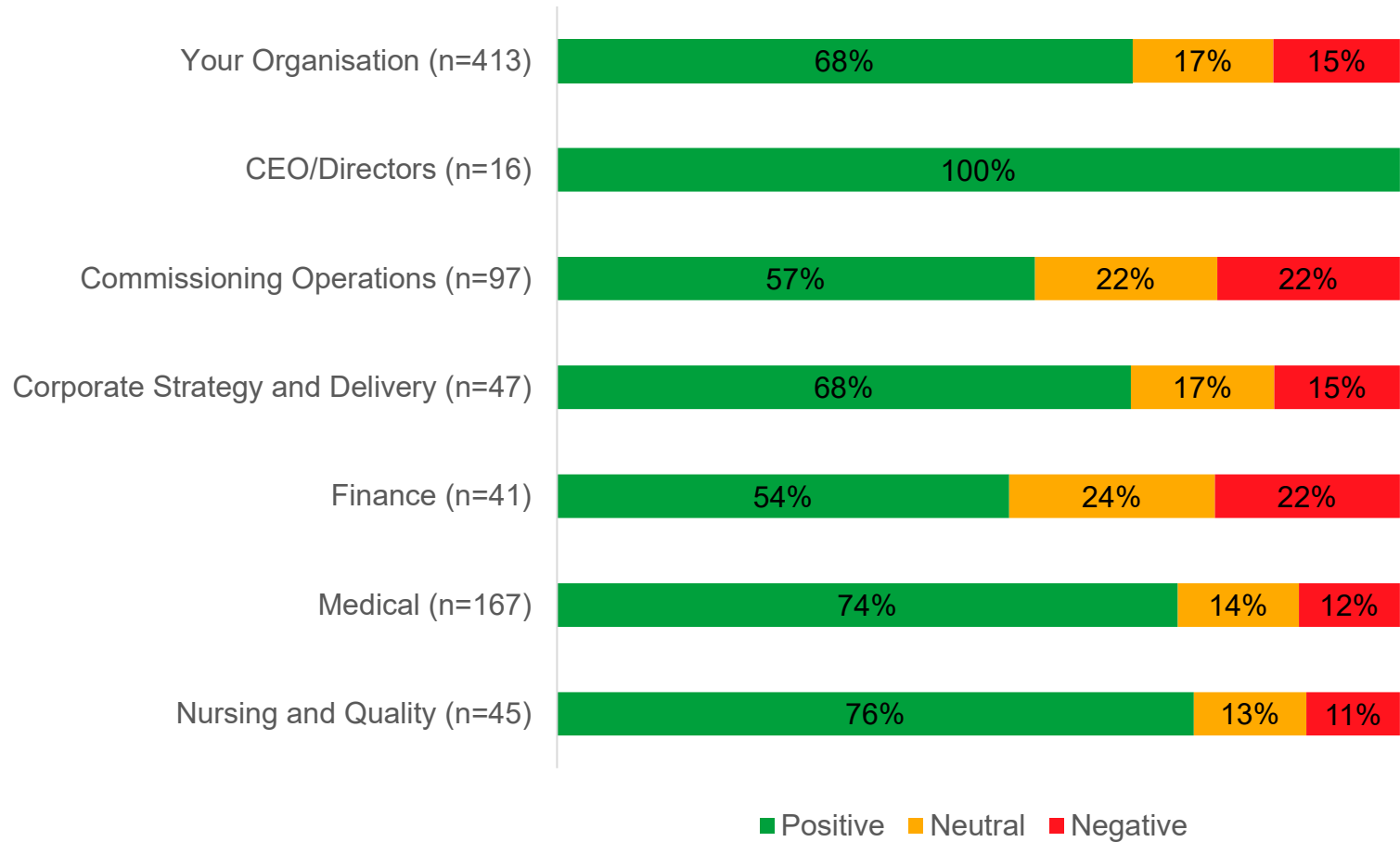
YOUR TEAM

q7c Receive the respect I deserve from my colleagues at work



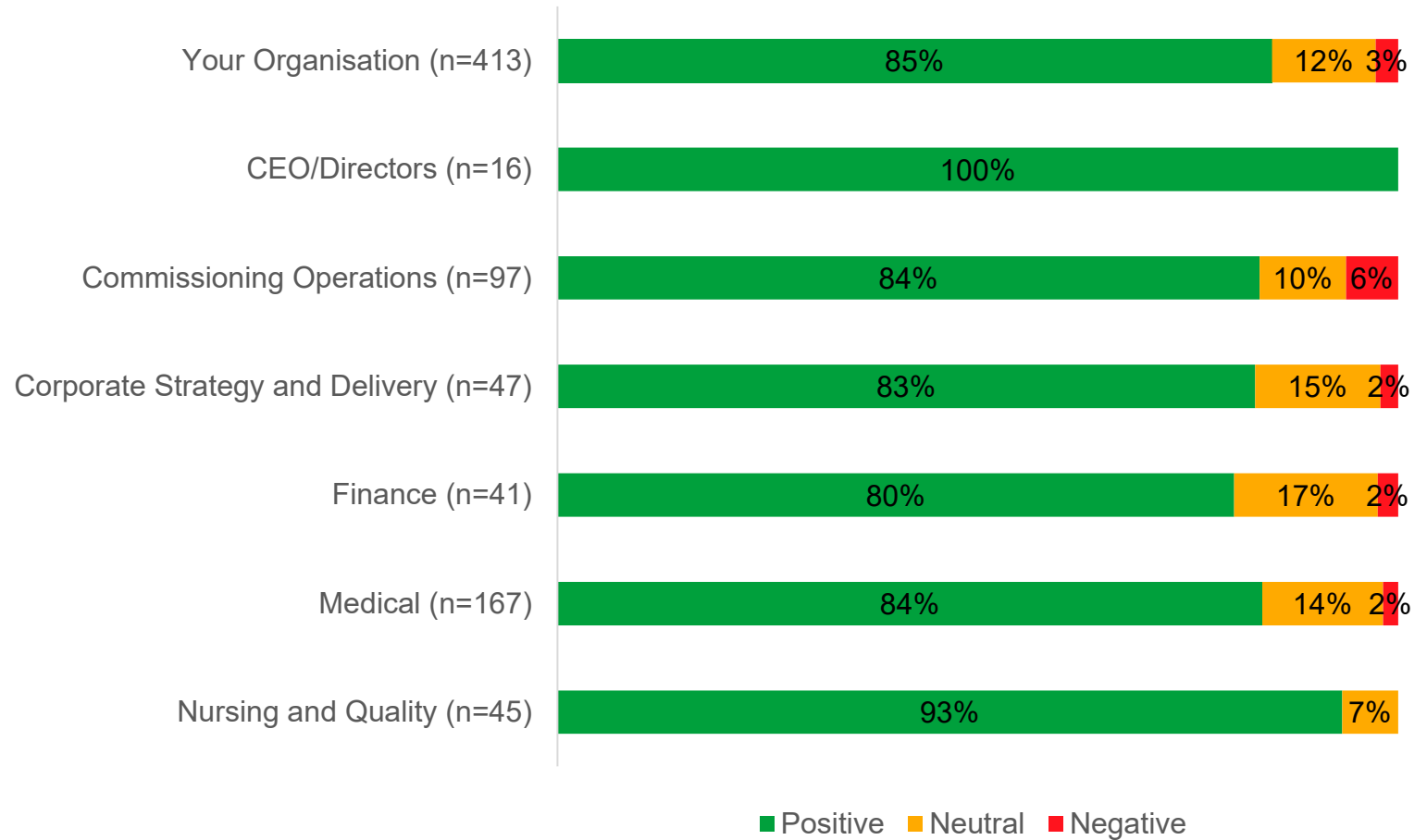
YOUR TEAM

q7d Team members understand each other's roles



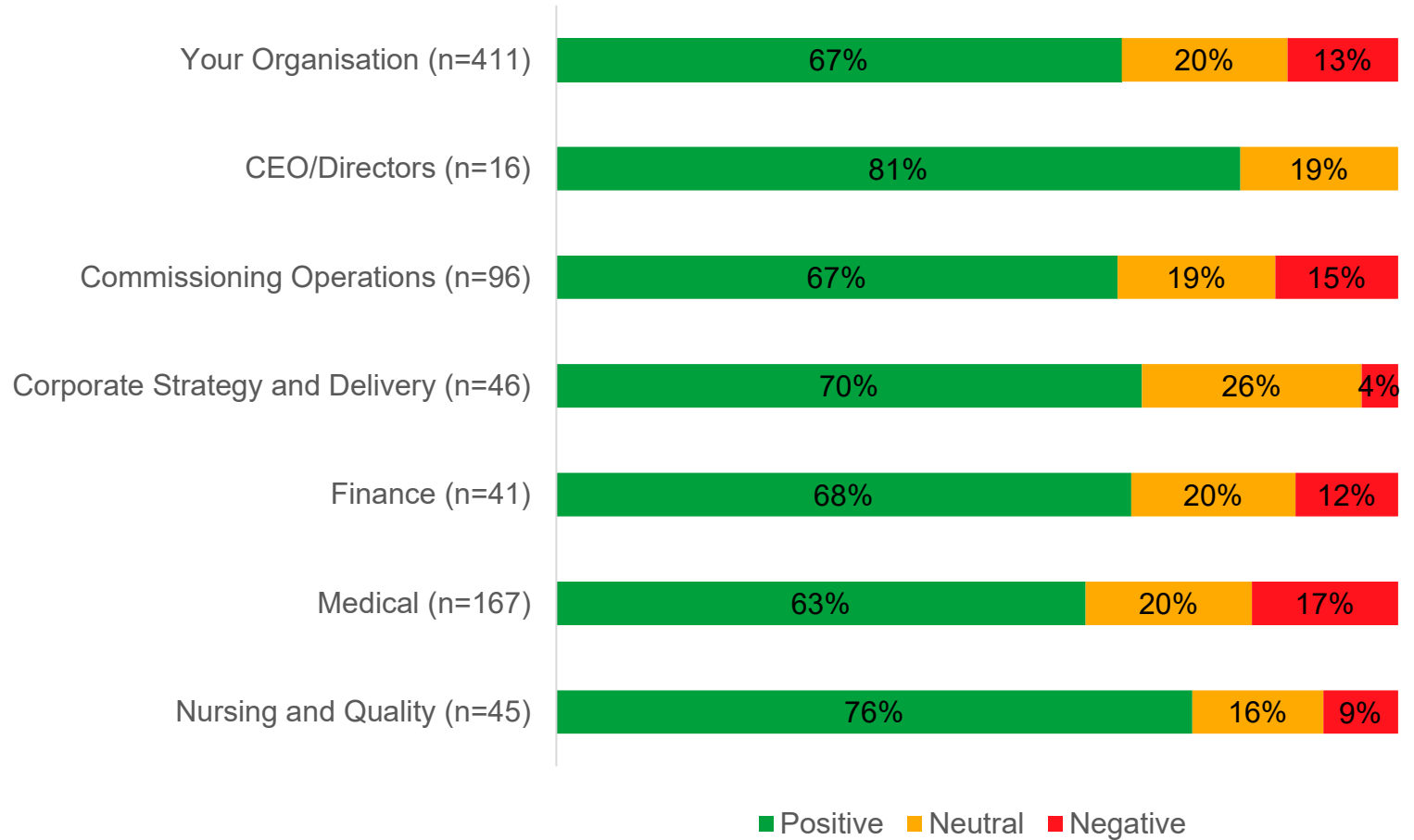
YOUR TEAM

q7e Enjoy working with colleagues in team



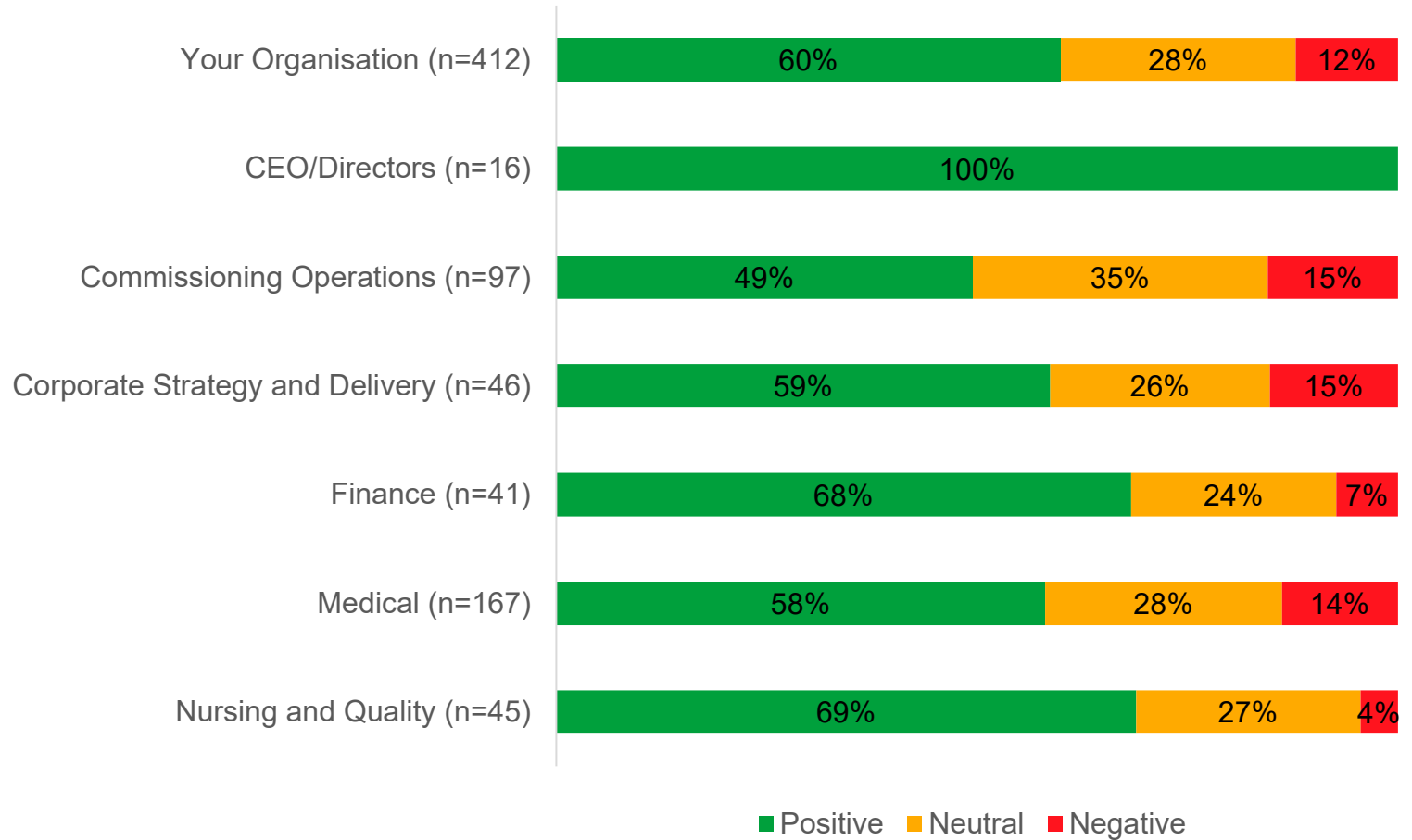
YOUR TEAM

q7f Team has enough freedom in how to do its work



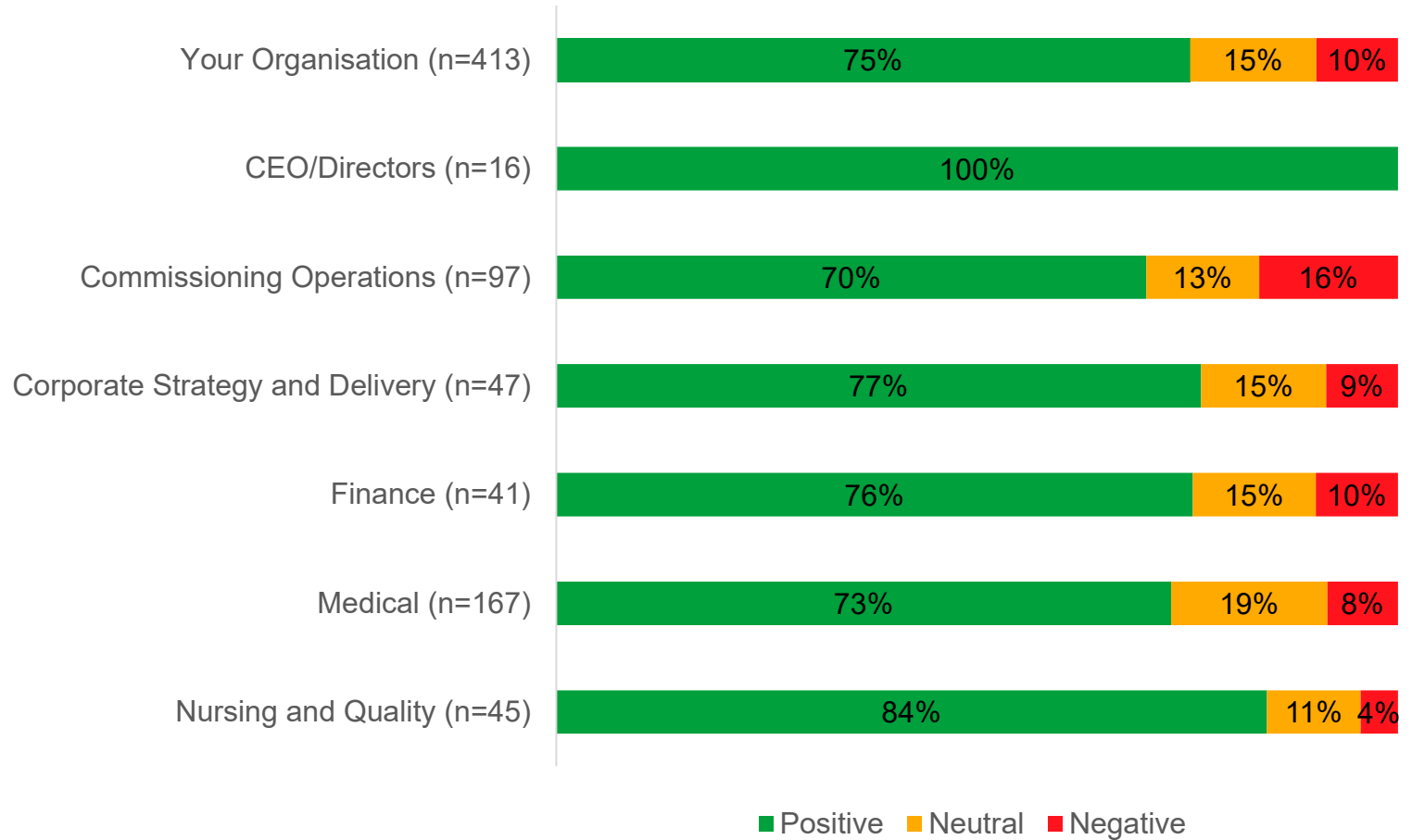
YOUR TEAM

q7g Team deals with disagreements constructively



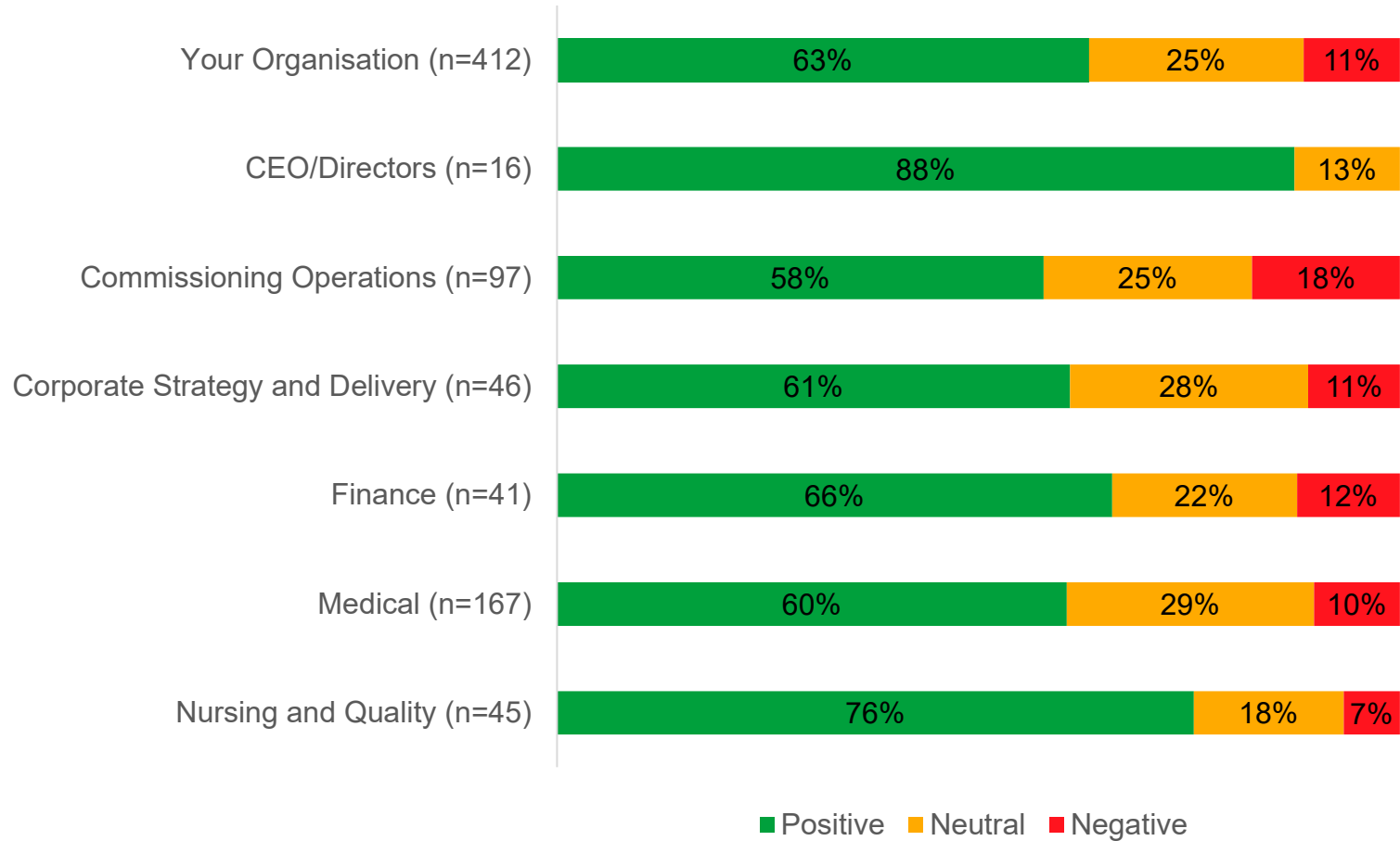
YOUR TEAM

q7h Feel valued by my team



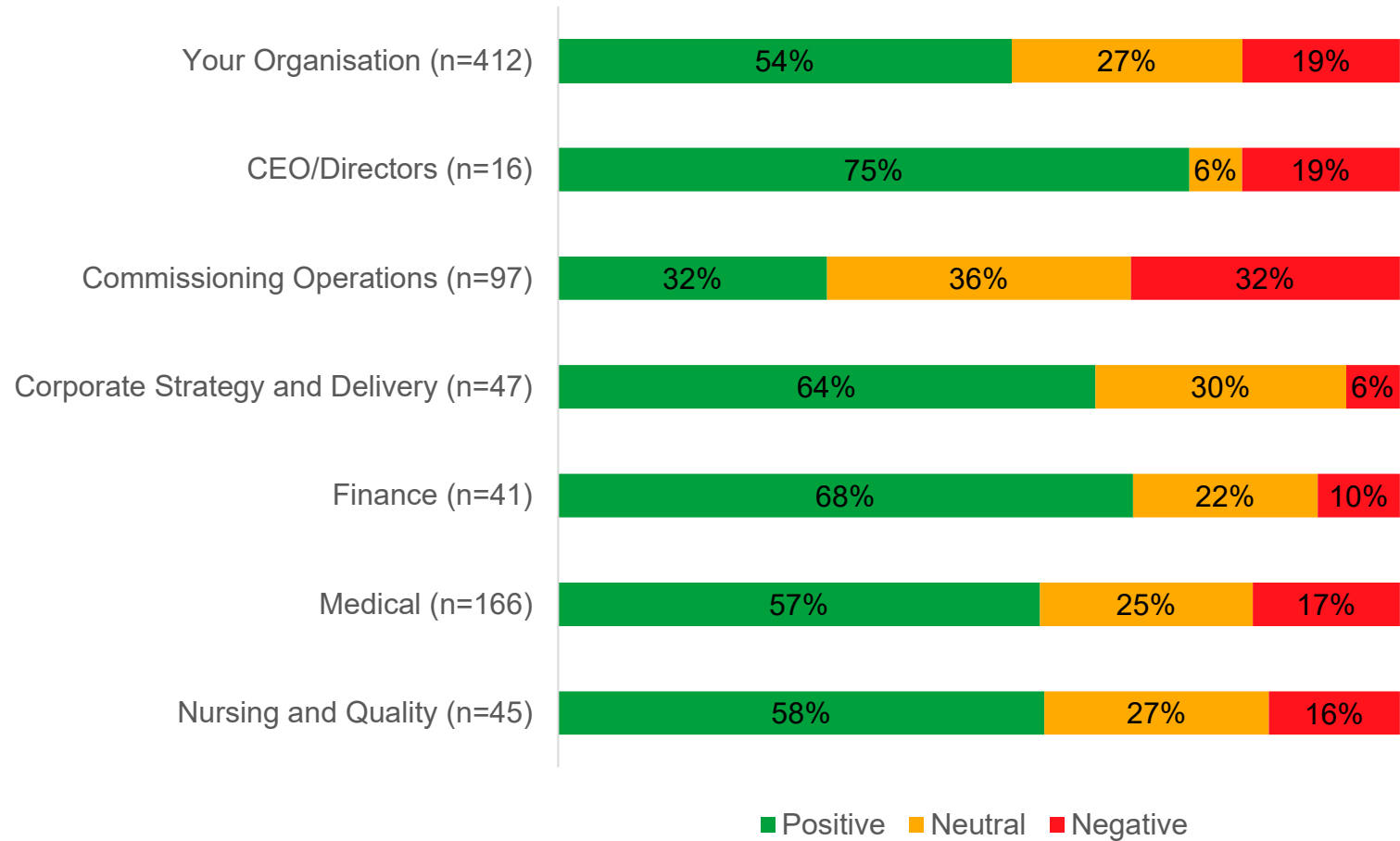
YOUR TEAM

q7i Feel a strong personal attachment to my team



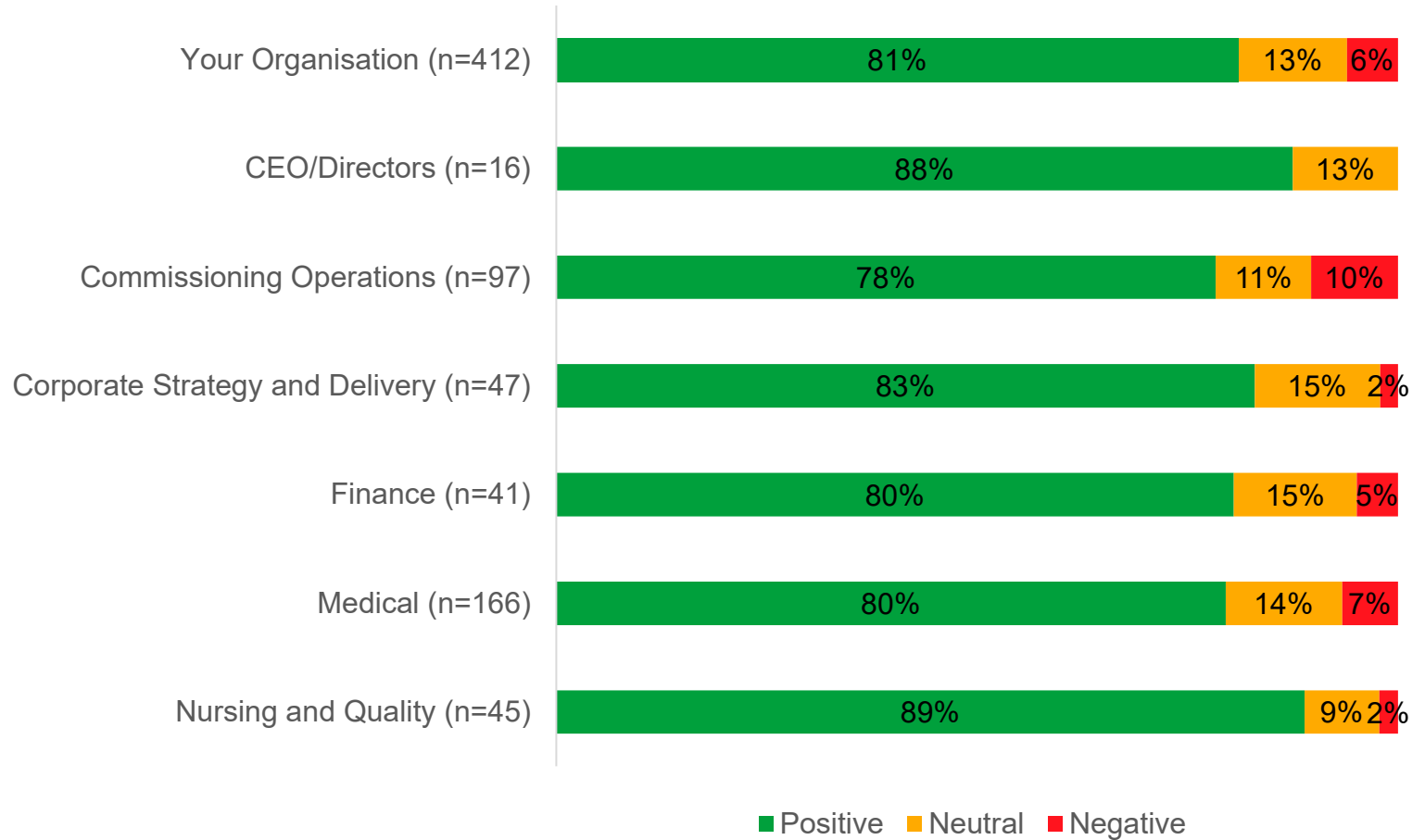
PEOPLE IN YOUR ORGANISATION

q8a Teams within the organisation work well together to achieve objectives



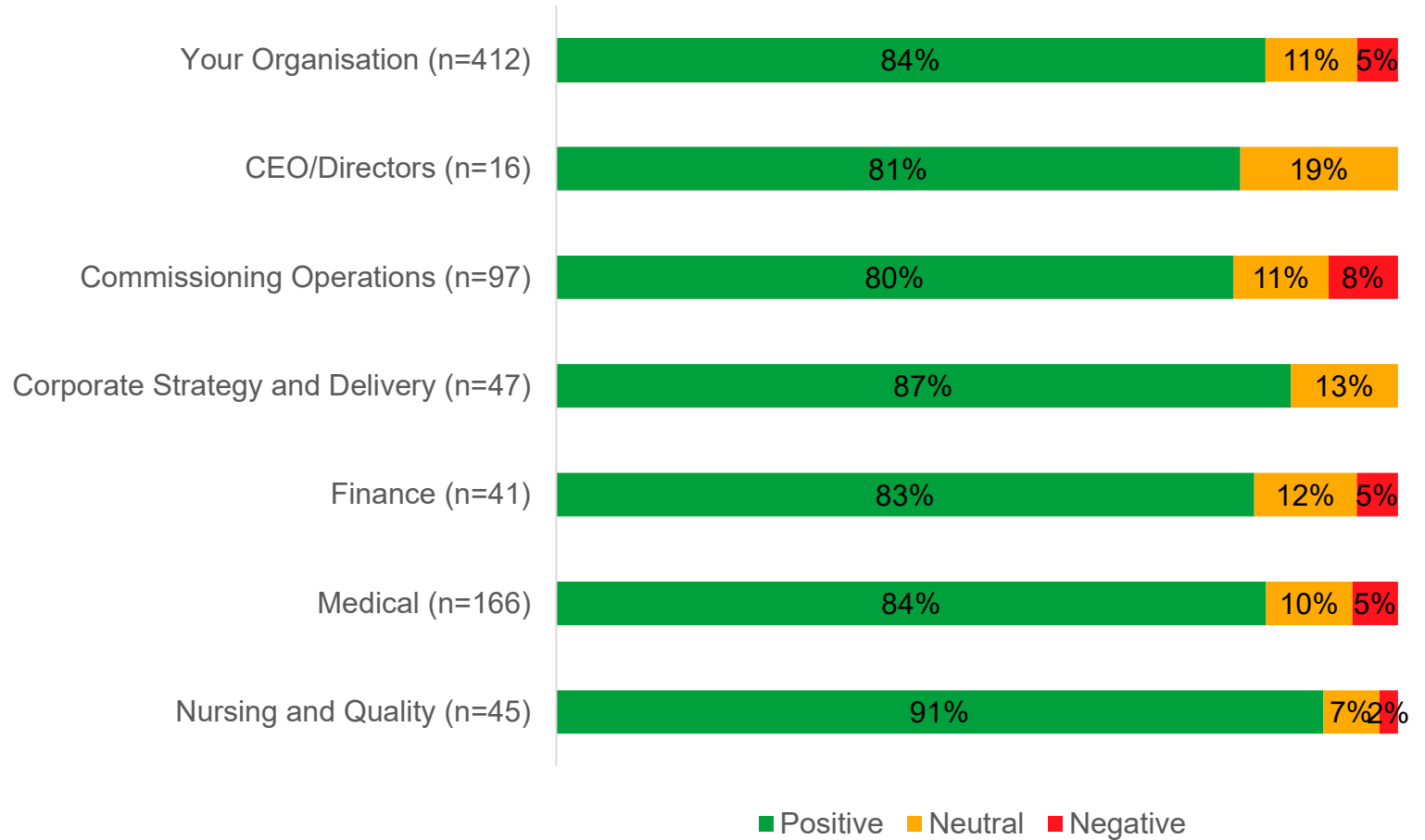
PEOPLE IN YOUR ORGANISATION

q8b Colleagues are understanding and kind to one another



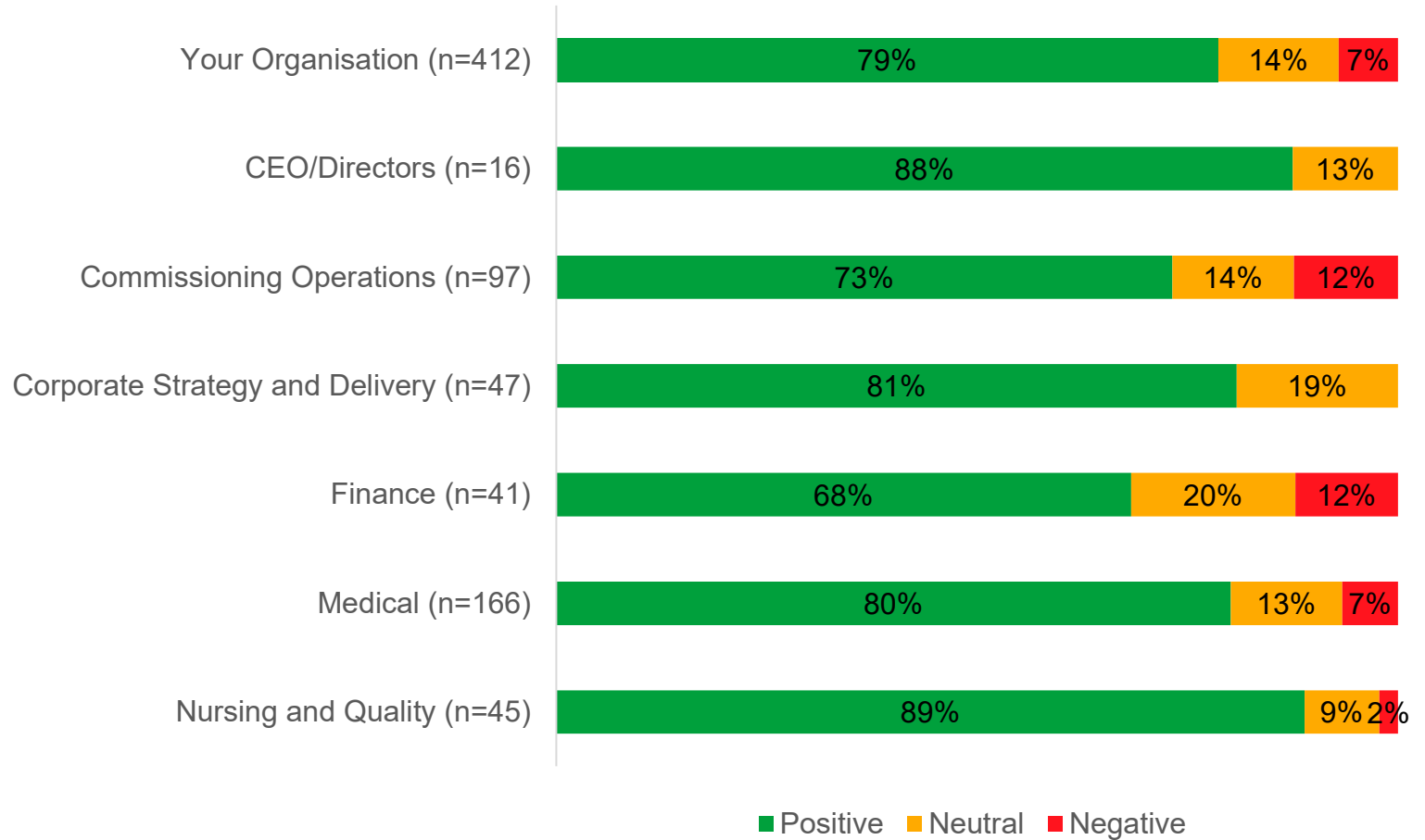
PEOPLE IN YOUR ORGANISATION

q8c Colleagues are polite and treat each other with respect



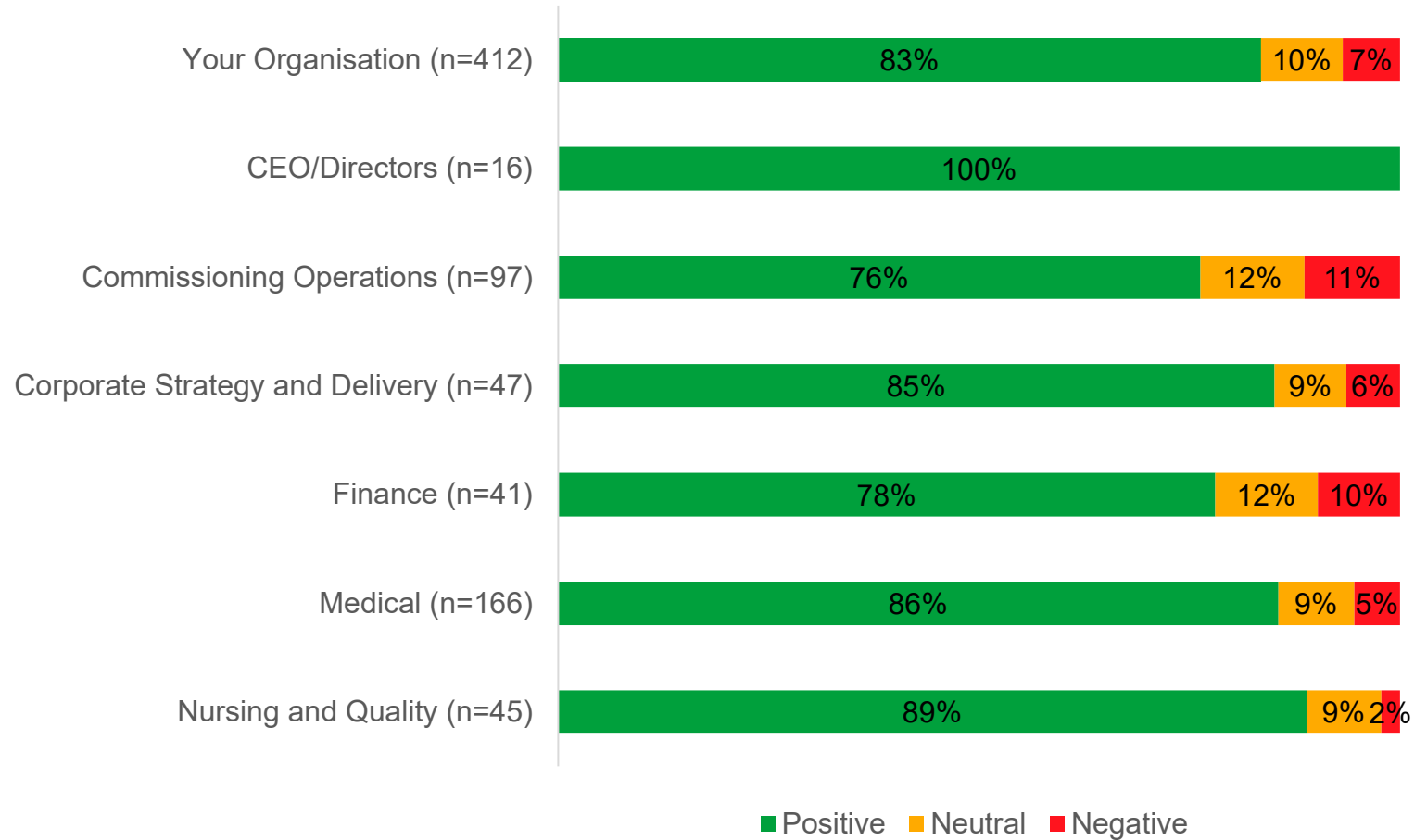
PEOPLE IN YOUR ORGANISATION

q8d Colleagues show appreciation to one another



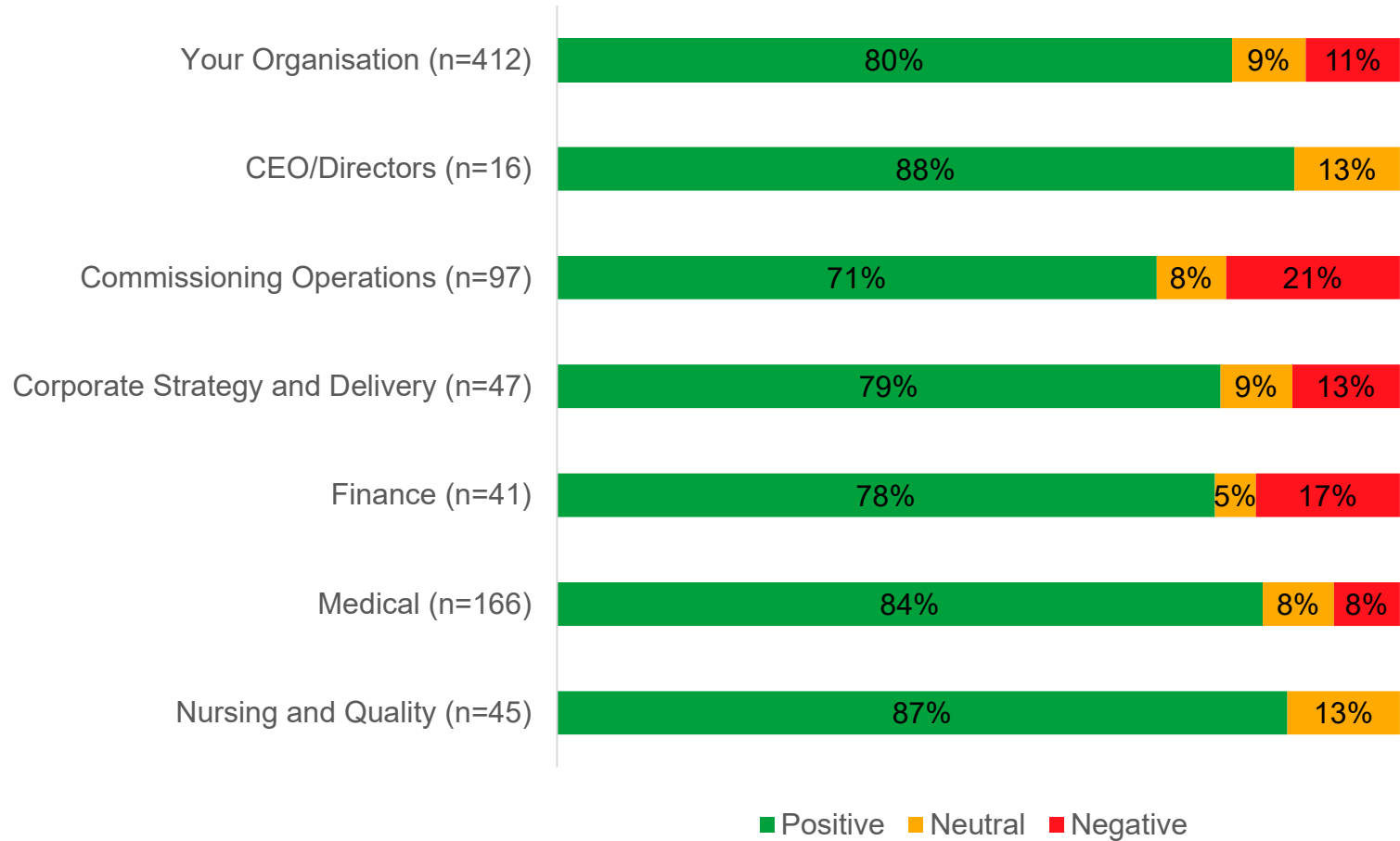
YOUR MANAGERS

q9a Immediate manager encourages me at work



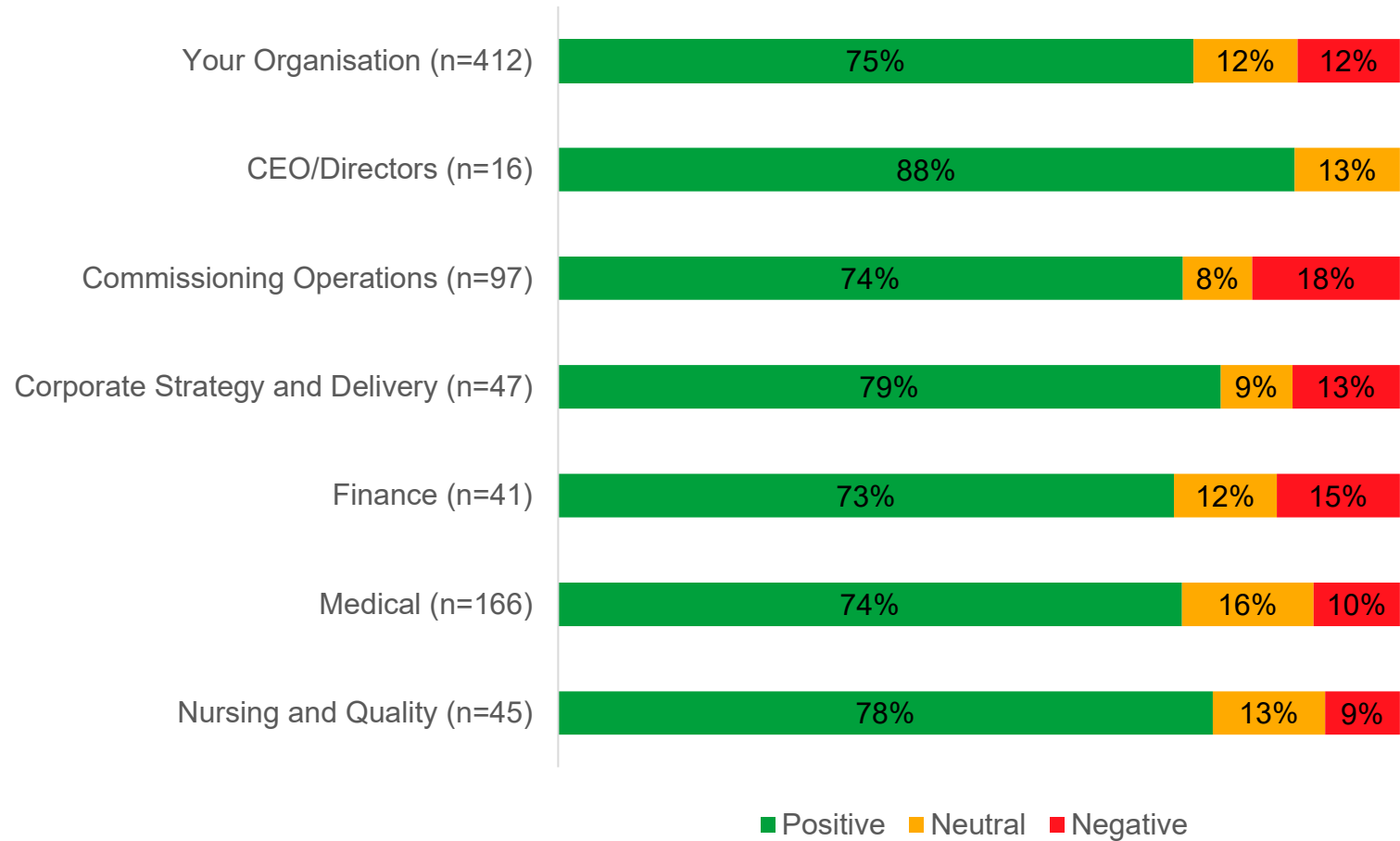
YOUR MANAGERS

q9b Immediate manager gives clear feedback on my work



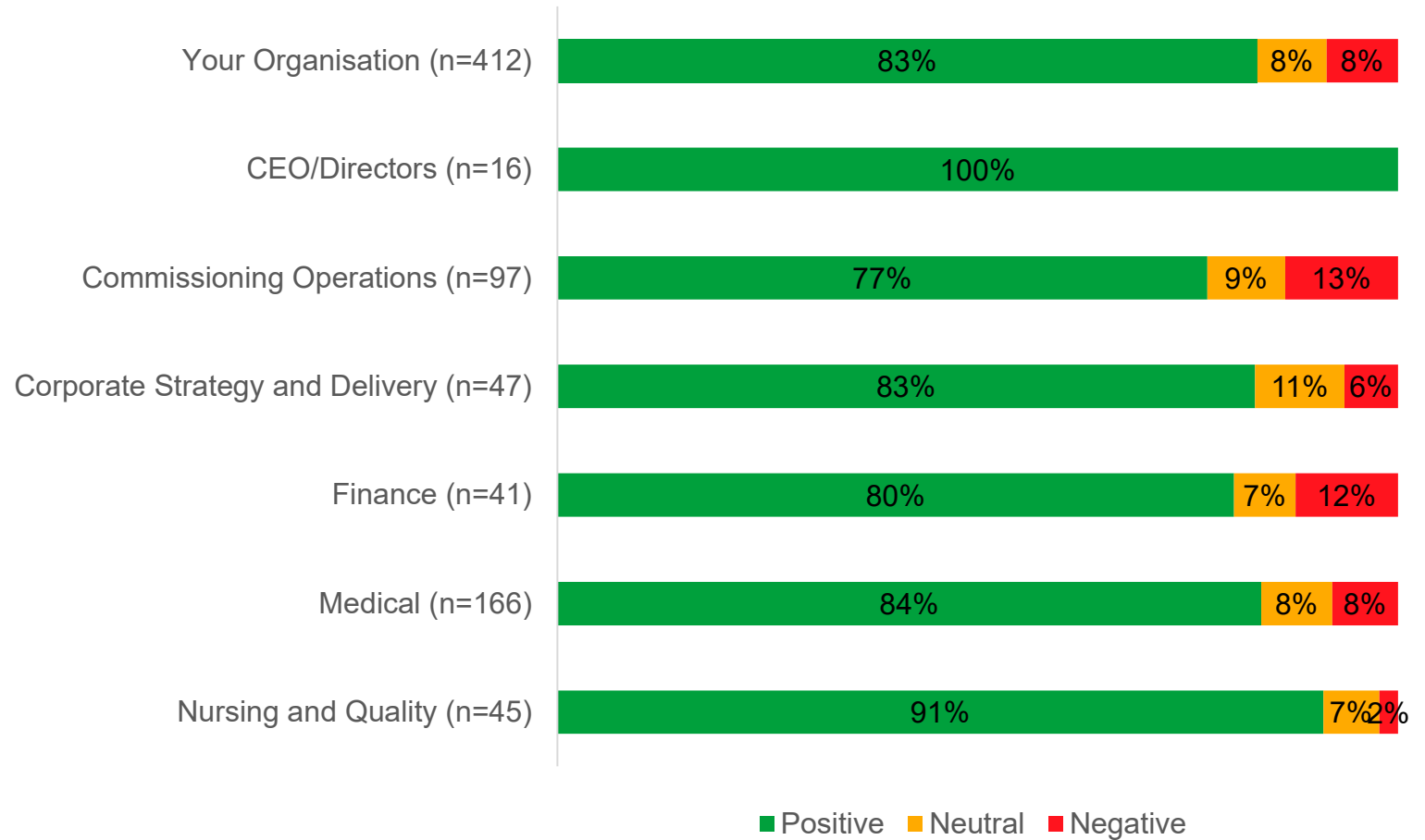
YOUR MANAGERS

q9c Immediate manager asks for my opinion before making decisions that affect my work



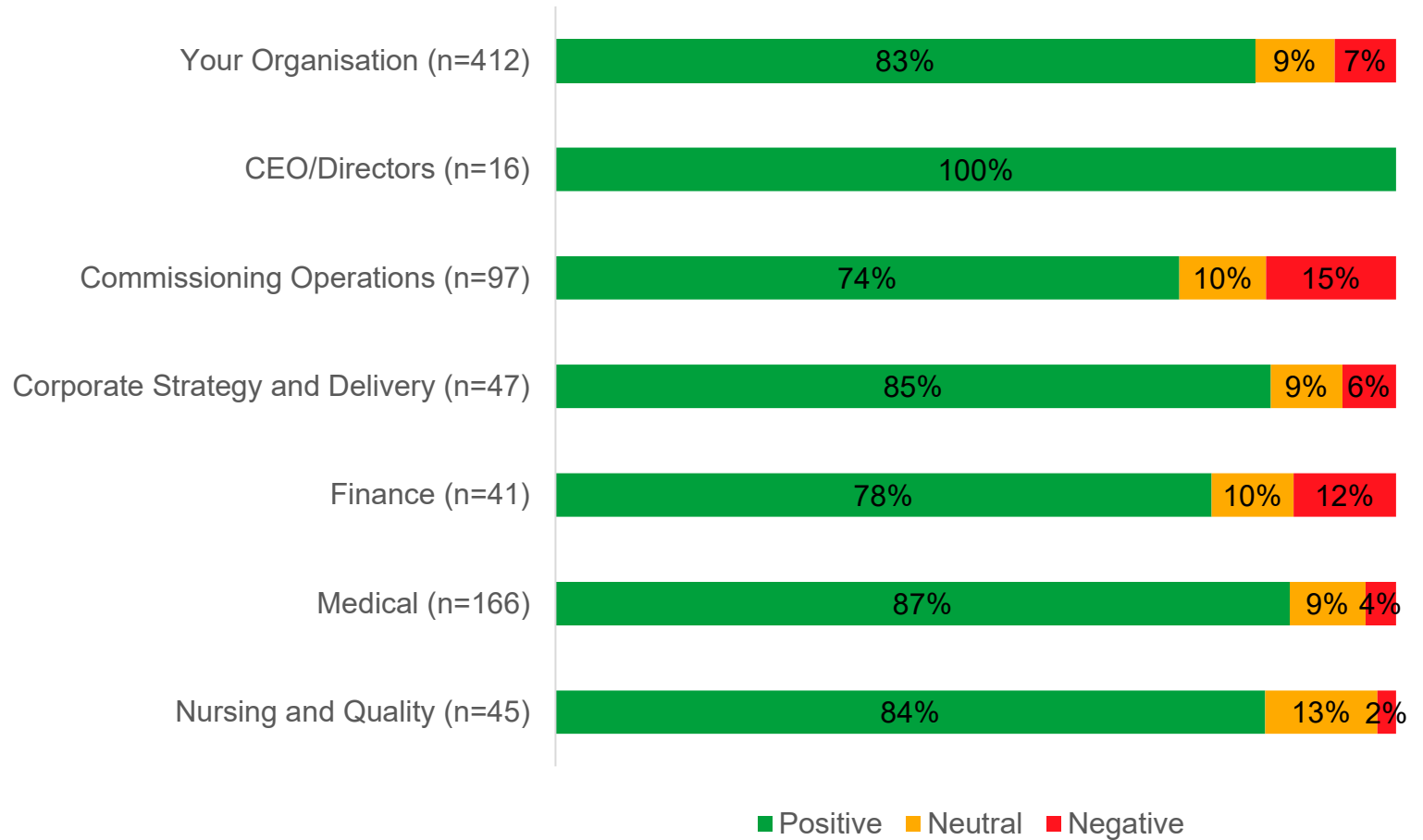
YOUR MANAGERS

q9d Immediate manager takes a positive interest in my health & well-being



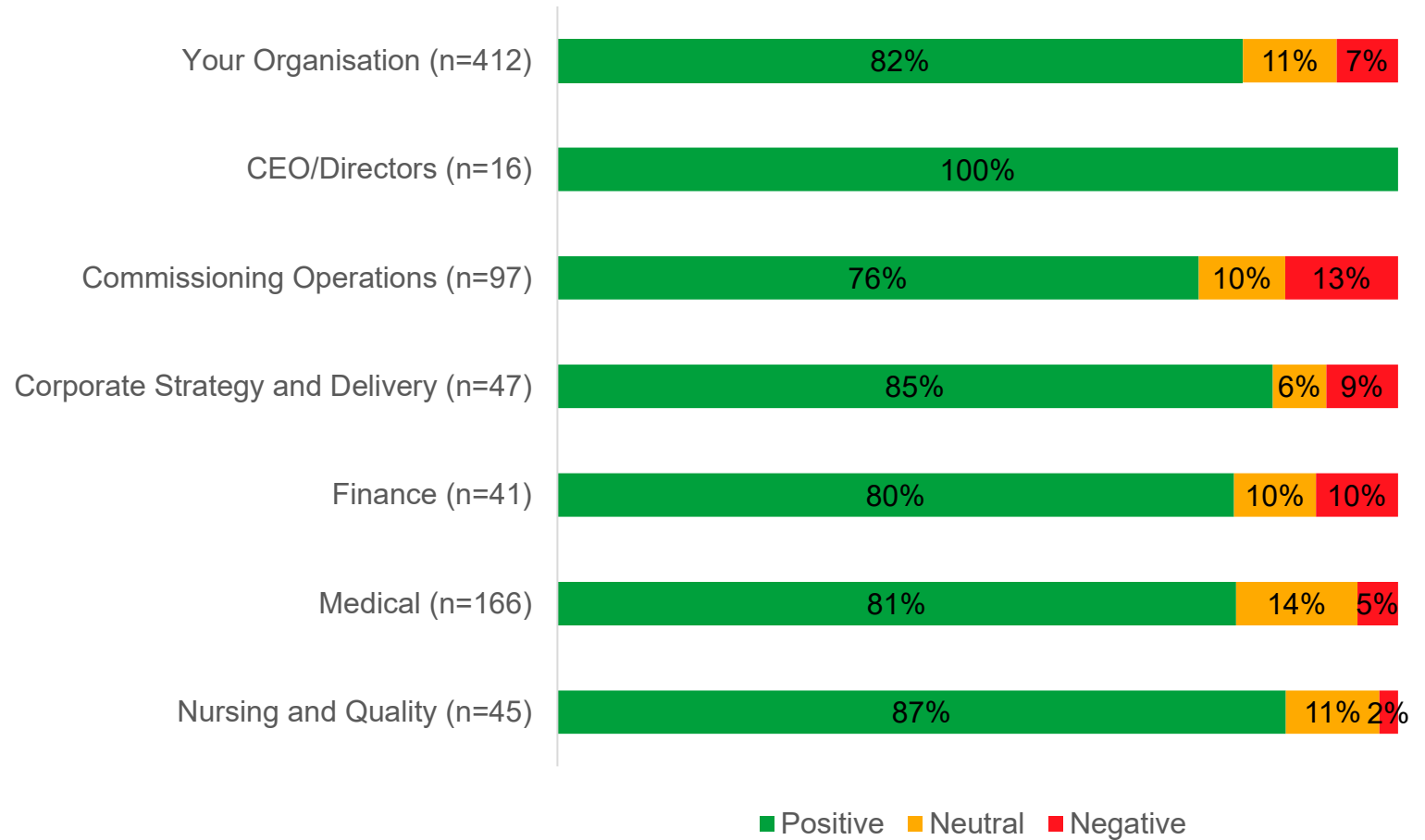
YOUR MANAGERS

q9e Immediate manager values my work



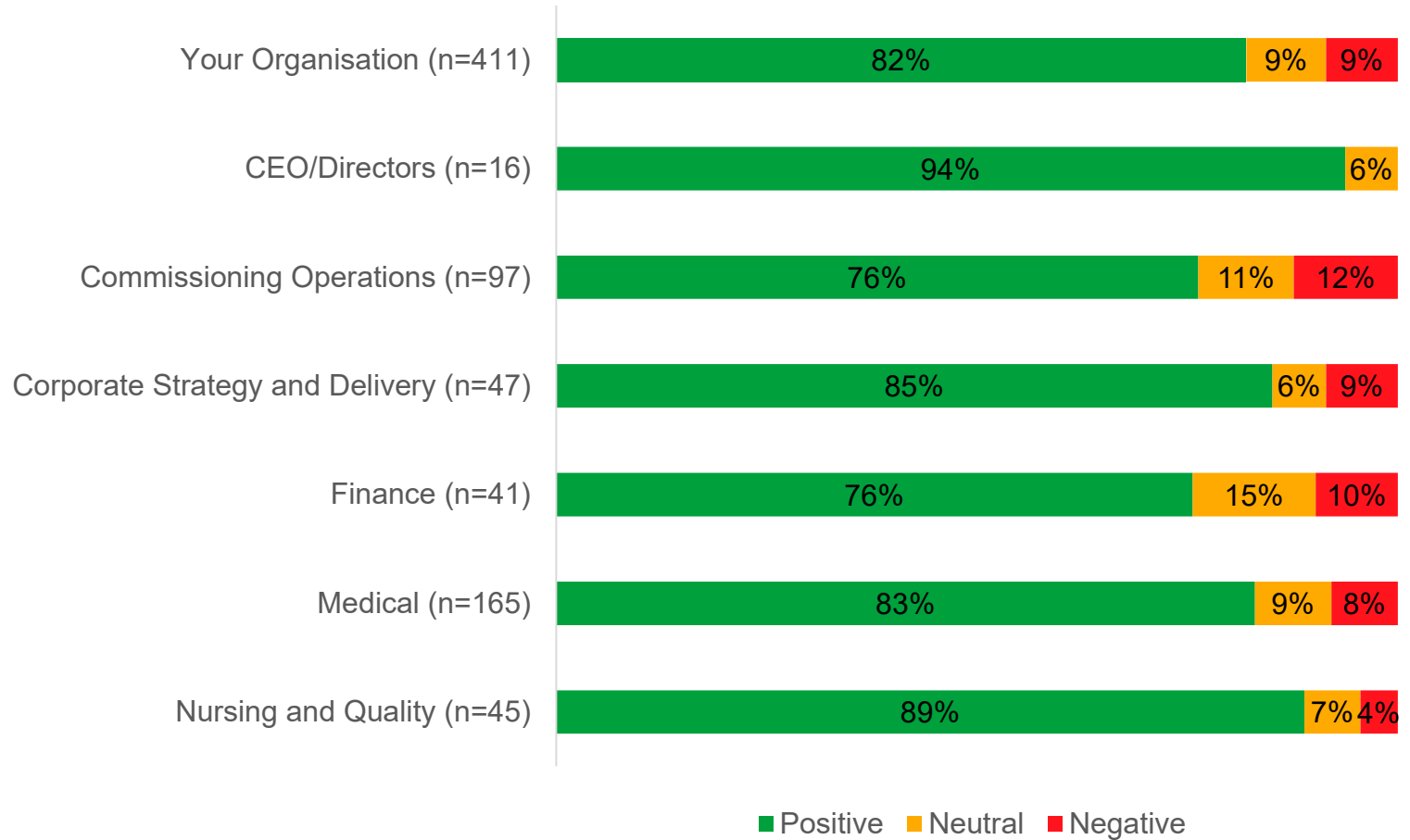
YOUR MANAGERS

q9f Immediate manager works with me to understand problems



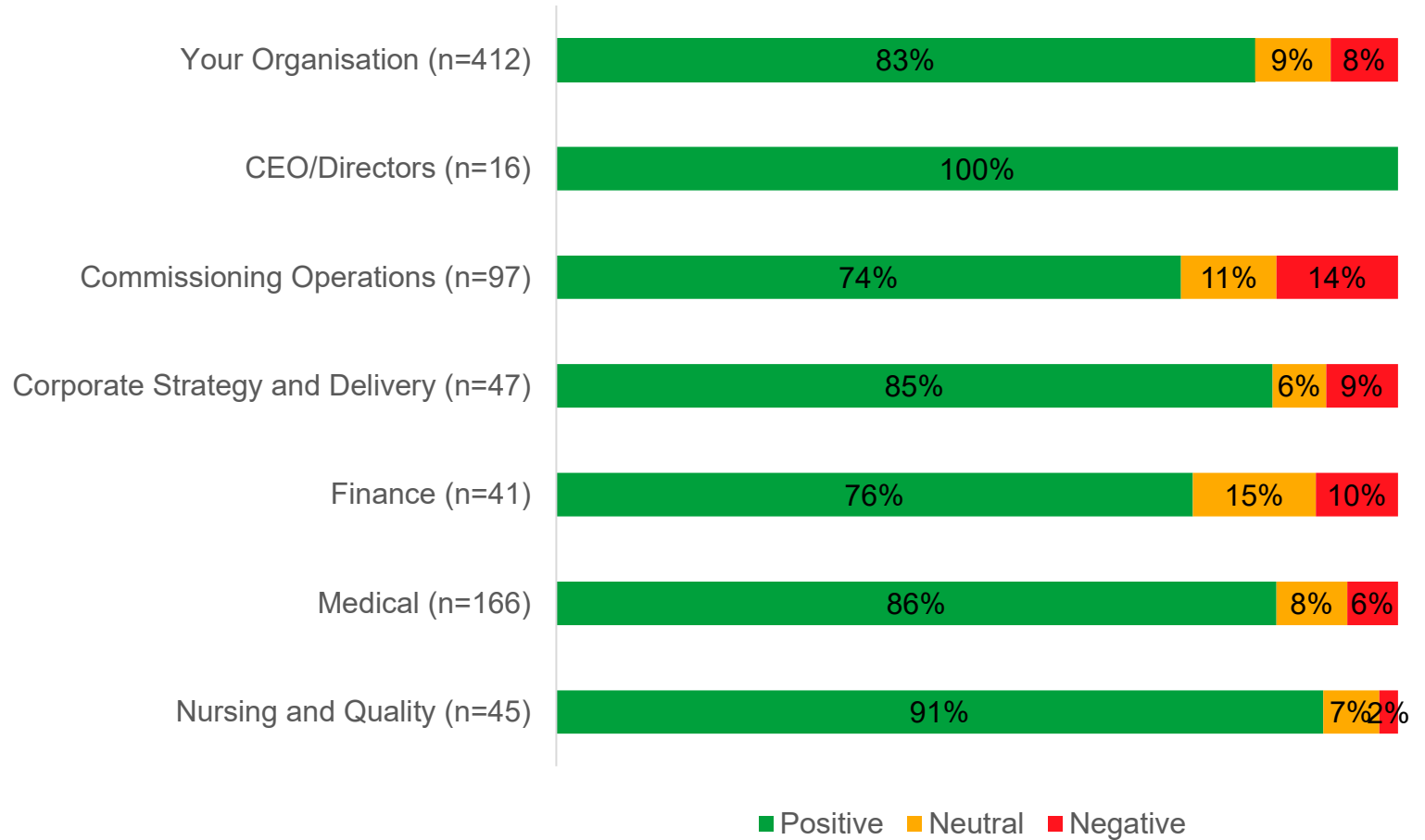
YOUR MANAGERS

q9g Immediate manager listens to challenges I face



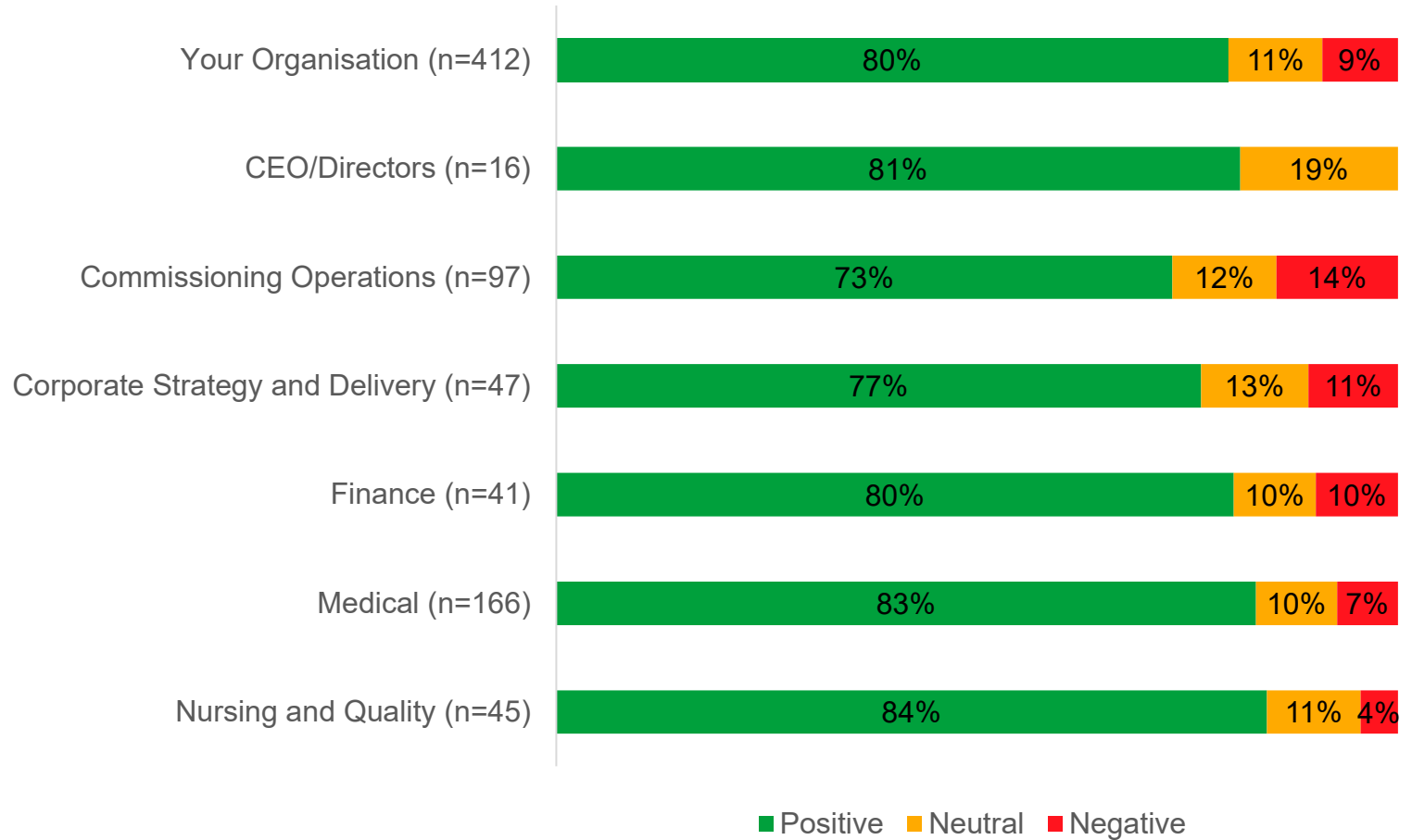
YOUR MANAGERS

q9h Immediate manager cares about my concerns



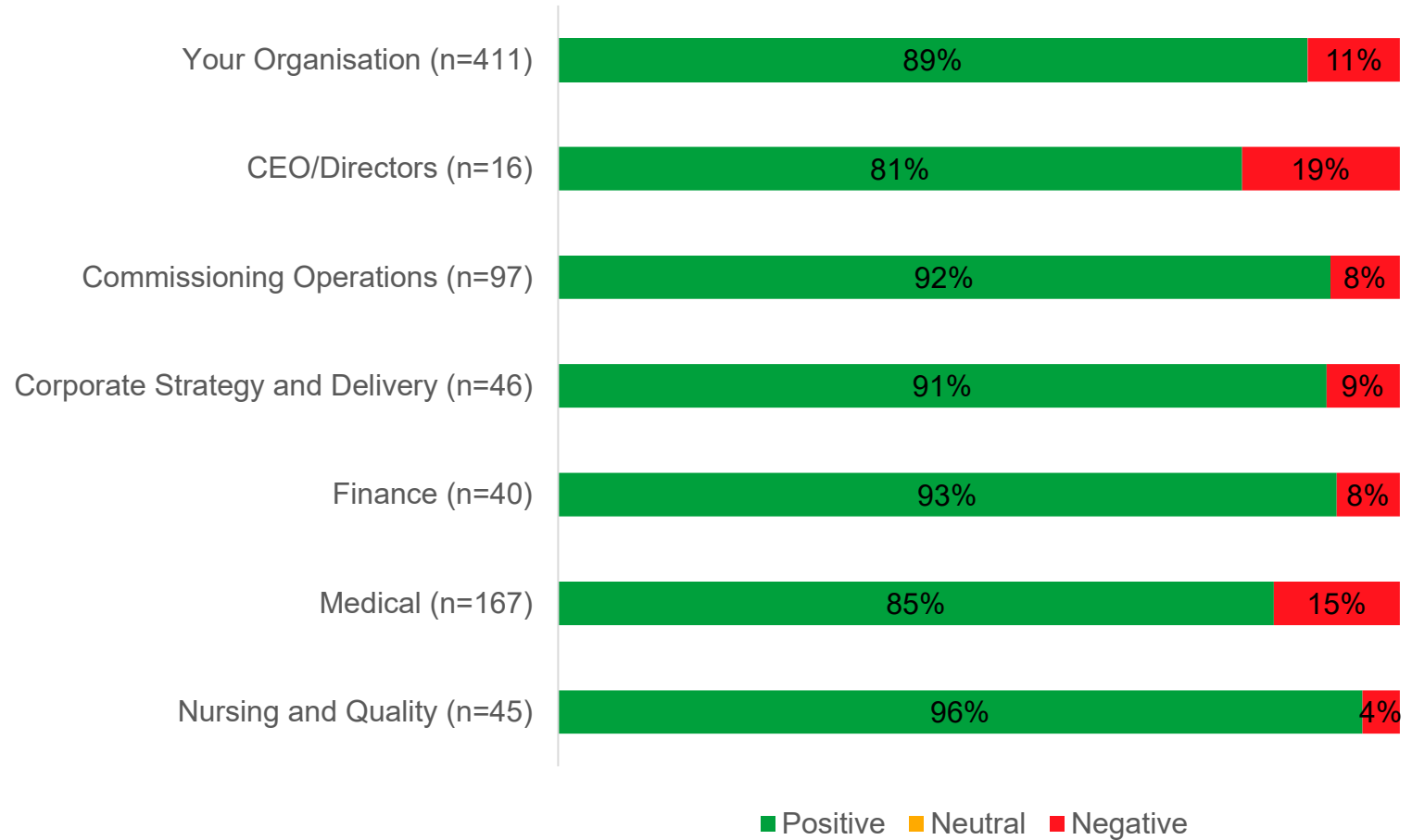
YOUR MANAGERS

q9i Immediate manager helps me with problems I face



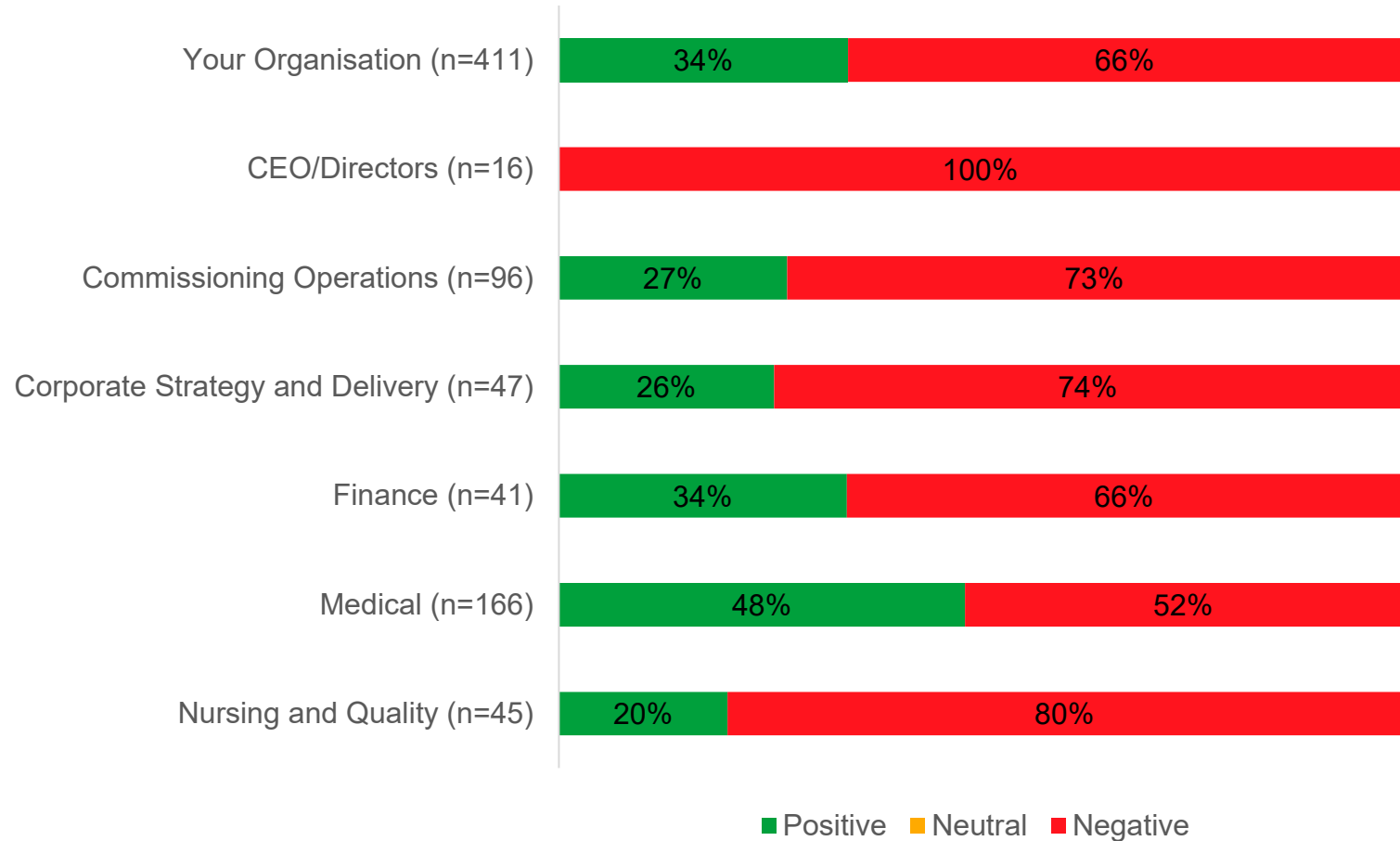
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q10b Don't work any additional paid hours per week for this organisation, over and above contracted hours



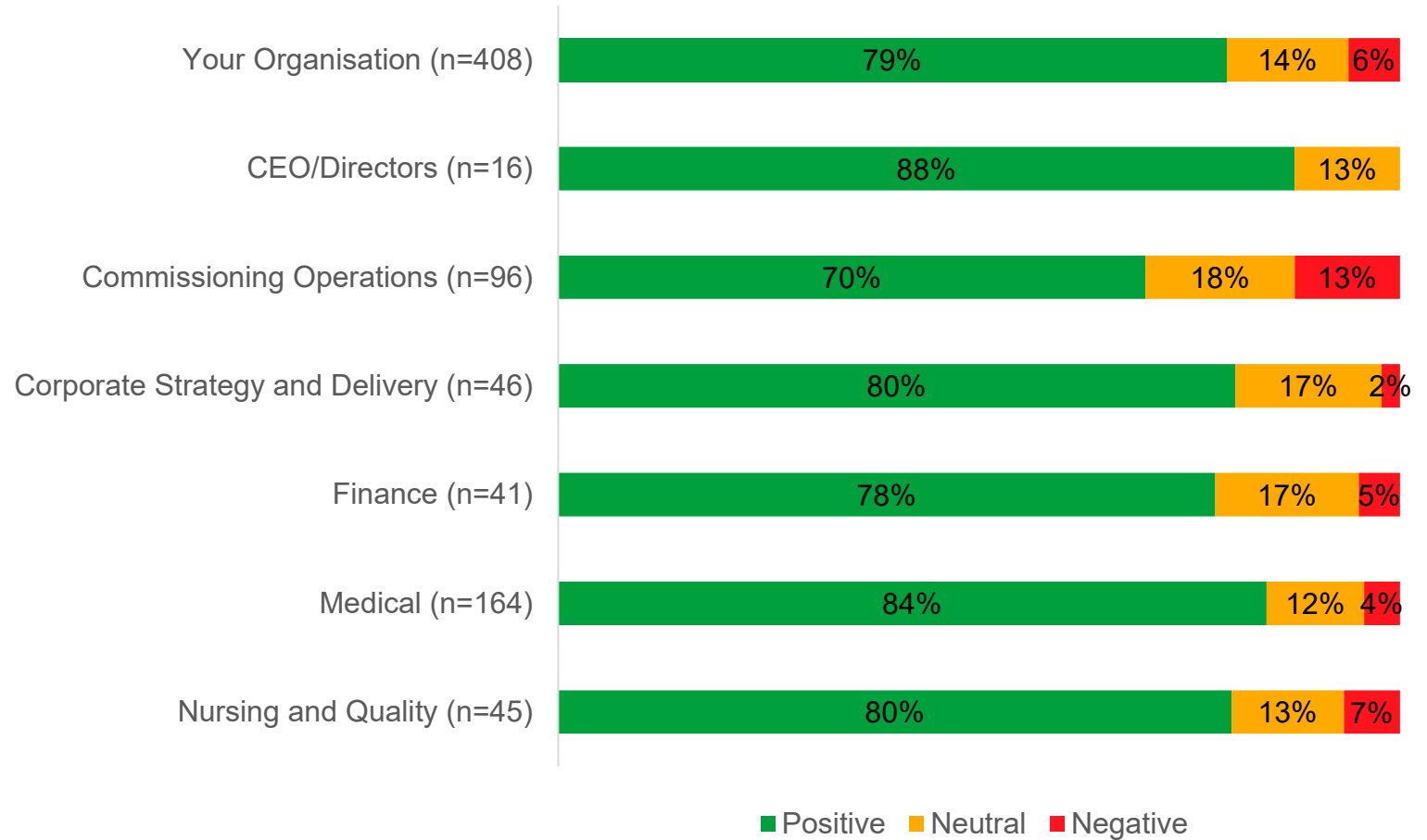
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours



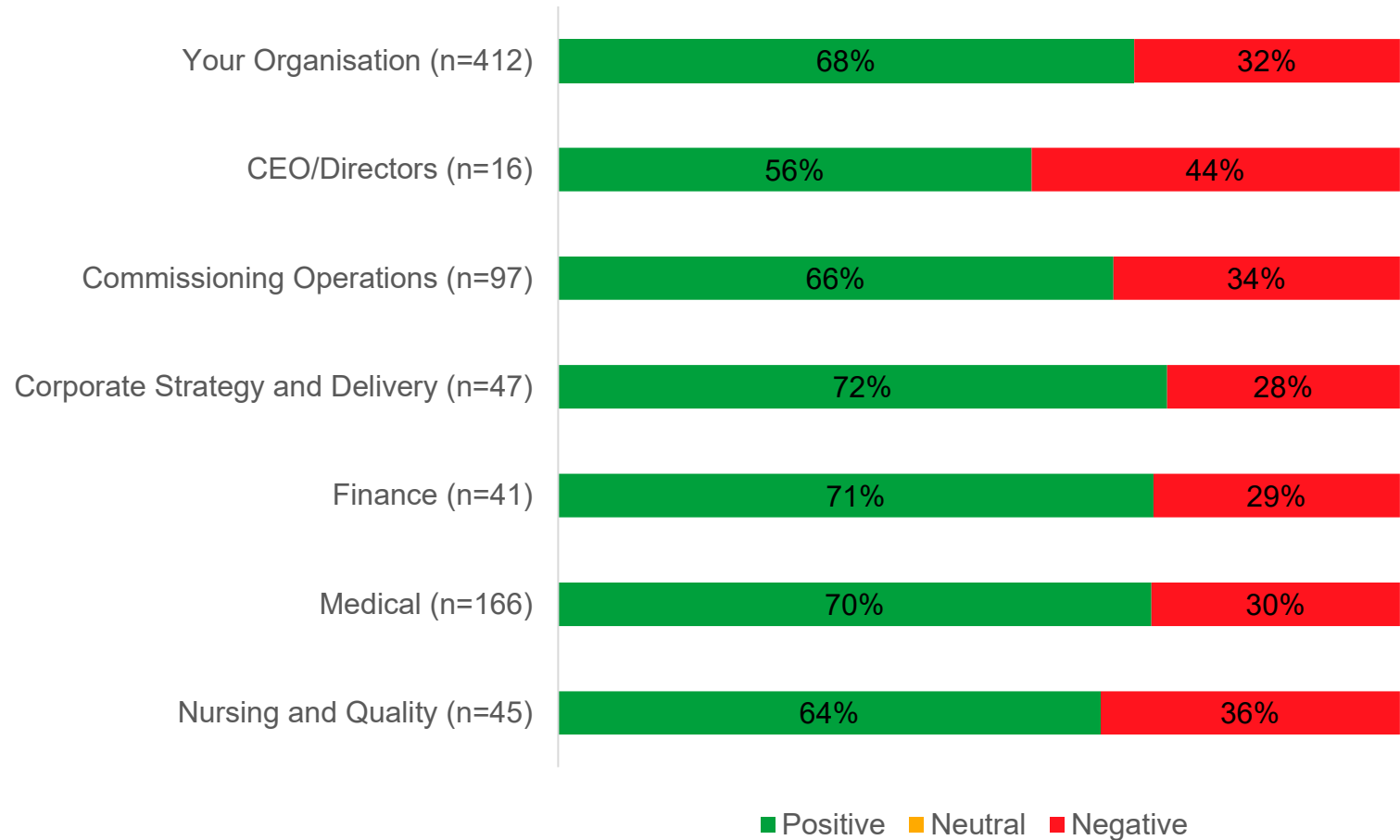
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q11a Organisation takes positive action on health and well-being



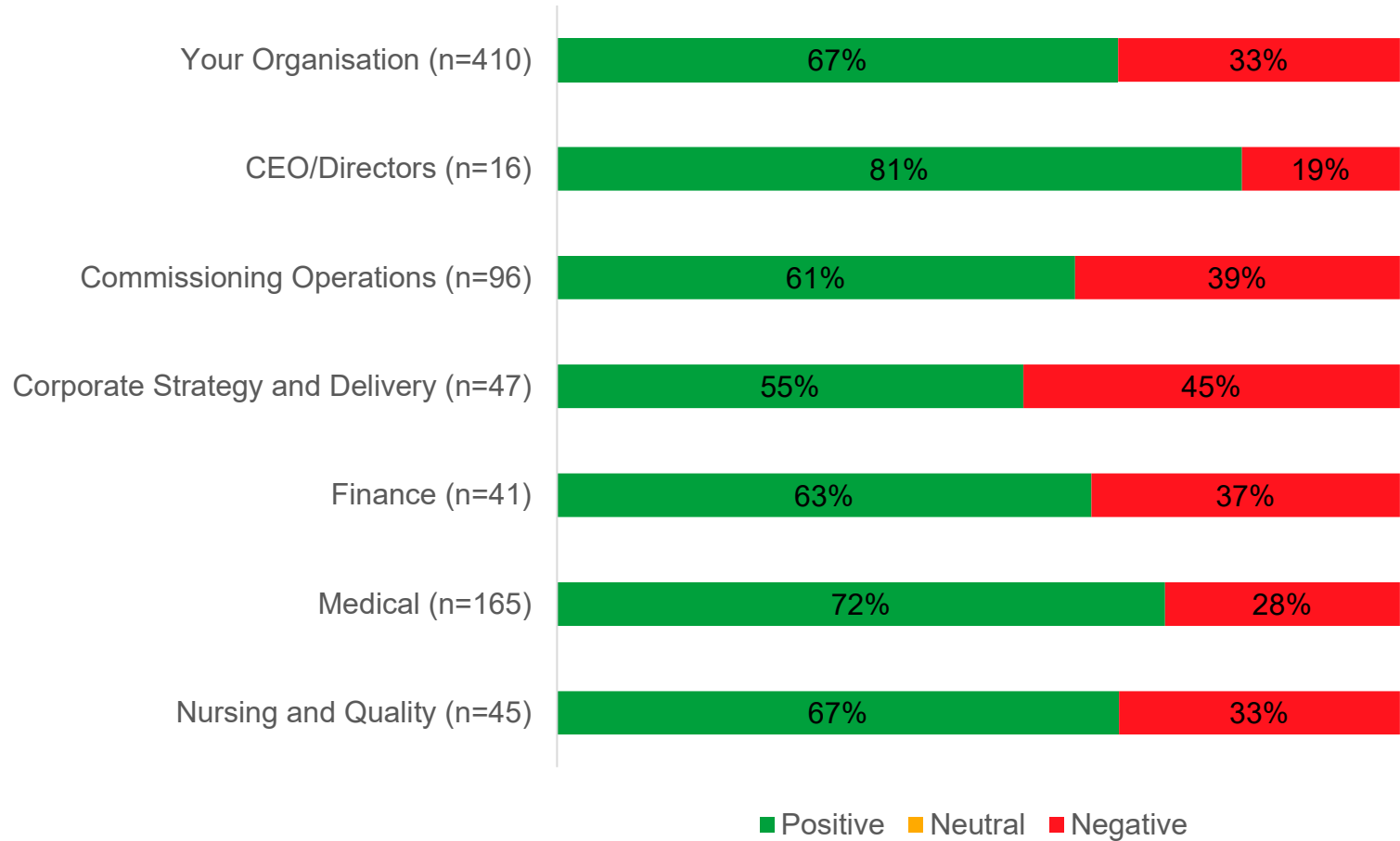
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q11b In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities



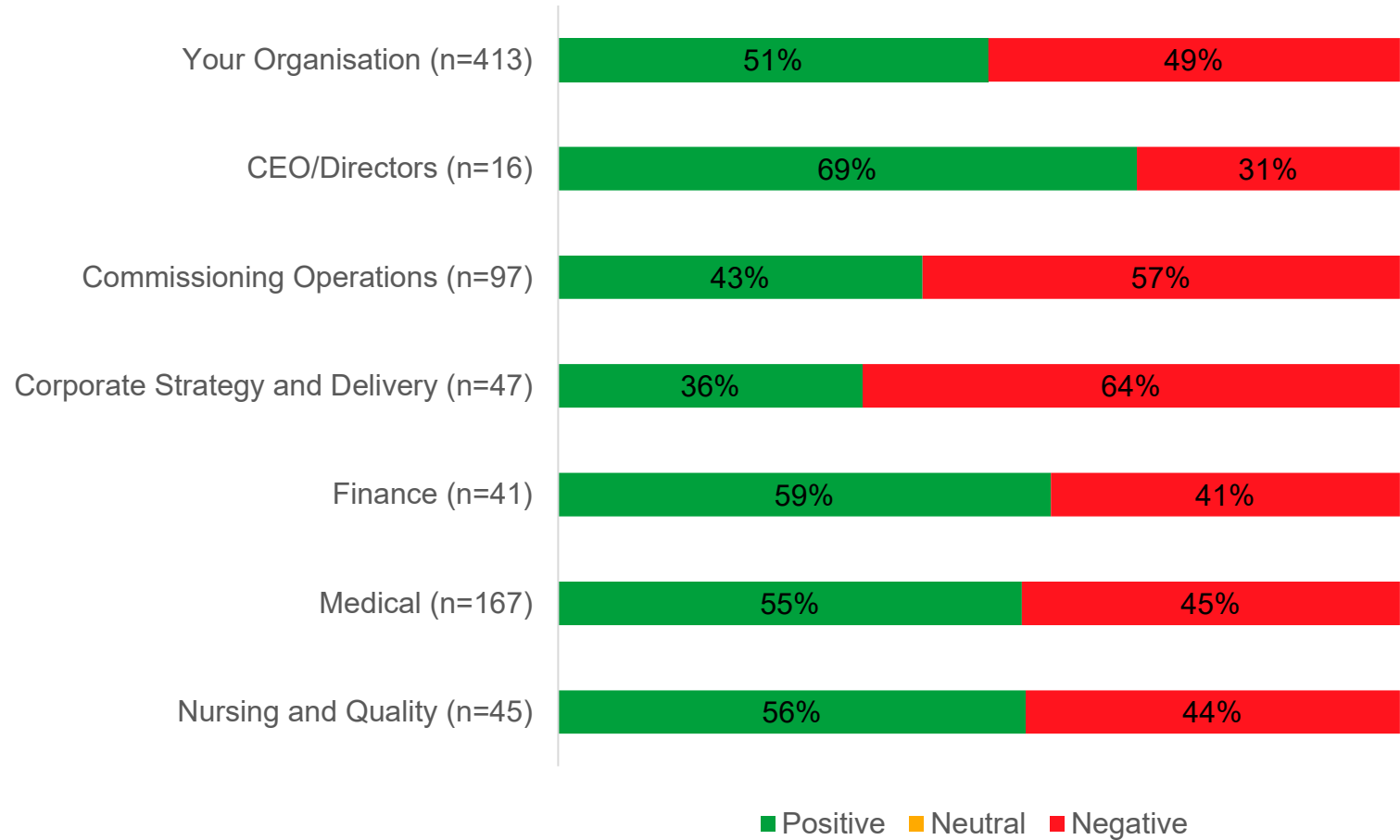
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q11c In last 12 months, have not felt unwell due to work related stress



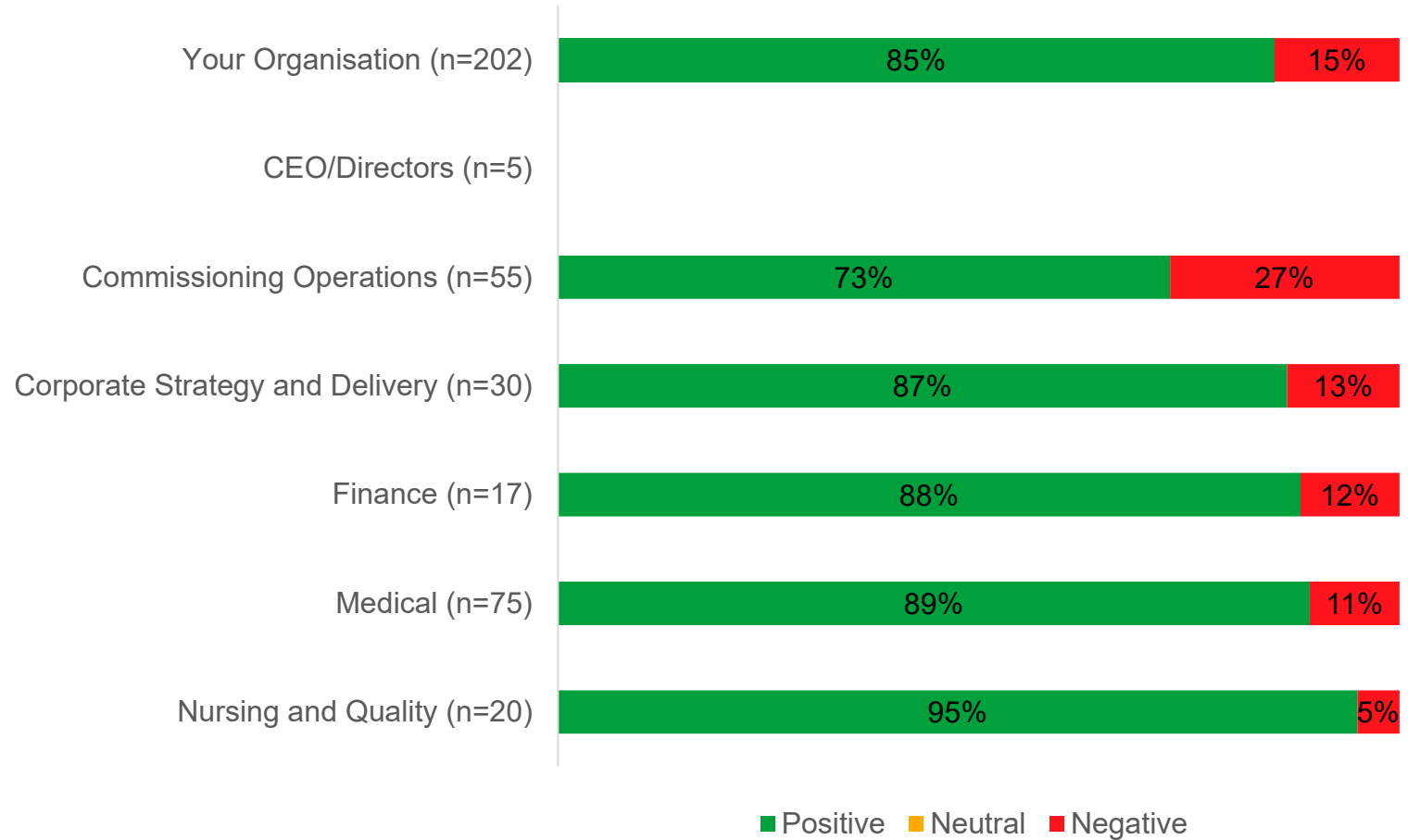
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q11d In last 3 months, have not come to work when not feeling well enough to perform duties



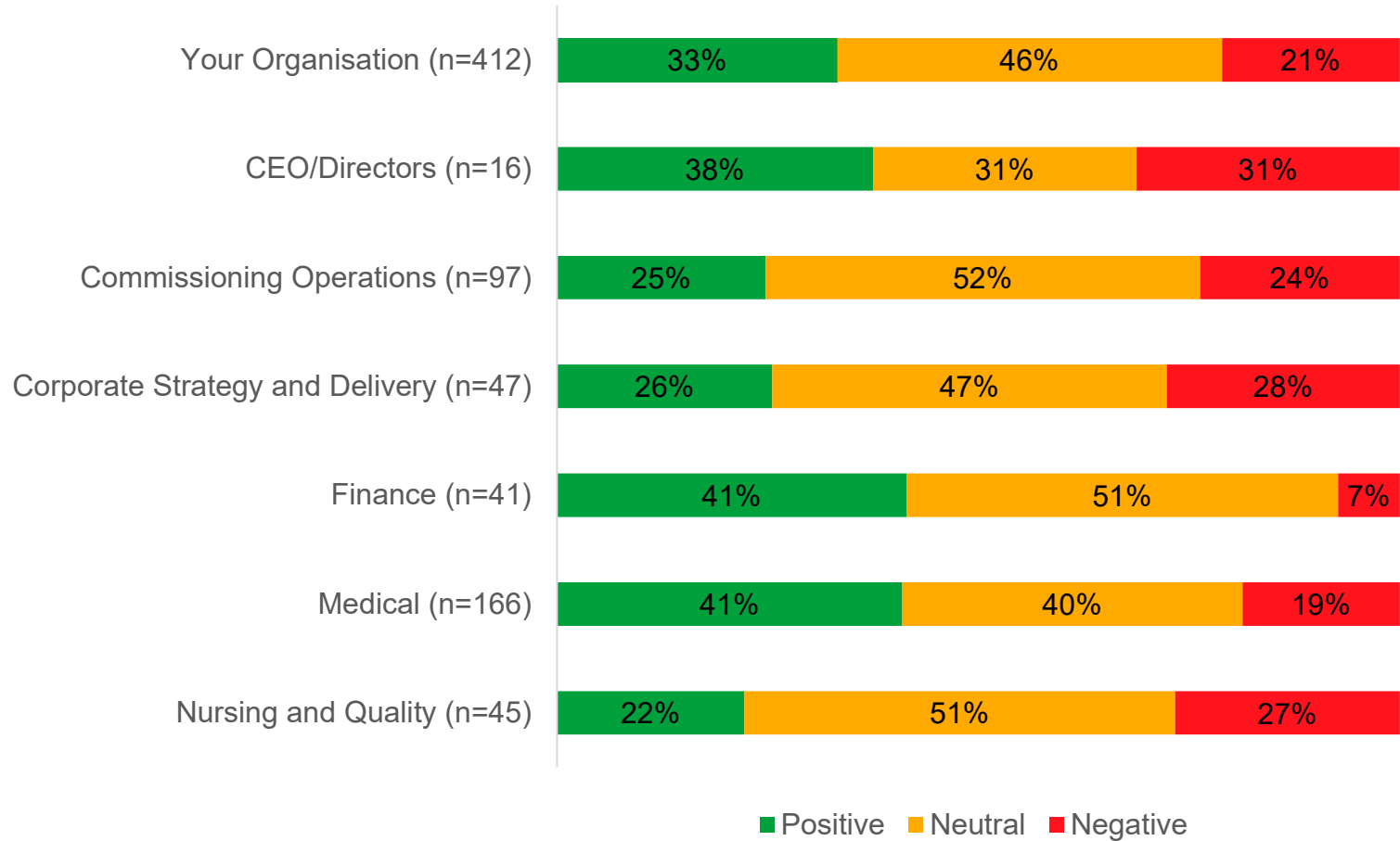
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q11e Not felt pressure from manager to come to work when not feeling well enough



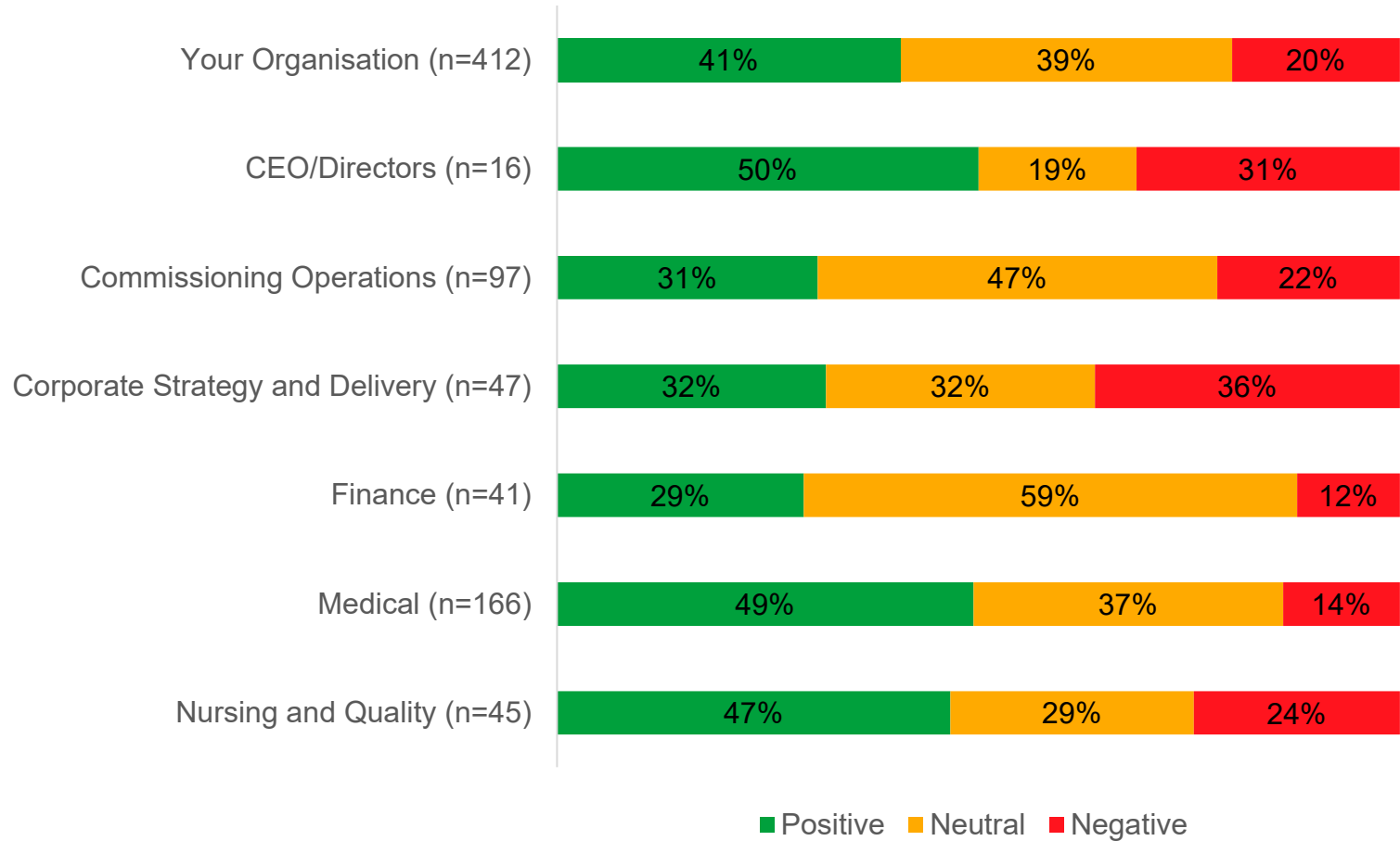
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12a Never/rarely find work emotionally exhausting



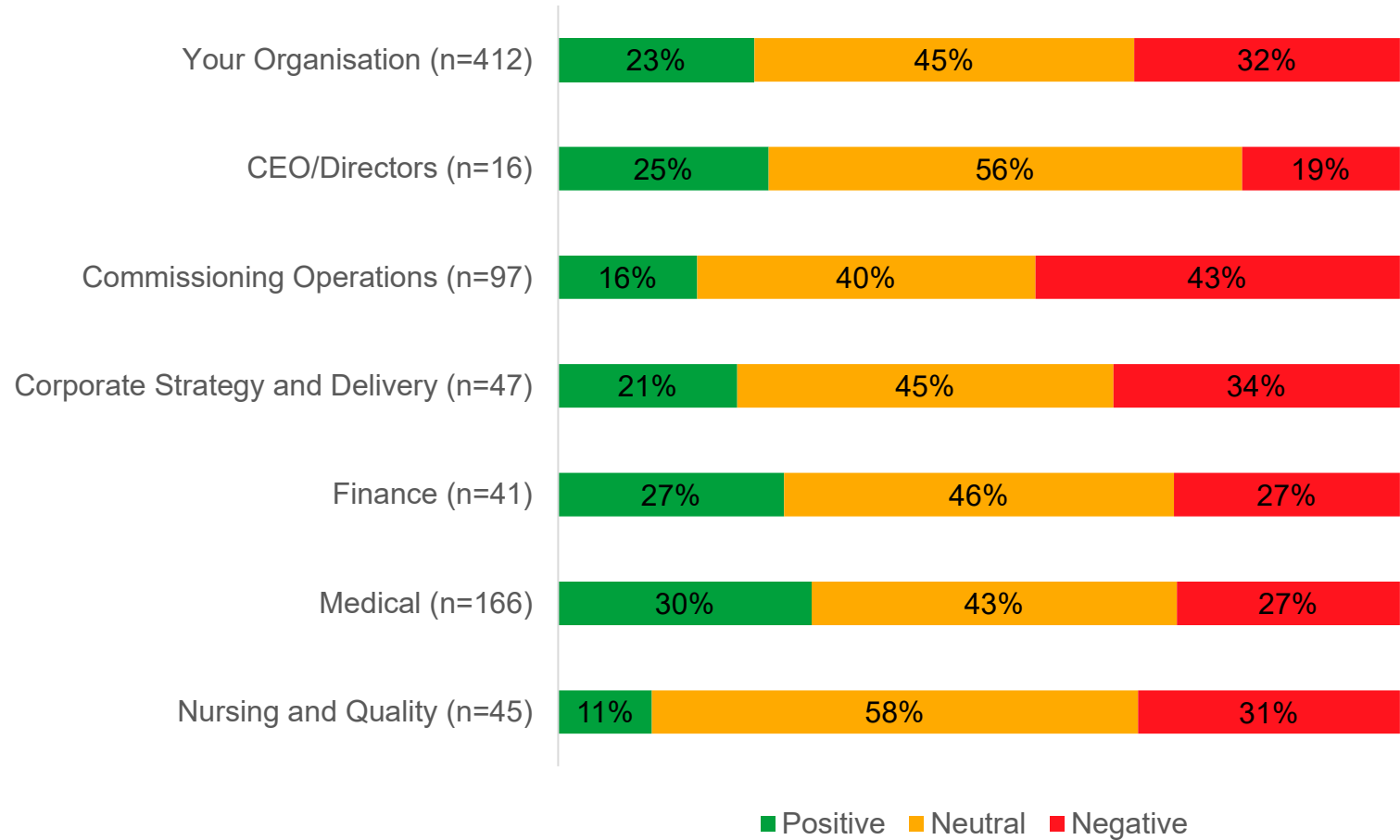
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12b Never/rarely feel burnt out because of work



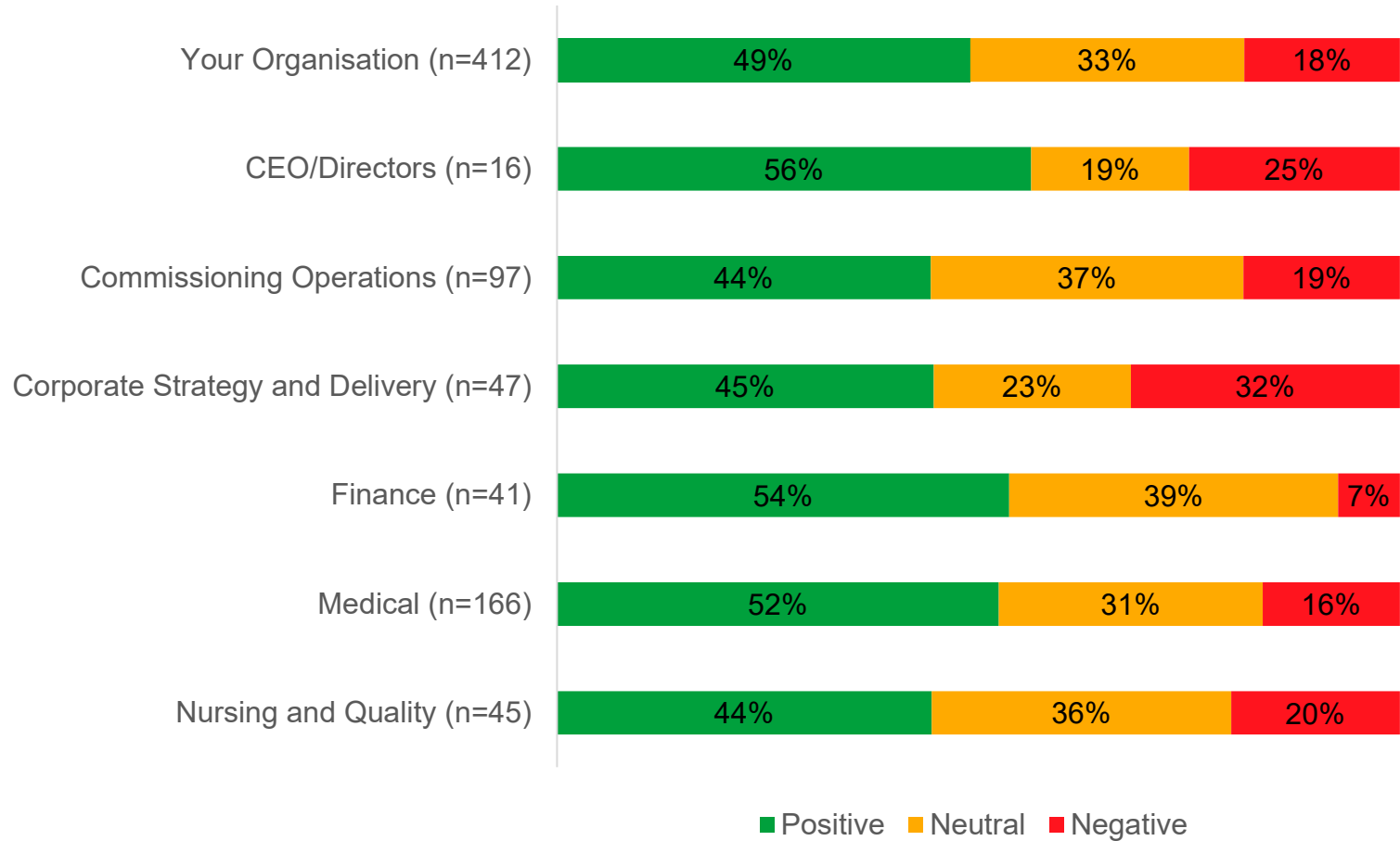
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12c Never/rarely frustrated by work



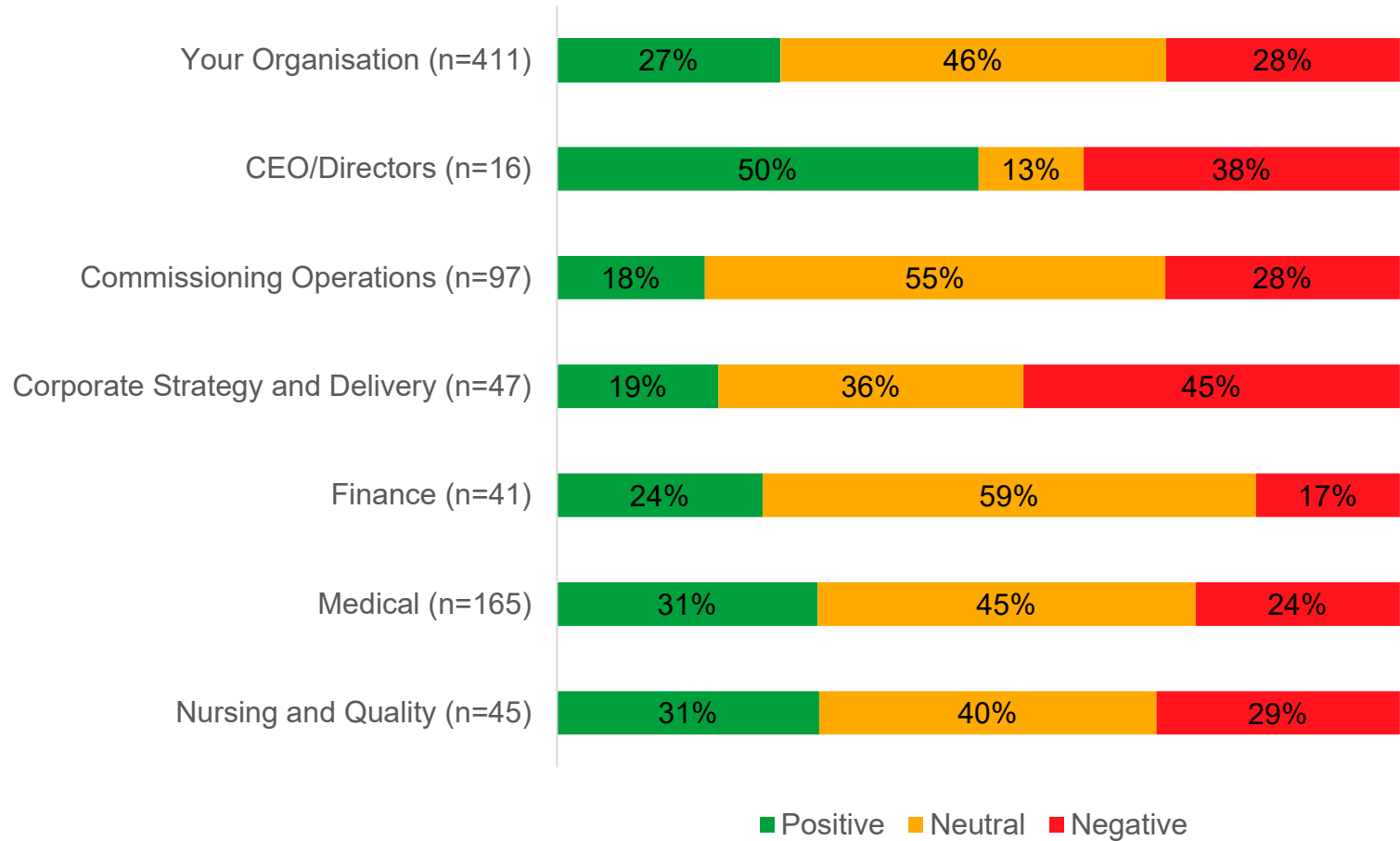
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12d Never/rarely exhausted by the thought of another day/shift at work



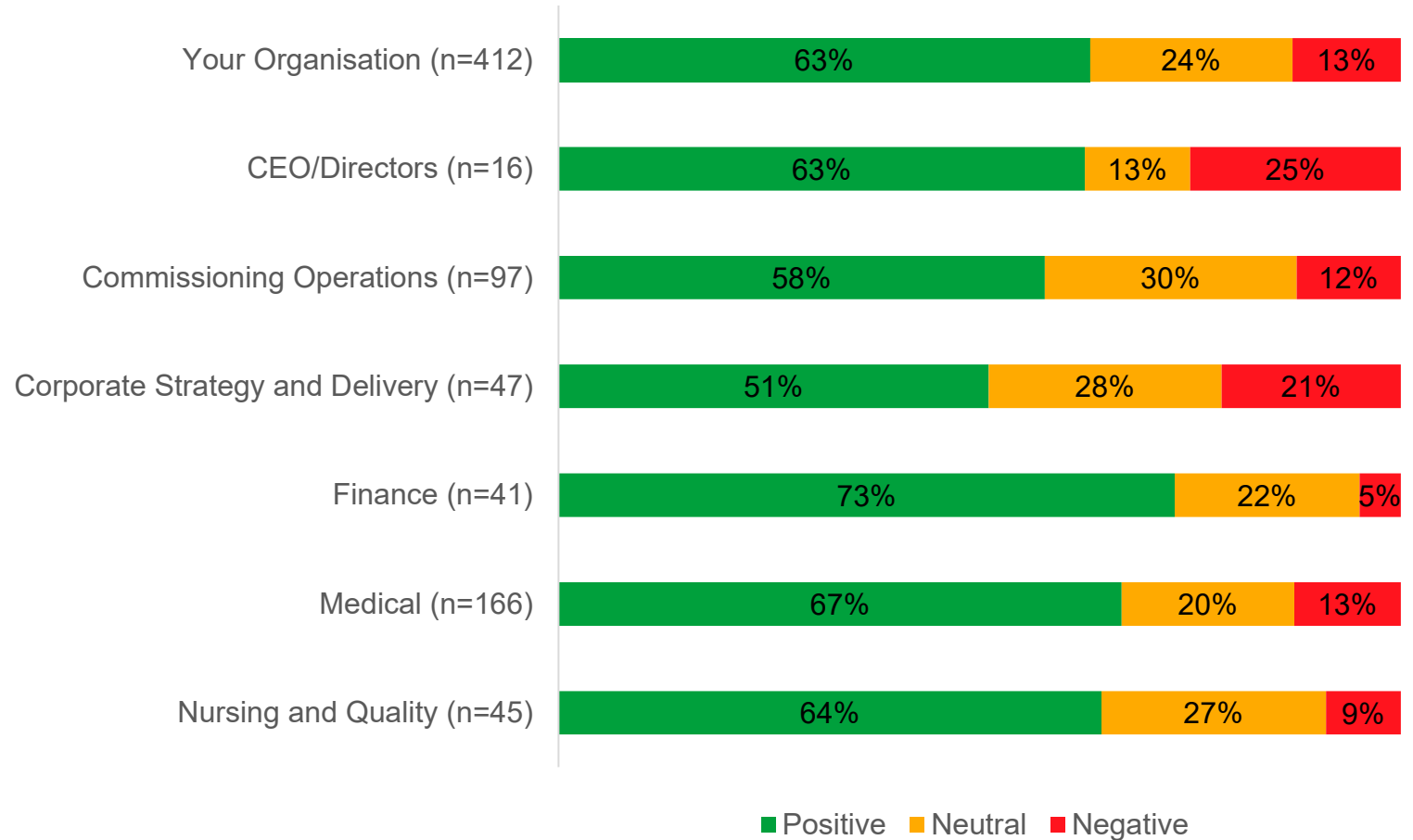
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12e Never/rarely worn out at the end of work



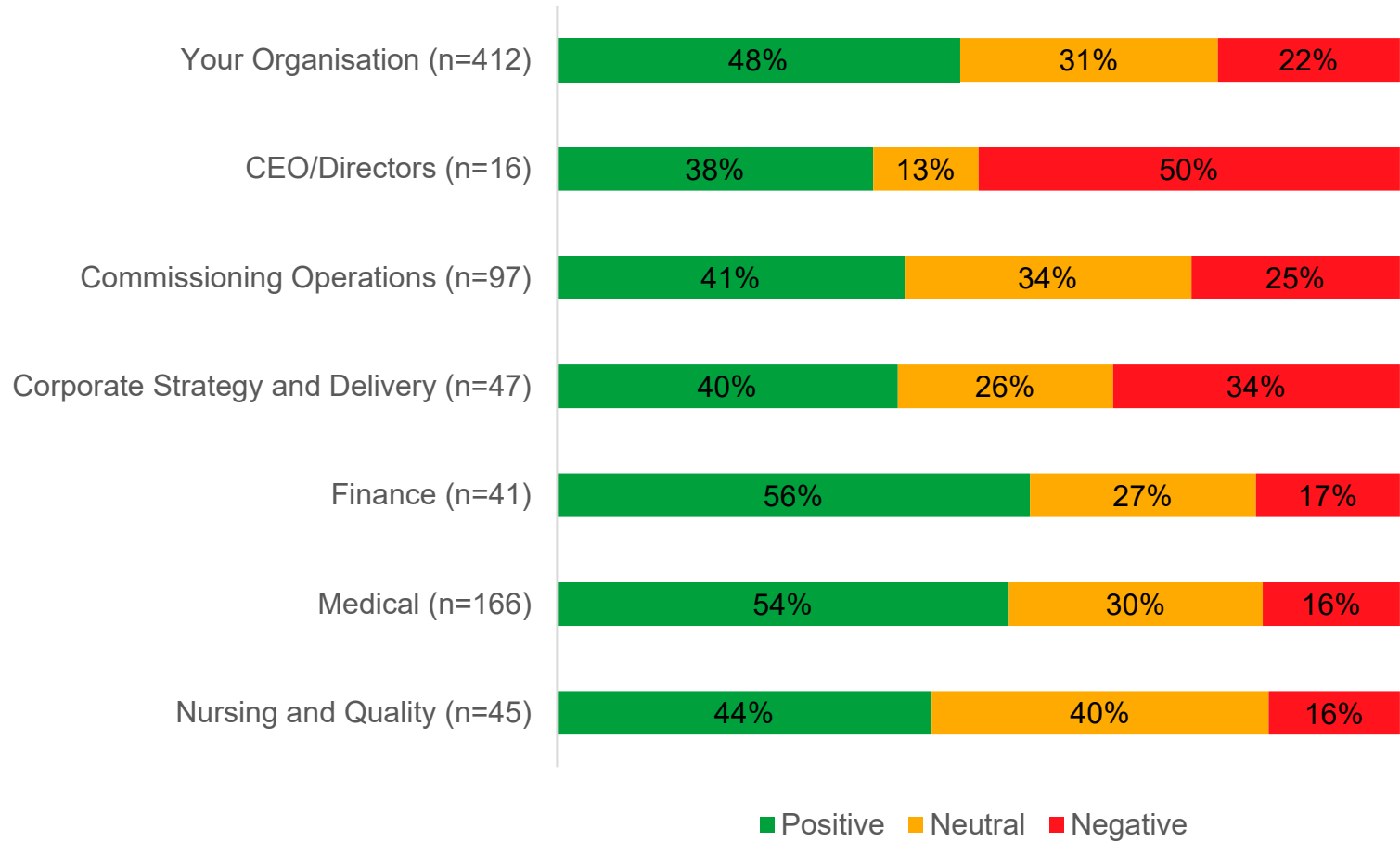
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12f Never/rarely feel every working hour is tiring



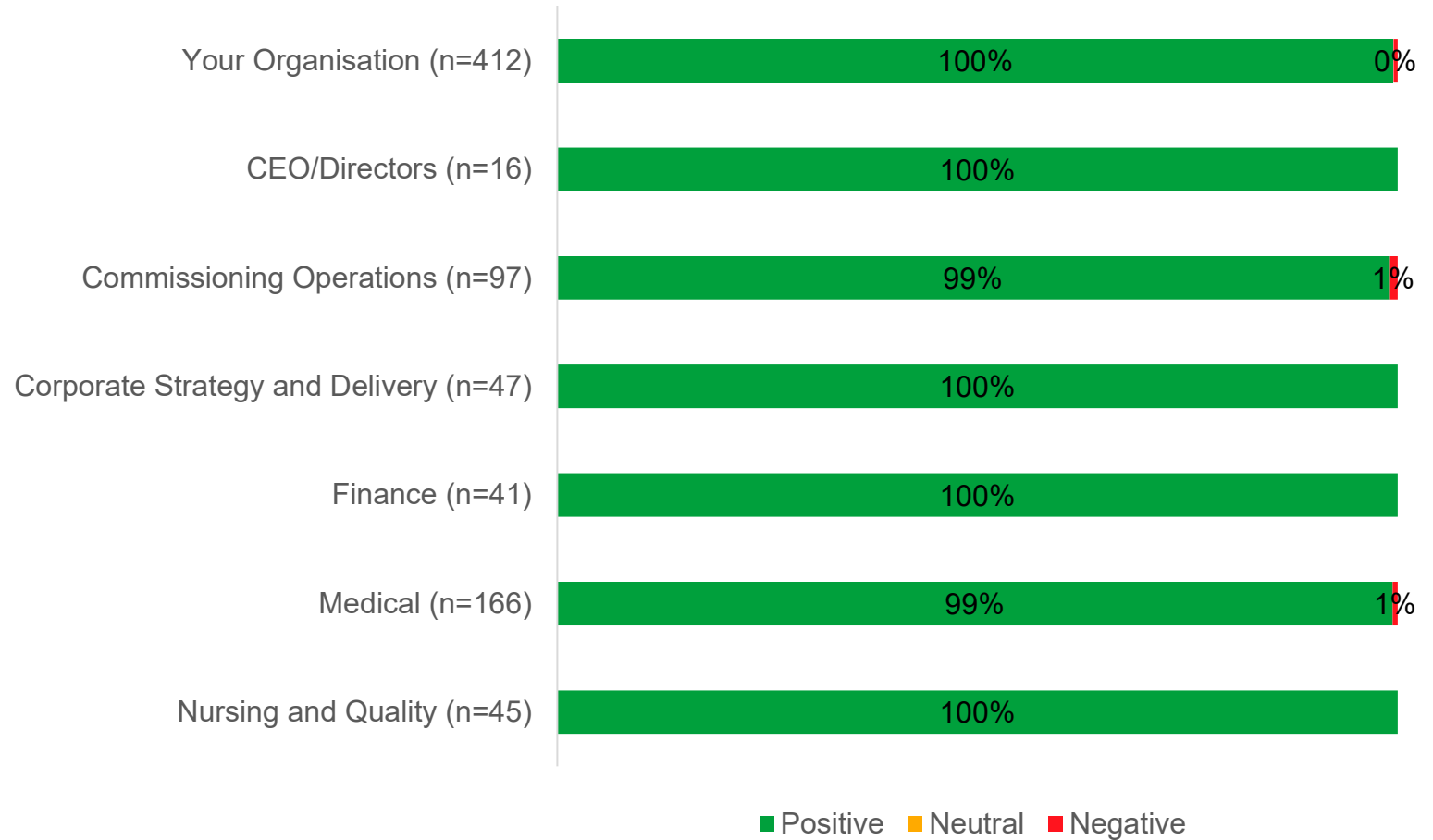
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q12g Never/rarely lack energy for family and friends



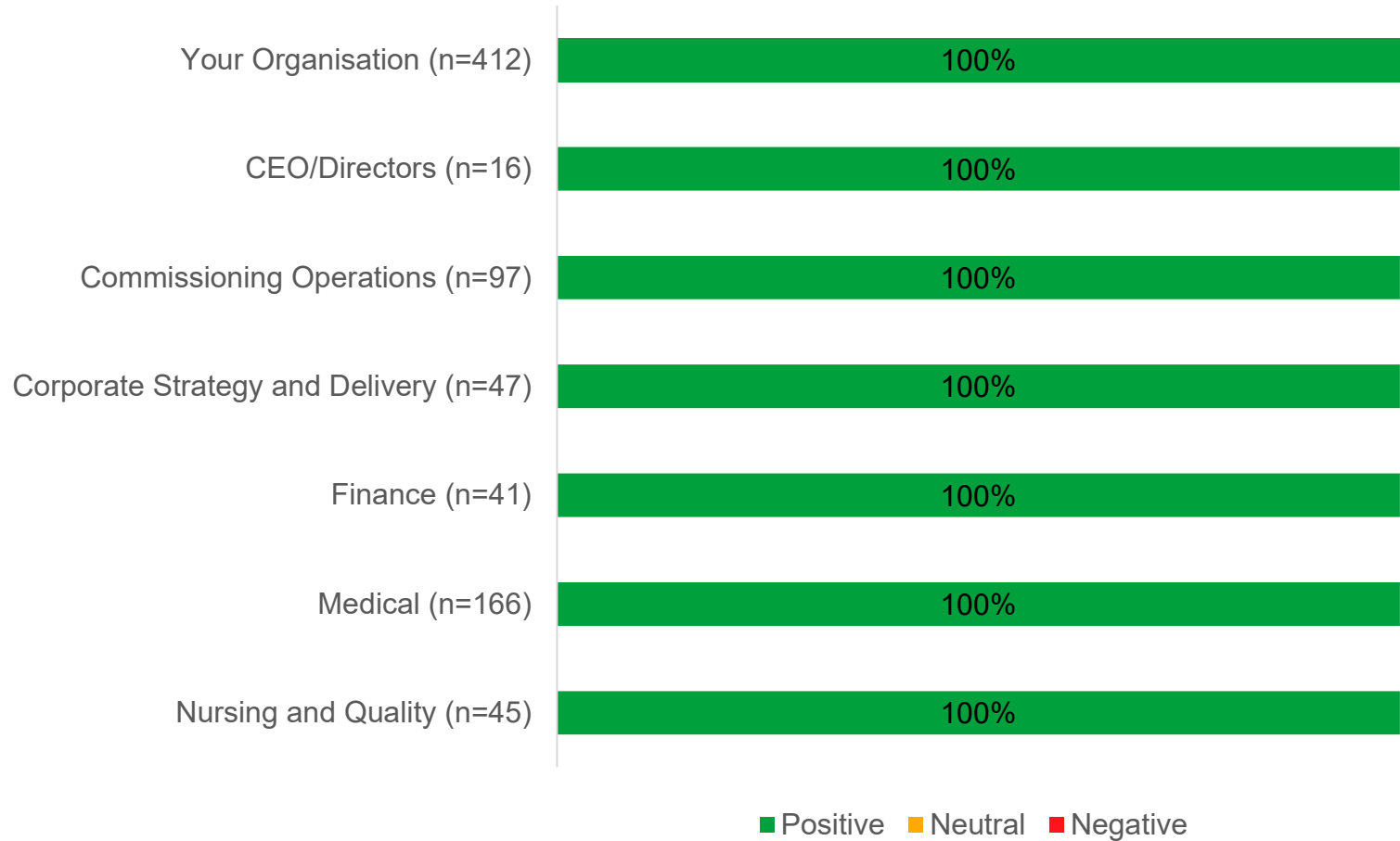
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q13a Not experienced physical violence from patients/service users, their relatives or other members of the public



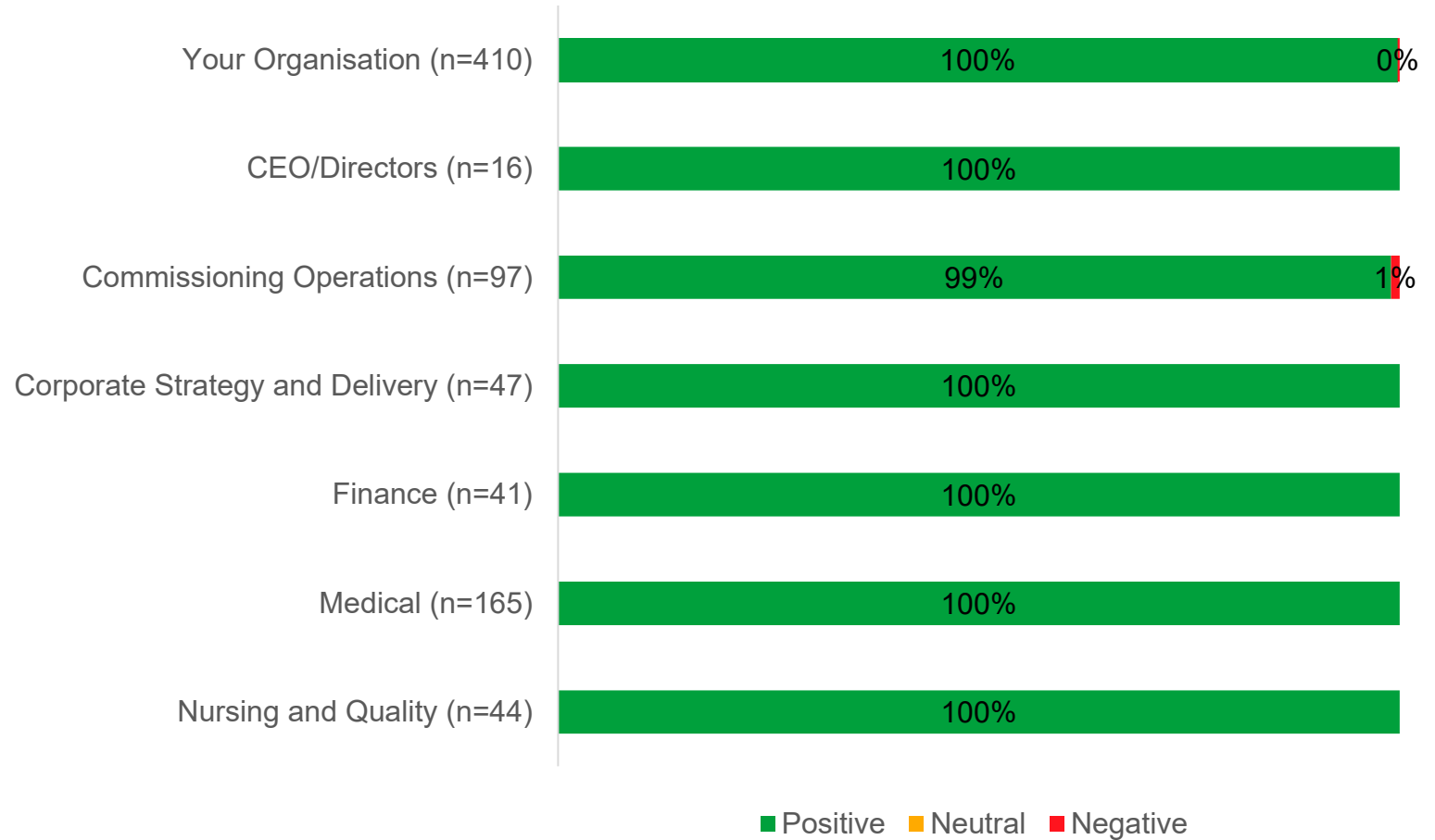
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q13b Not experienced physical violence from managers



YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q13c Not experienced physical violence from other colleagues



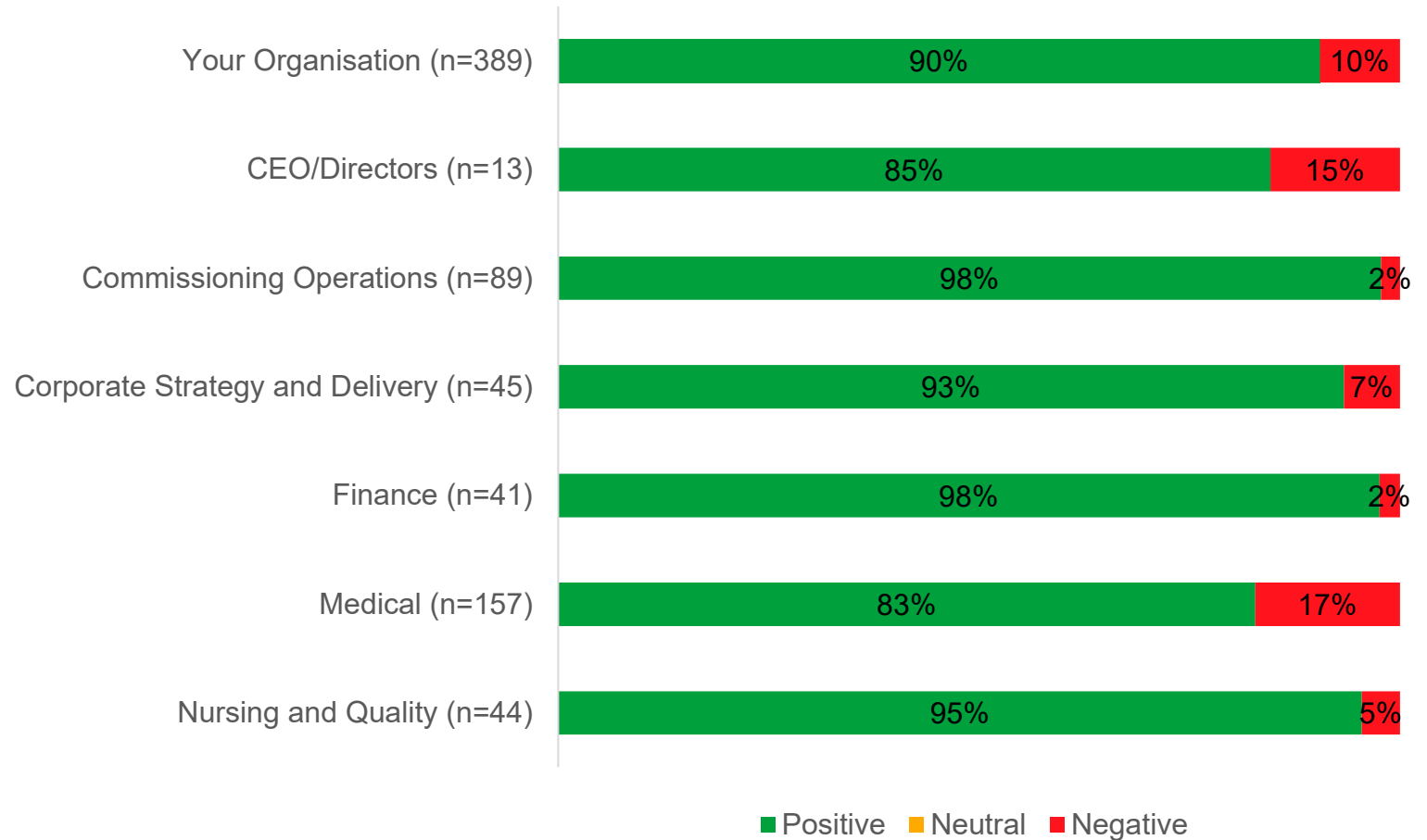
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q13d Last experience of physical violence reported



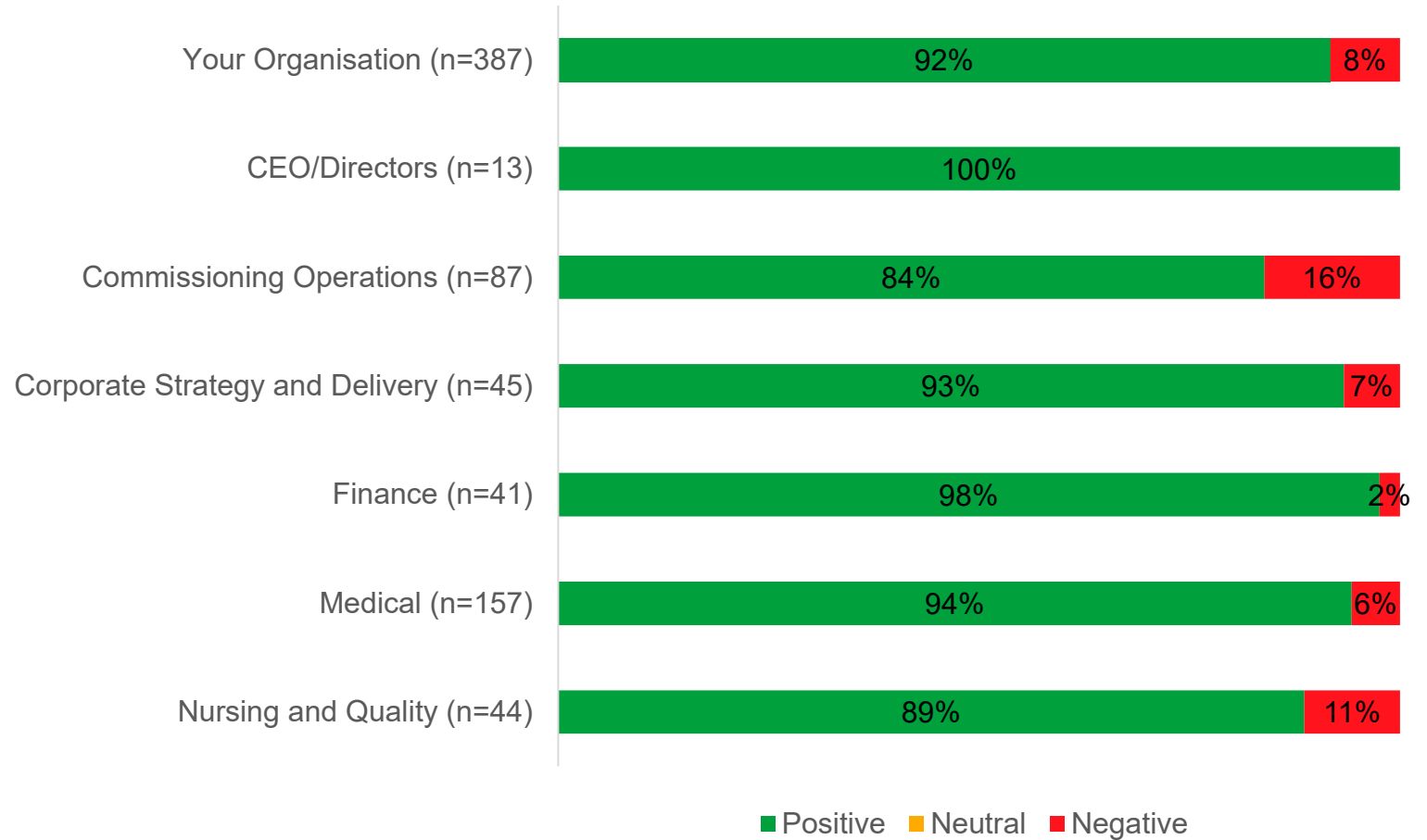
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q14a Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public



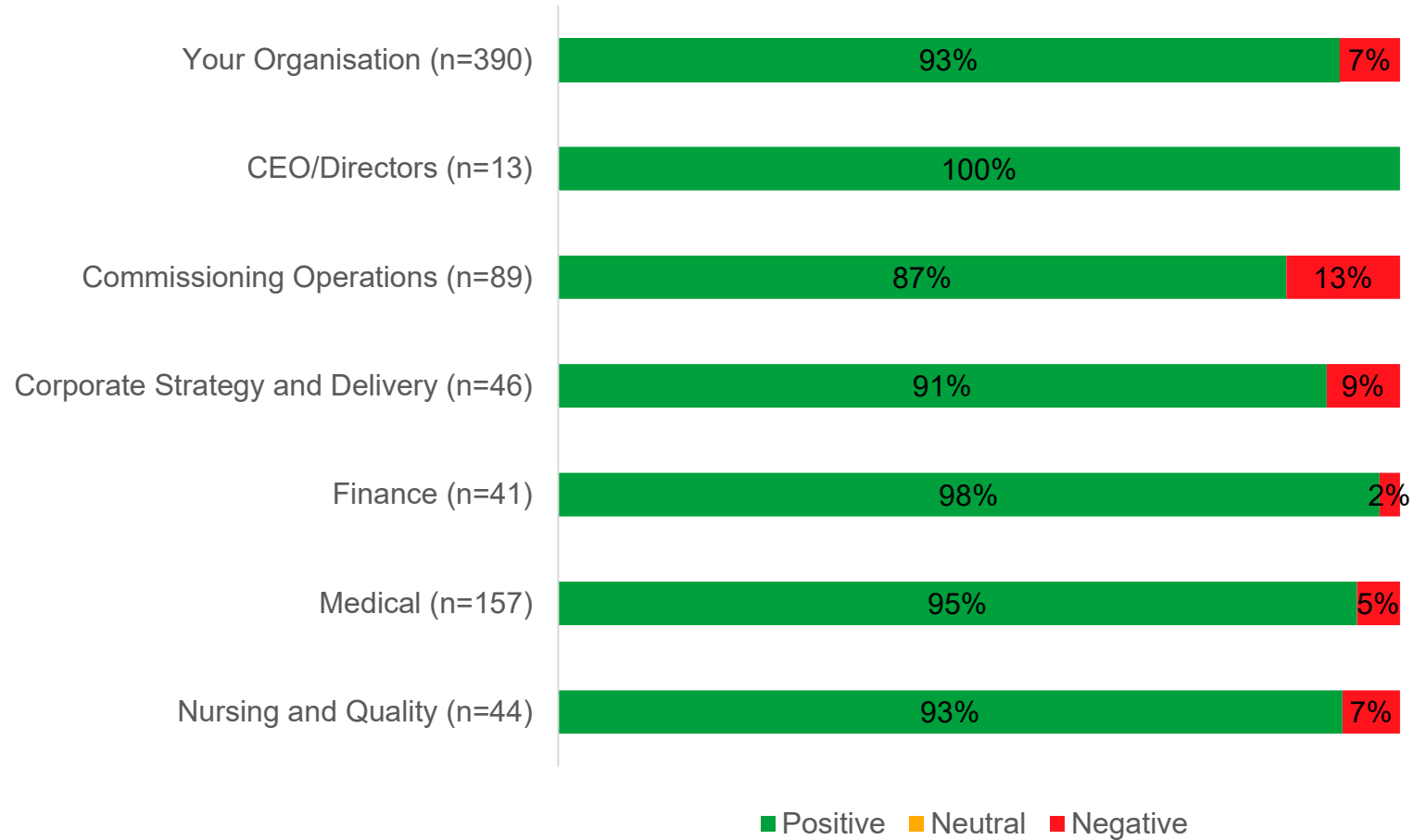
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q14b Not experienced harassment, bullying or abuse from managers



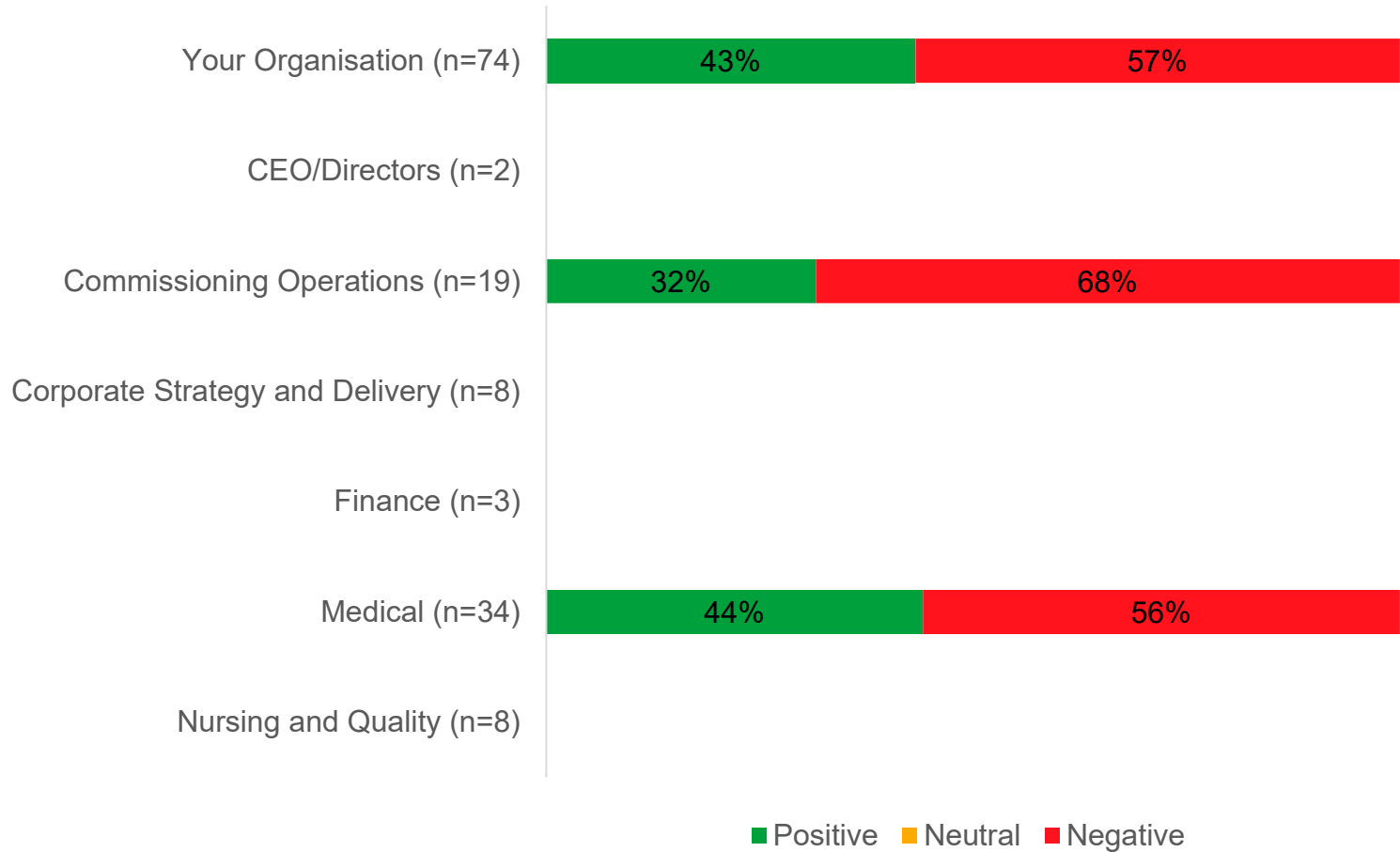
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q14c Not experienced harassment, bullying or abuse from other colleagues



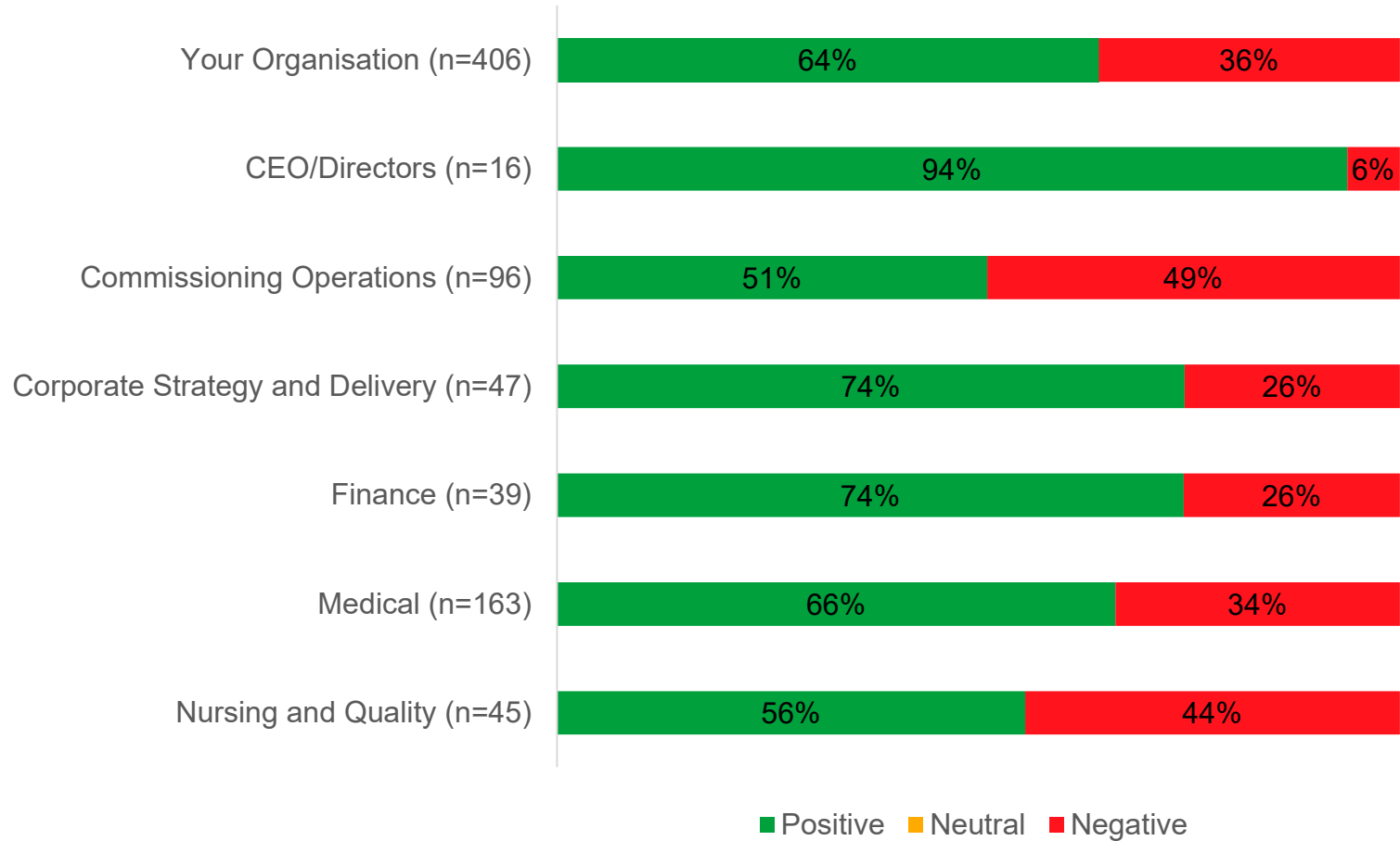
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q14d Last experience of harassment/bullying/abuse reported



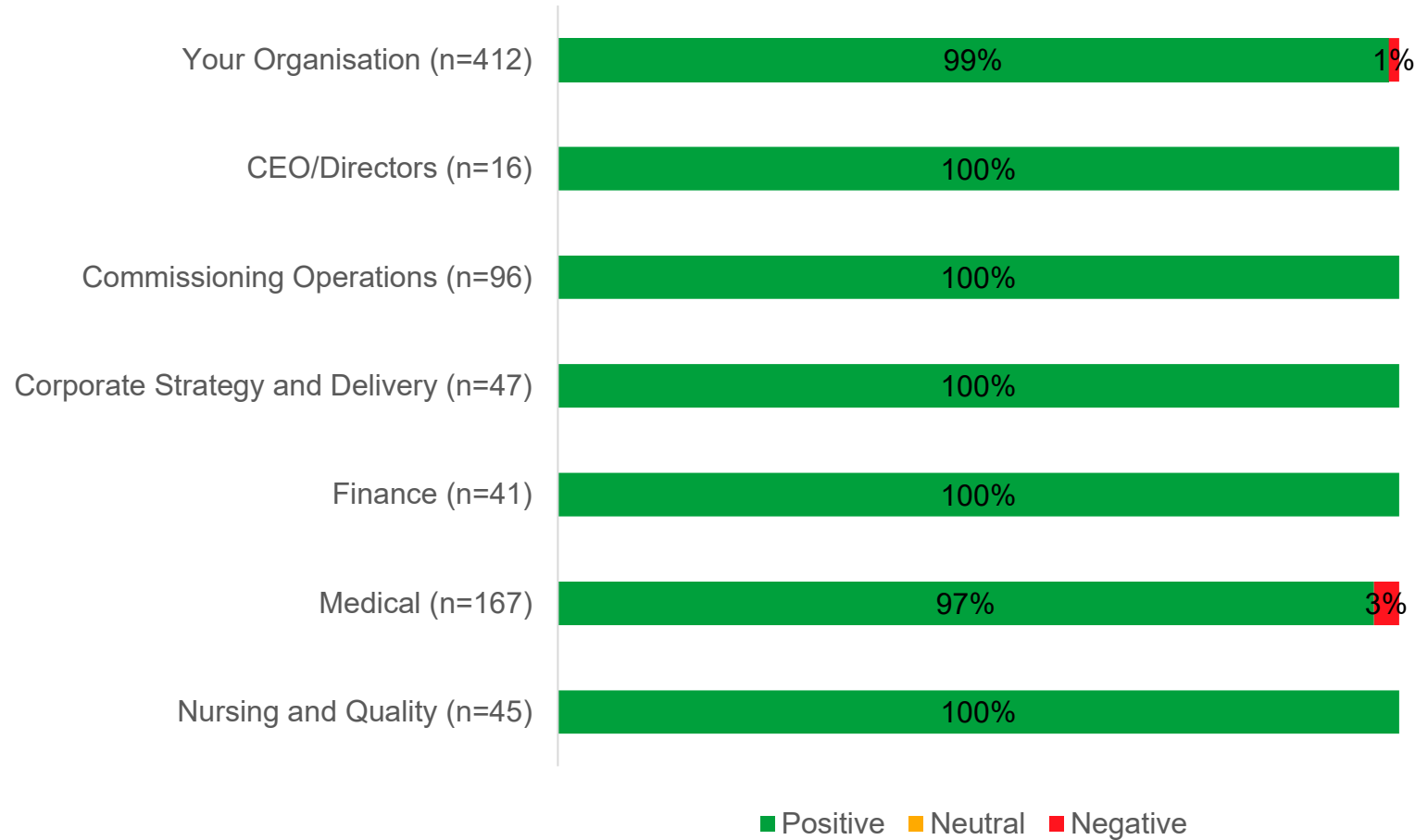
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q15 Organisation acts fairly: career progression



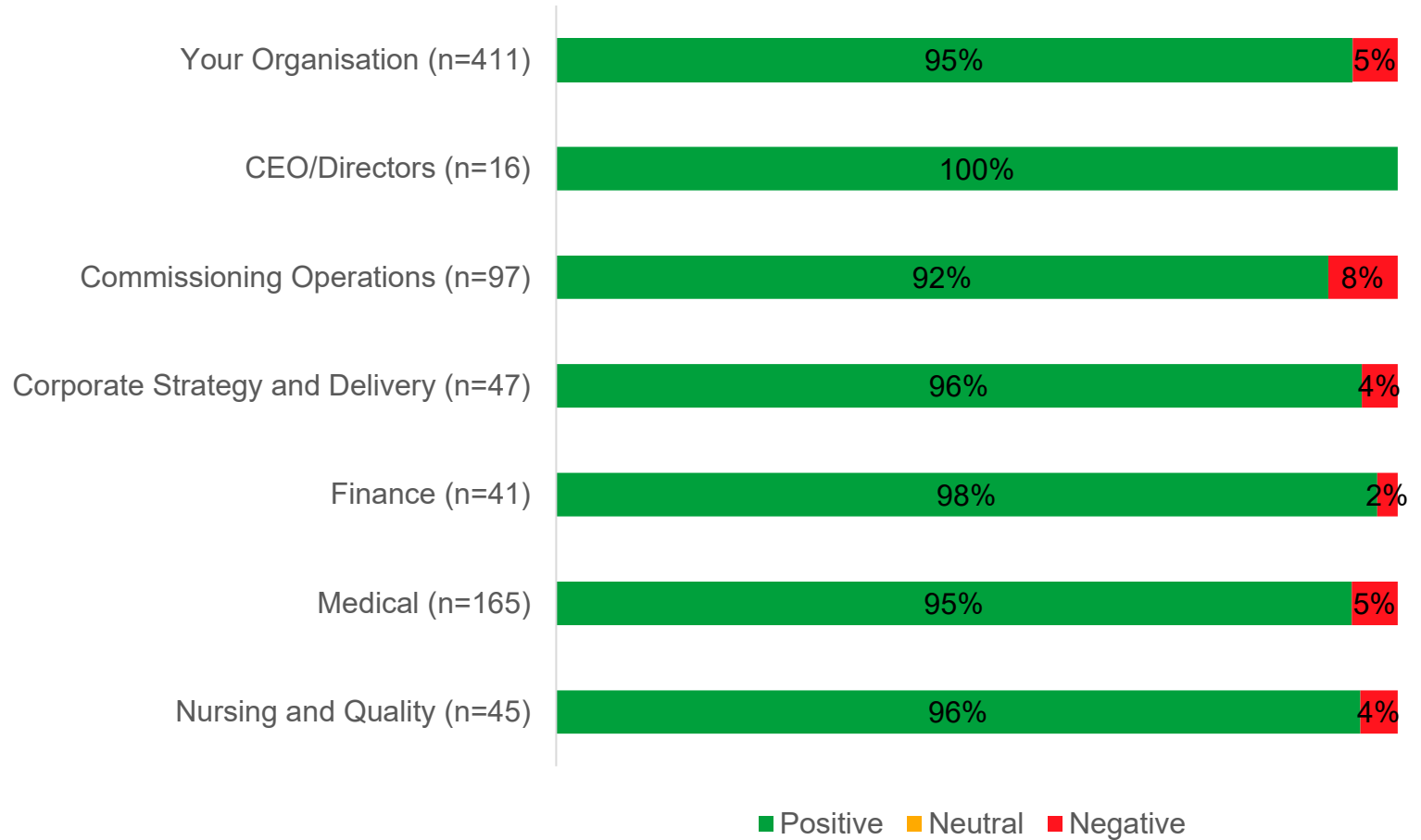
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q16a Not experienced discrimination from patients/service users, their relatives or other members of the public



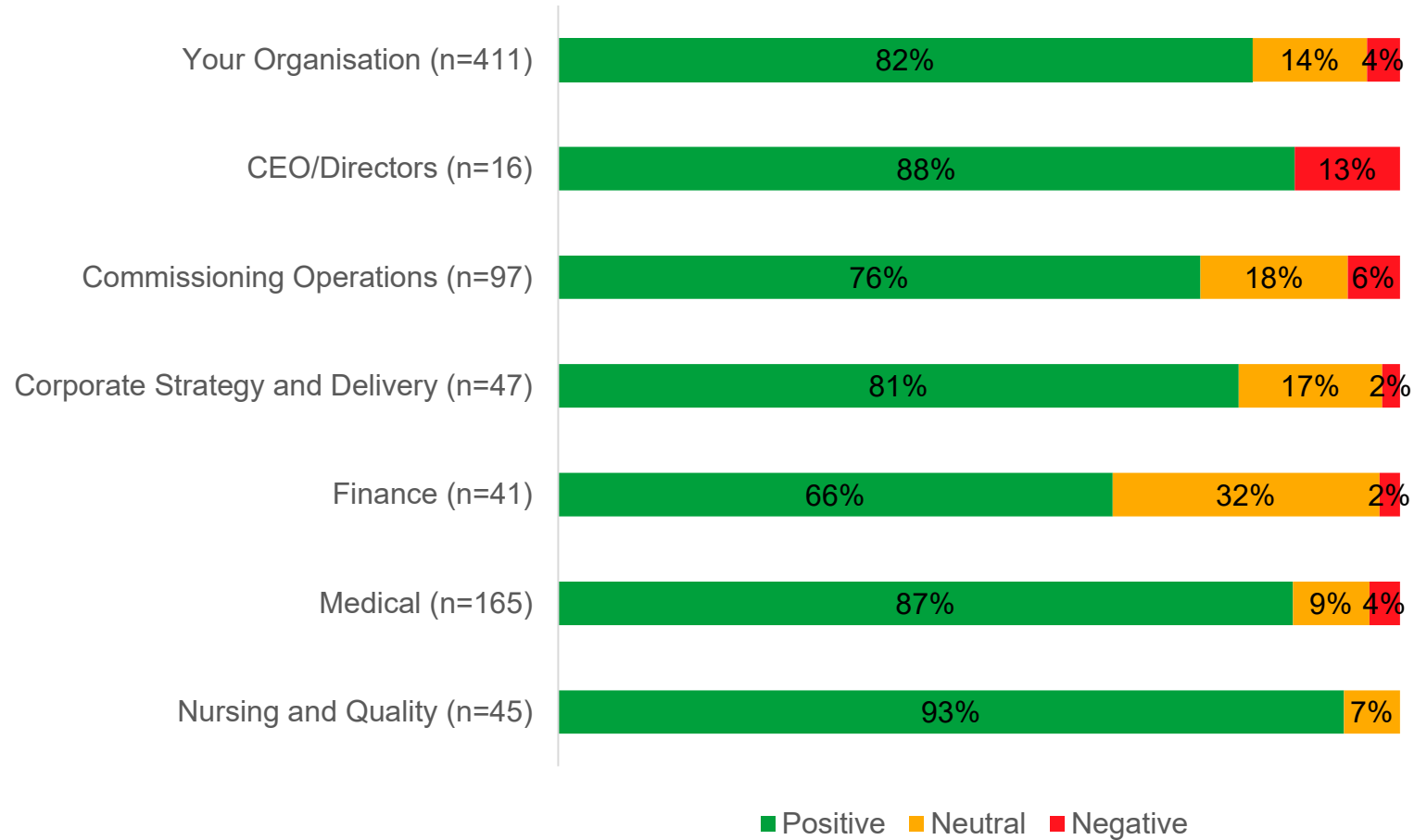
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q16b Not experienced discrimination from manager/team leader or other colleagues



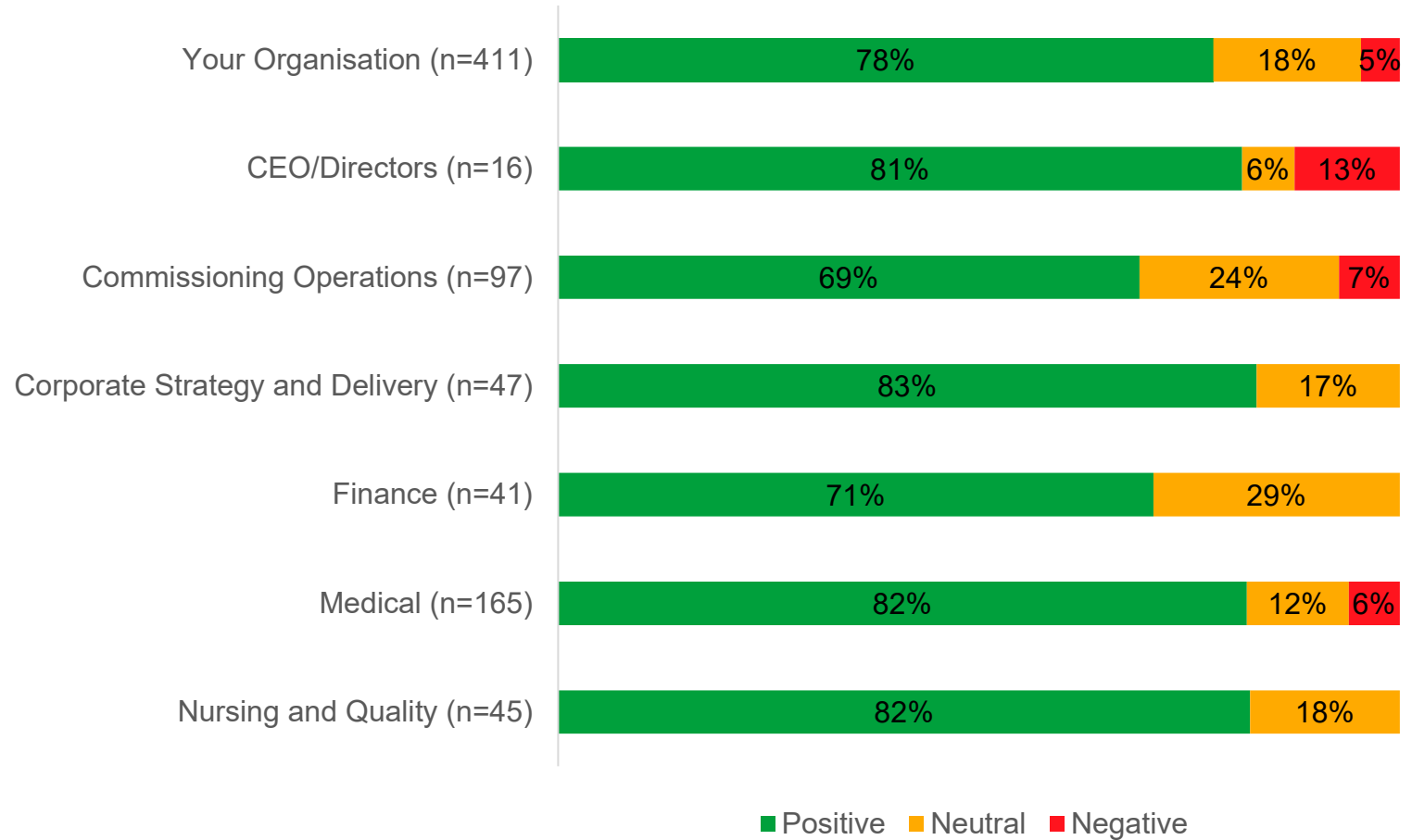
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q17a Would feel secure raising concerns about unsafe clinical practice



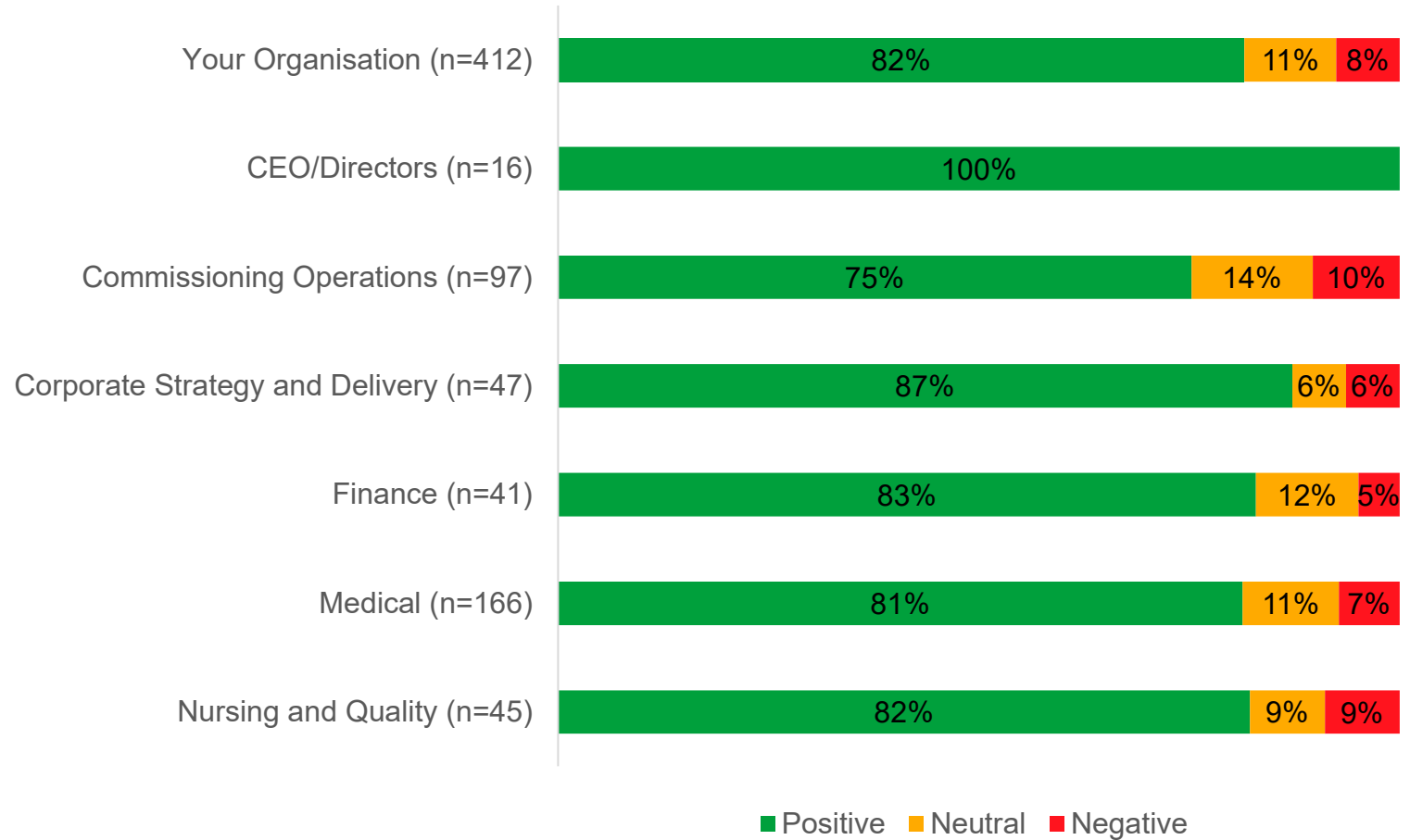
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q17b Would feel confident that organisation would address concerns about unsafe clinical practice



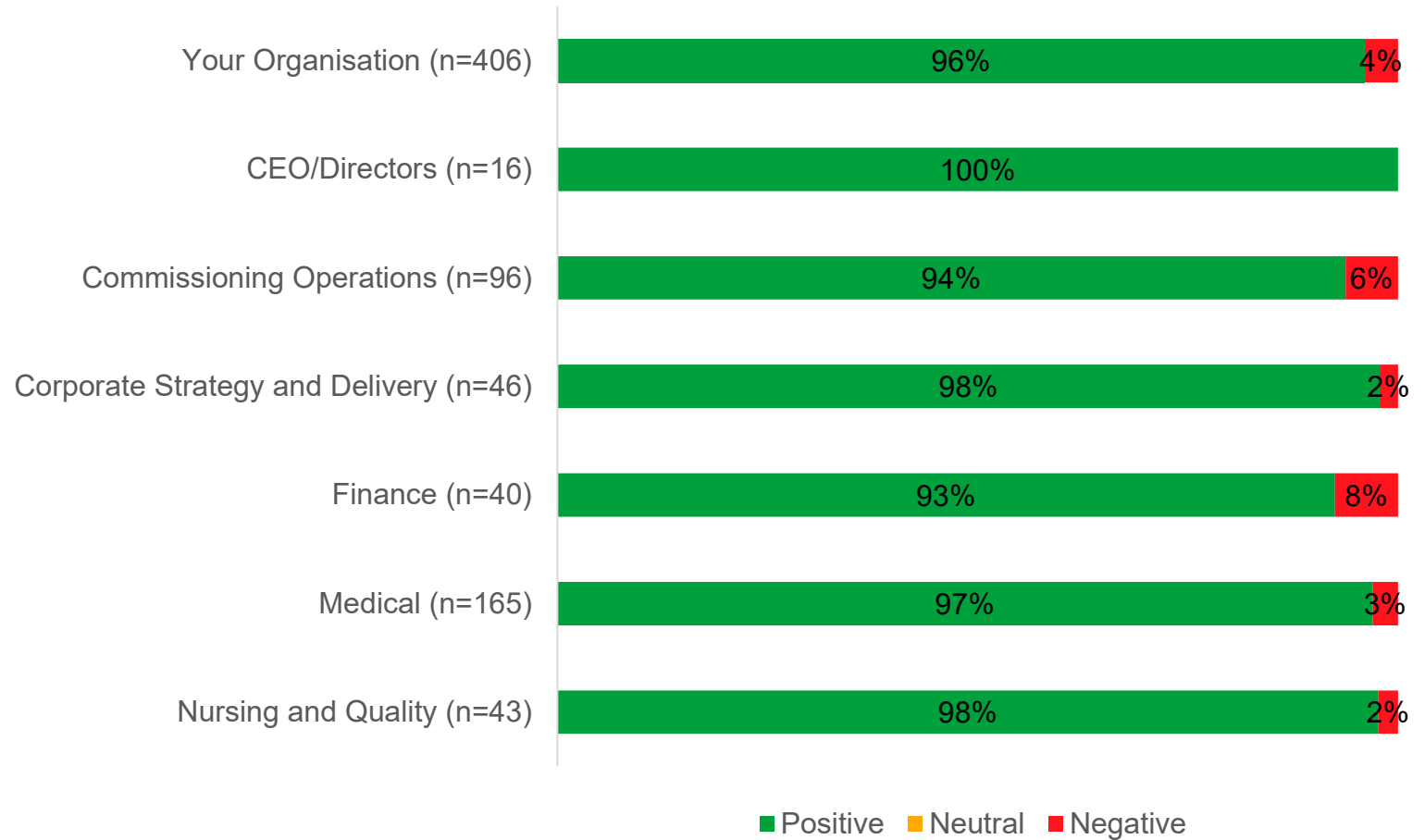
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q18 Feel organisation respects individual differences



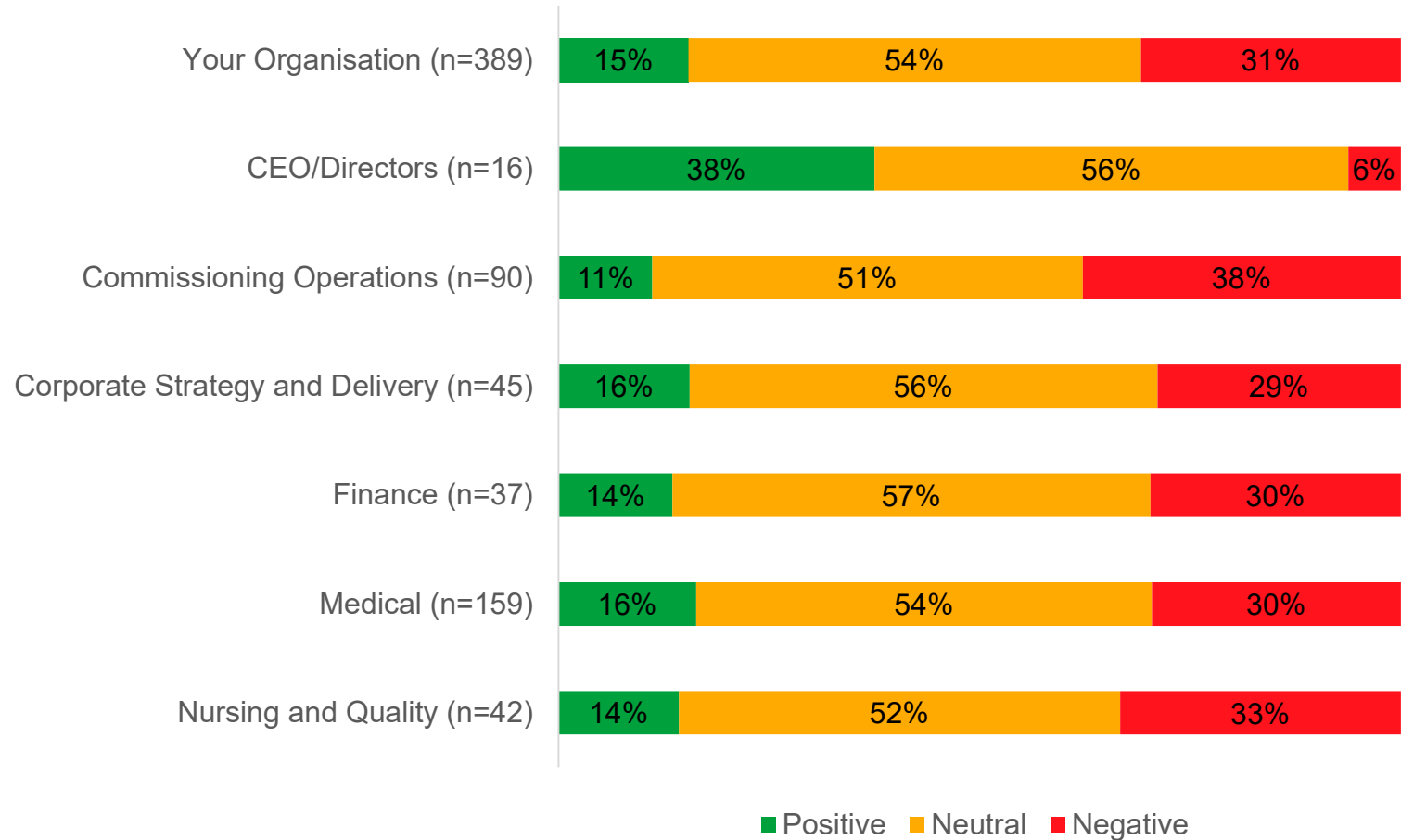
YOUR PERSONAL DEVELOPMENT

q19a Received appraisal in the past 12 months



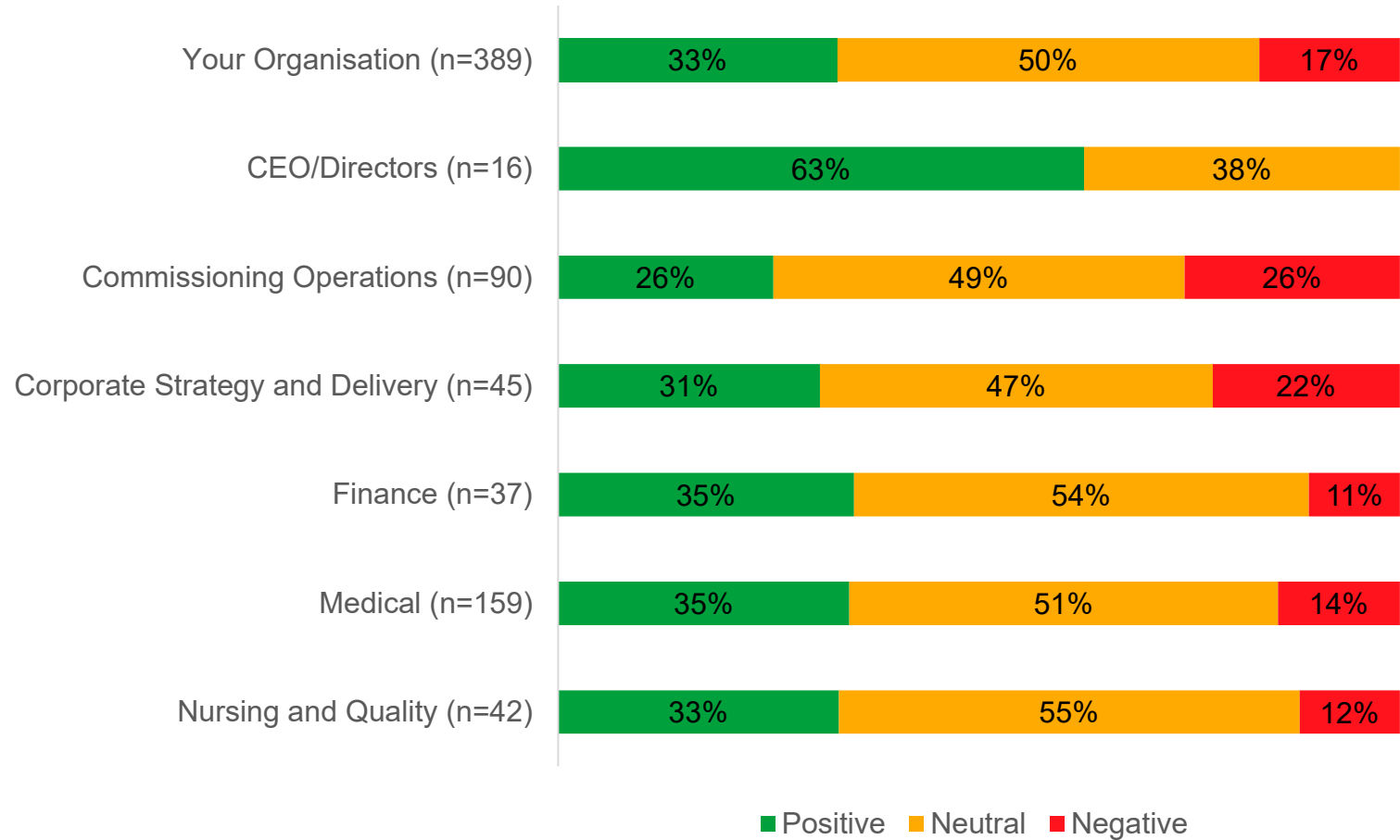
YOUR PERSONAL DEVELOPMENT

q19b Appraisal helped me improve how I do my job



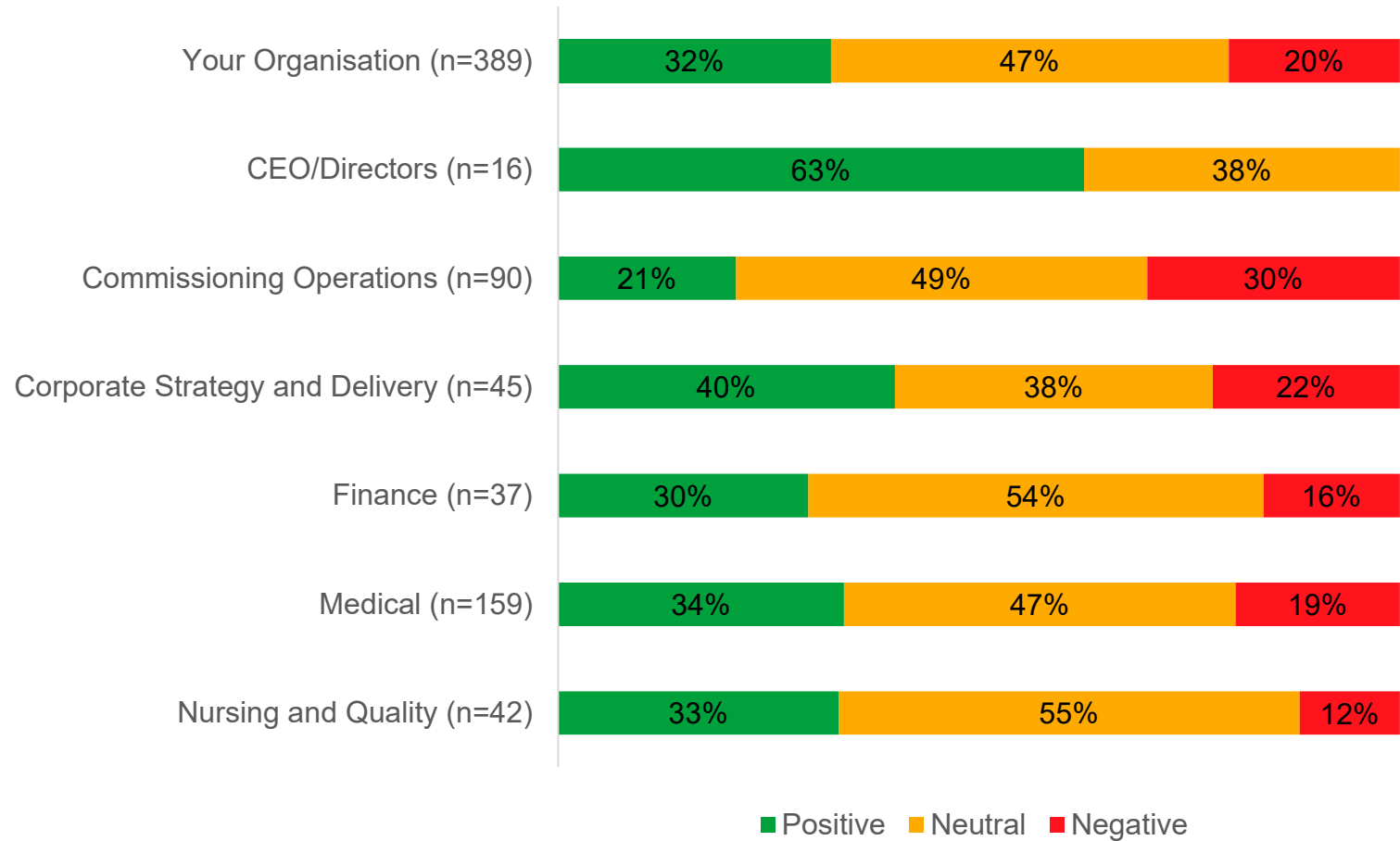
YOUR PERSONAL DEVELOPMENT

q19c Appraisal helped me agree clear objectives for my work



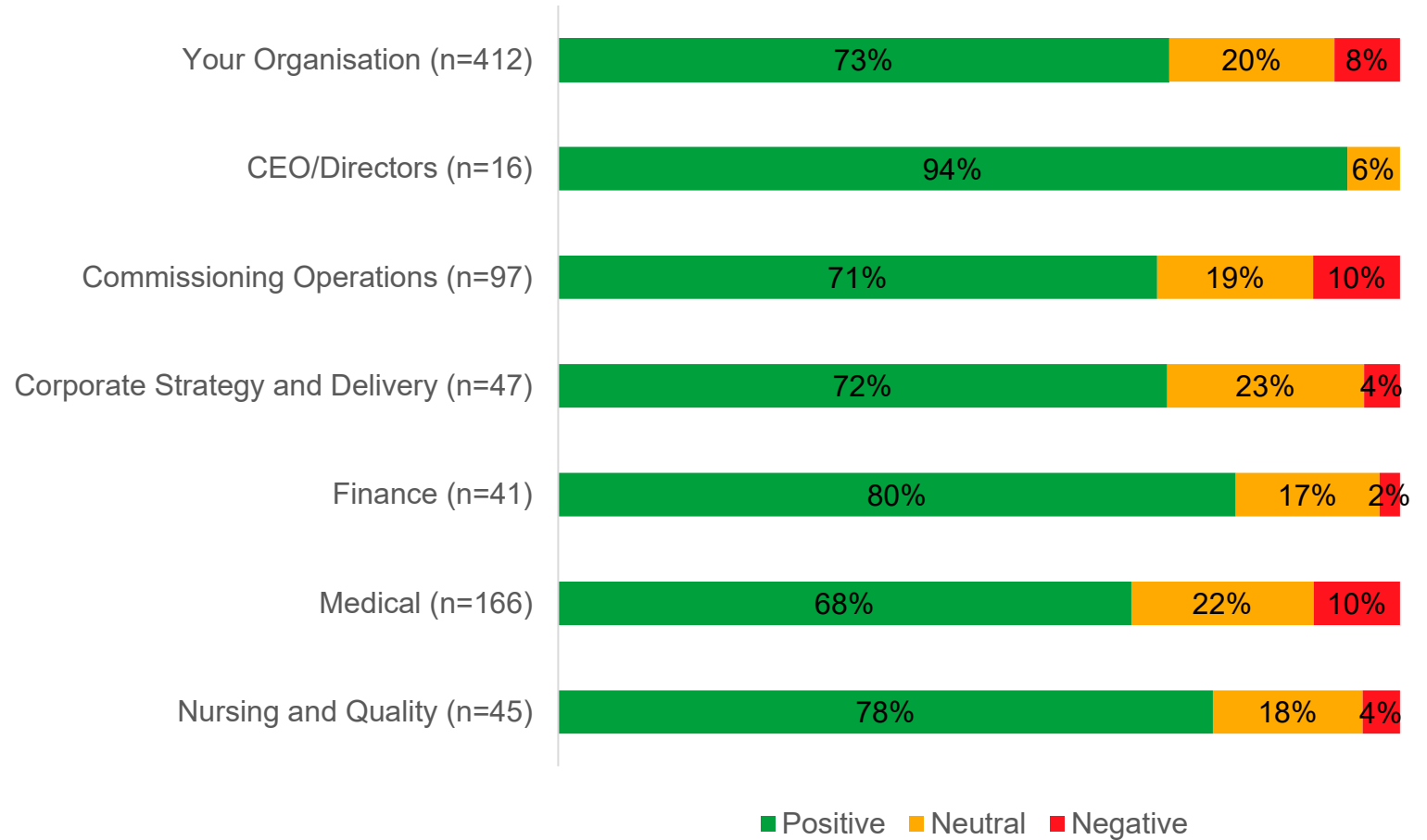
YOUR PERSONAL DEVELOPMENT

q19d Appraisal left me feeling organisation values my work



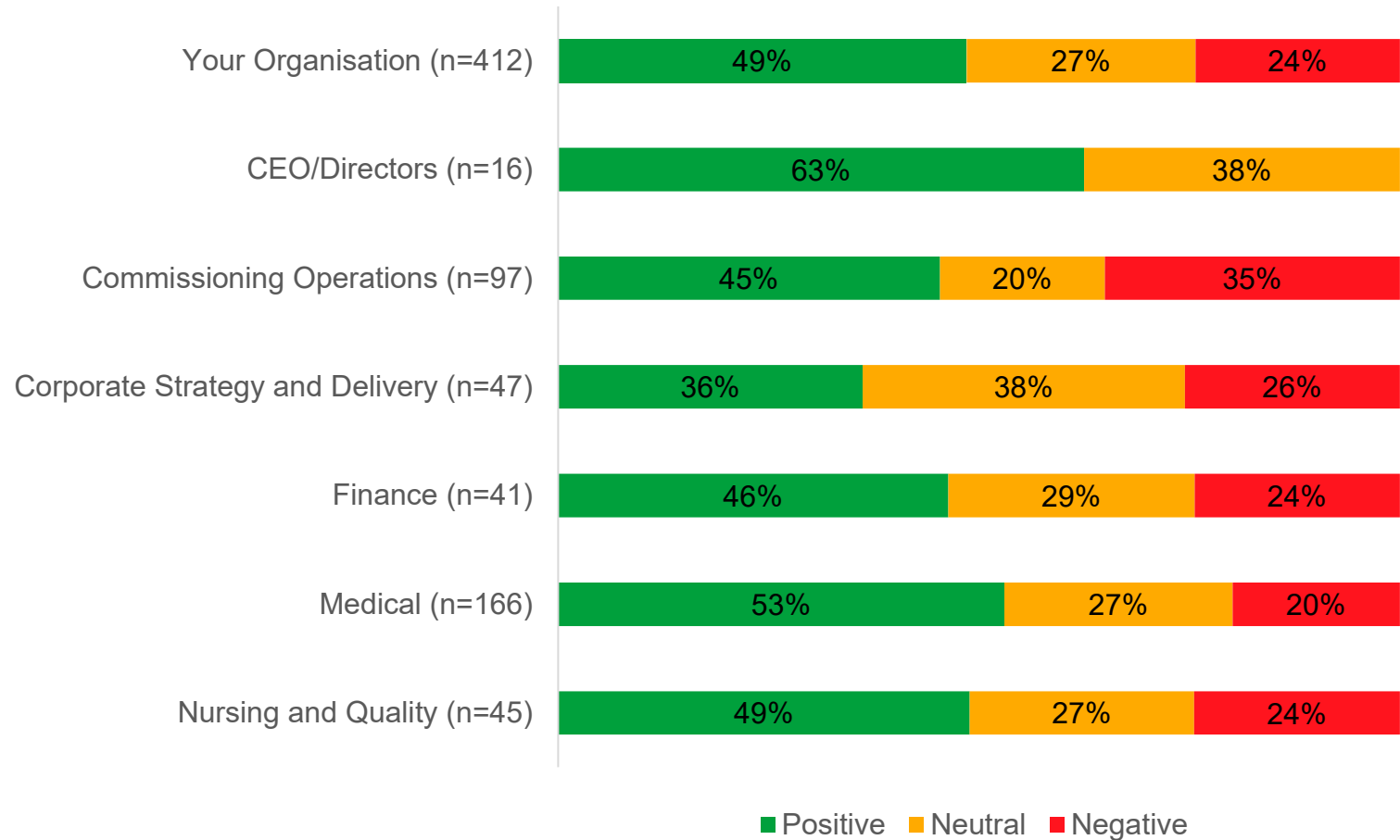
YOUR PERSONAL DEVELOPMENT

q20a Organisation offers me challenging work



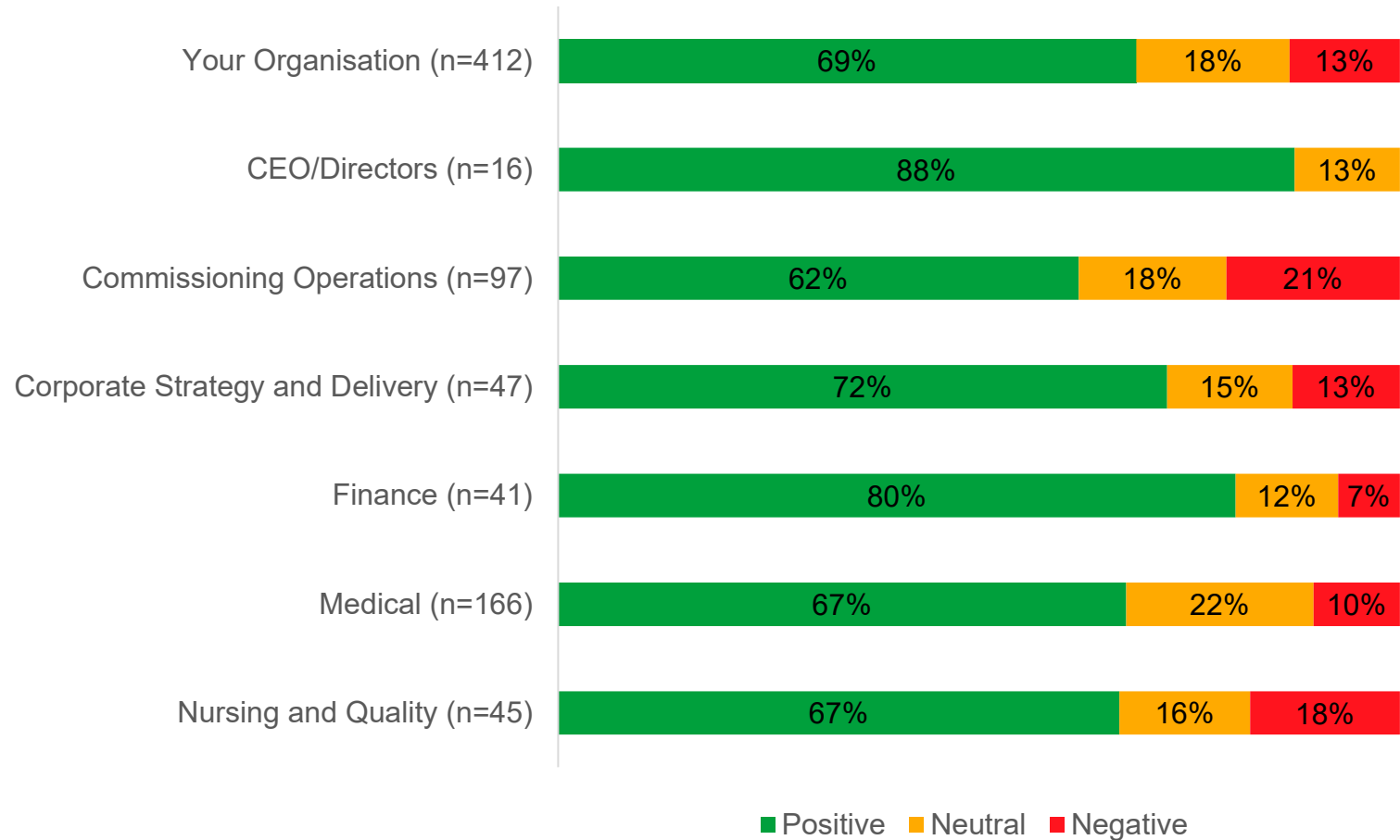
YOUR PERSONAL DEVELOPMENT

q20b There are opportunities for me to develop my career in this organisation



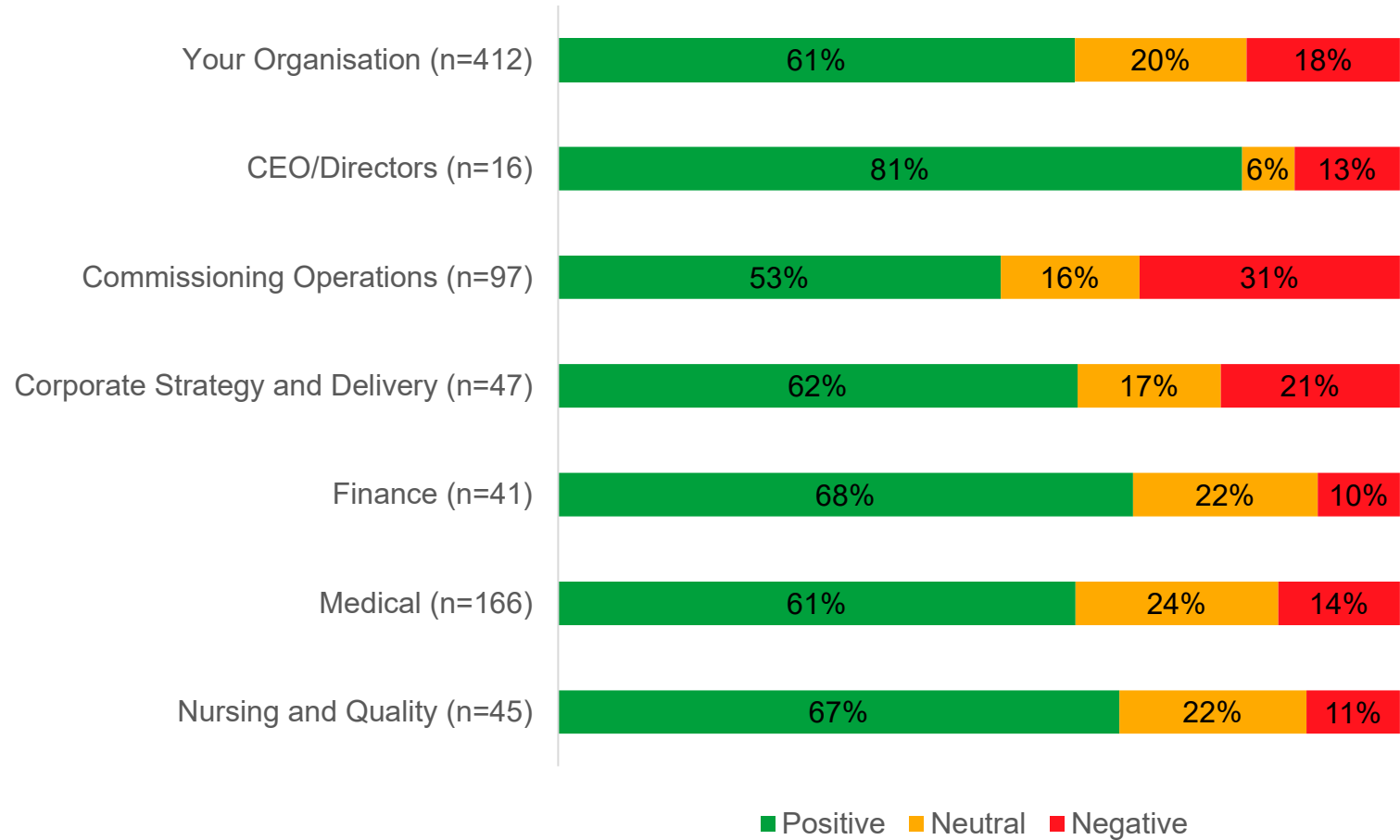
YOUR PERSONAL DEVELOPMENT

q20c Have opportunities to improve my knowledge and skills



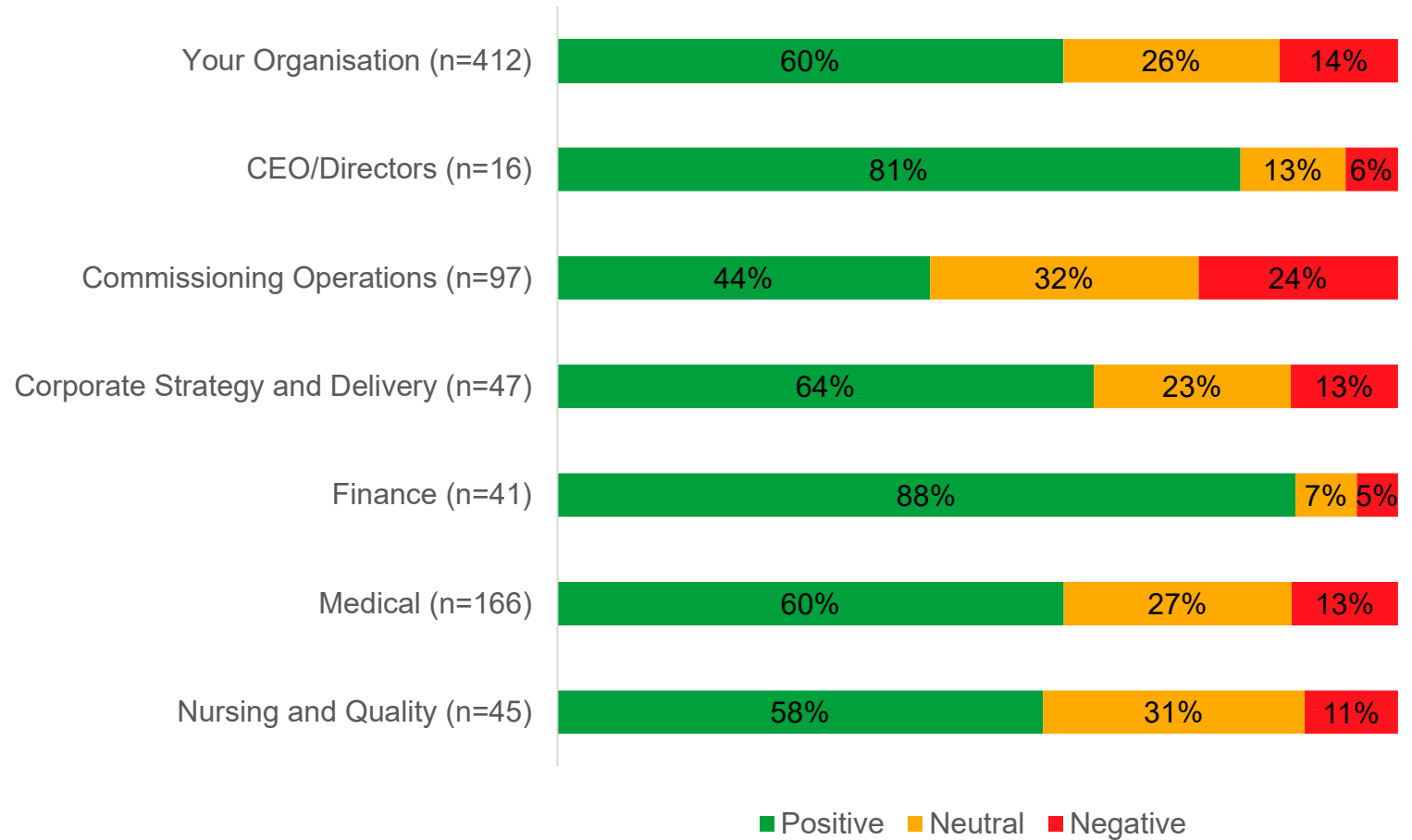
YOUR PERSONAL DEVELOPMENT

q20d Feel supported to develop my potential



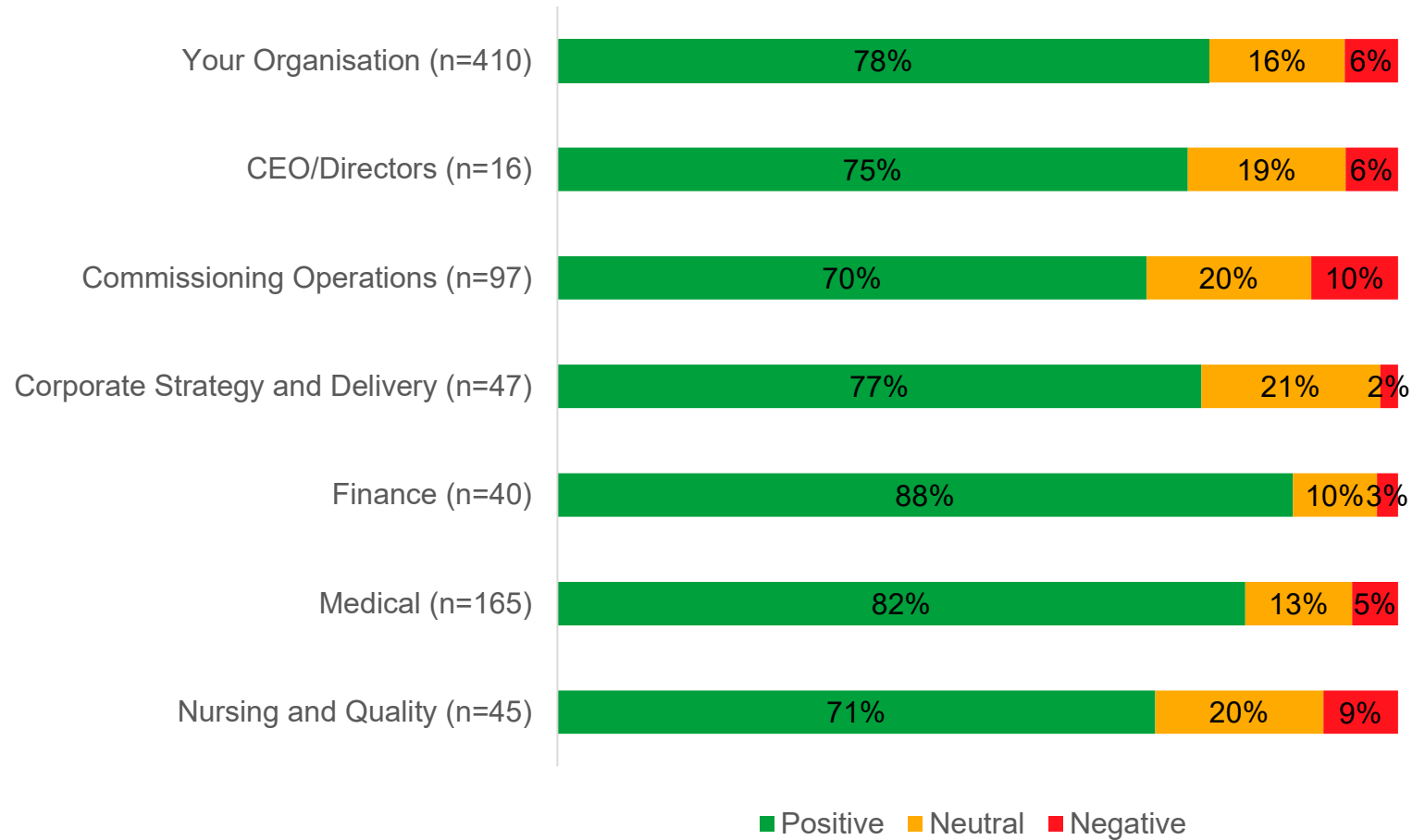
YOUR PERSONAL DEVELOPMENT

q20e Able to access the right learning and development opportunities when I need to



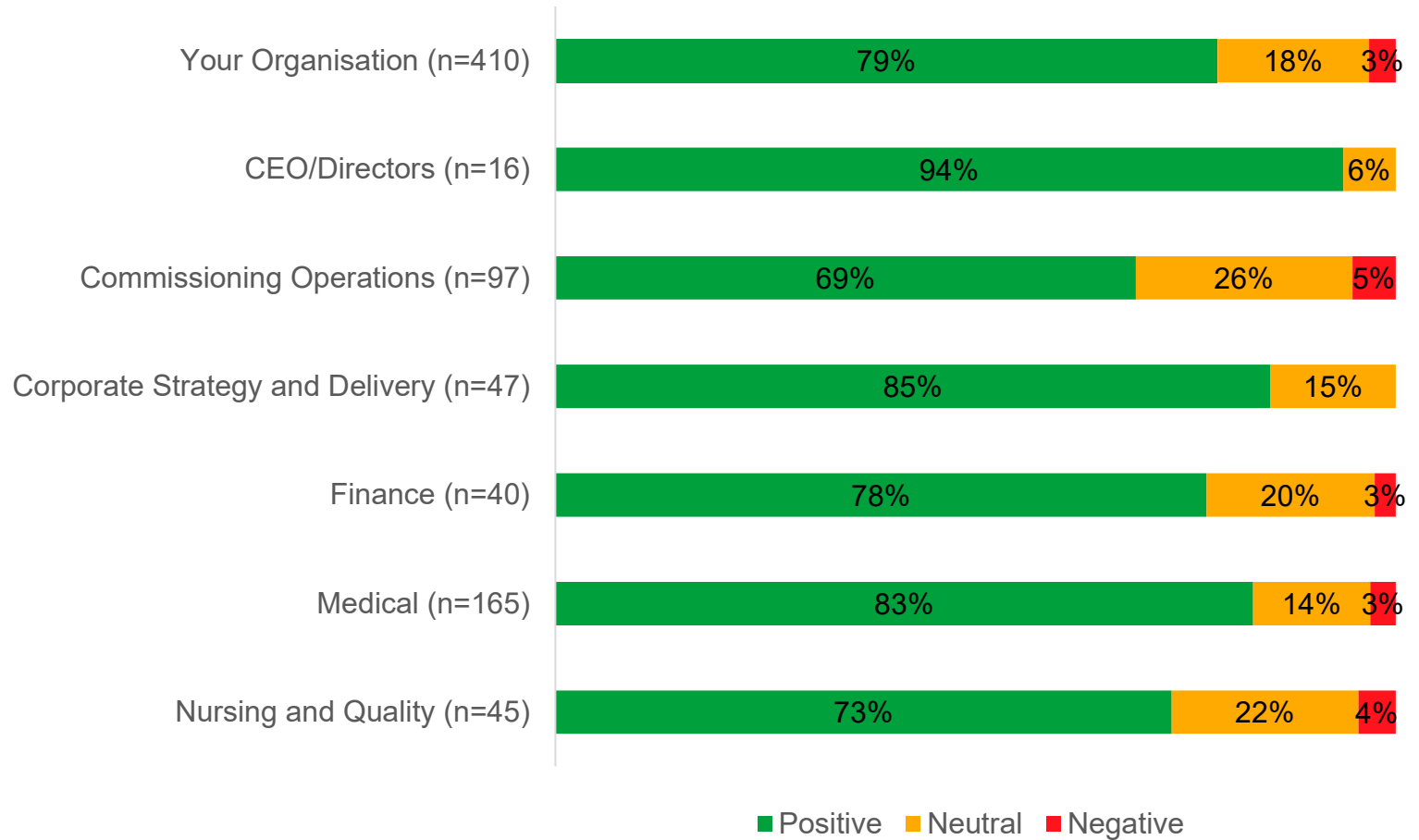
YOUR ORGANISATION

q21a Care of patients/service users is organisation's top priority



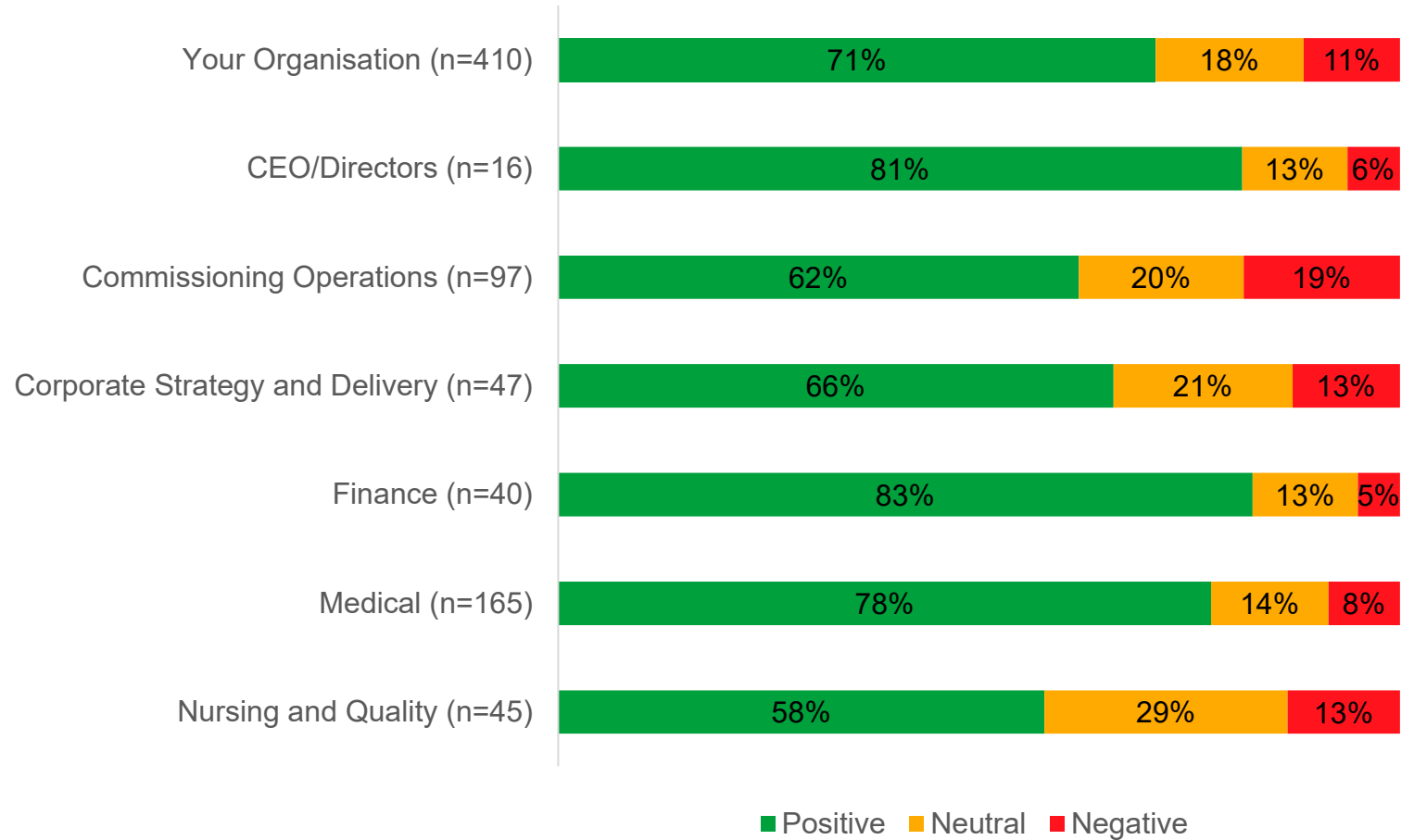
YOUR ORGANISATION

q21b Organisation acts on concerns raised by patients/service users



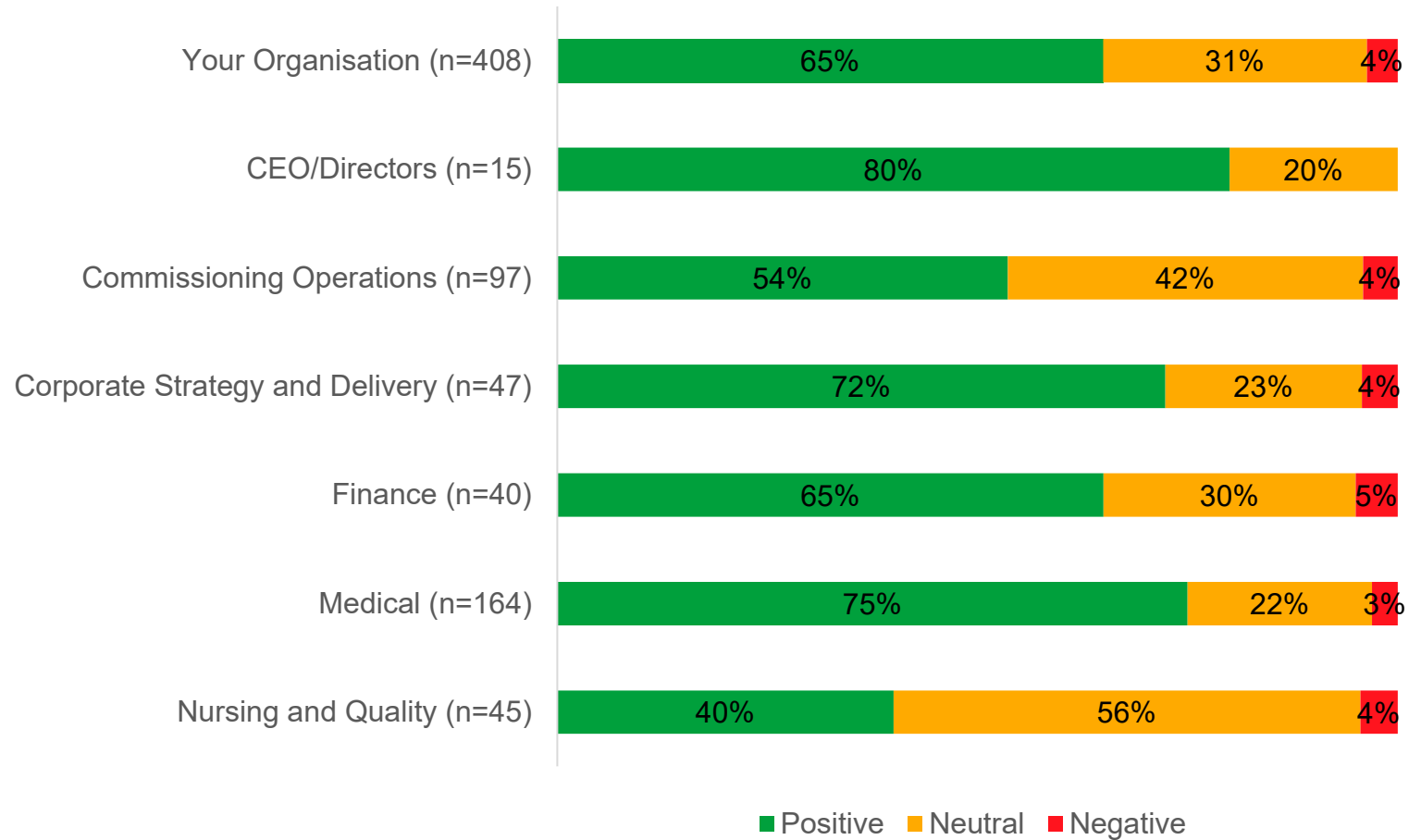
YOUR ORGANISATION

q21c Would recommend organisation as place to work



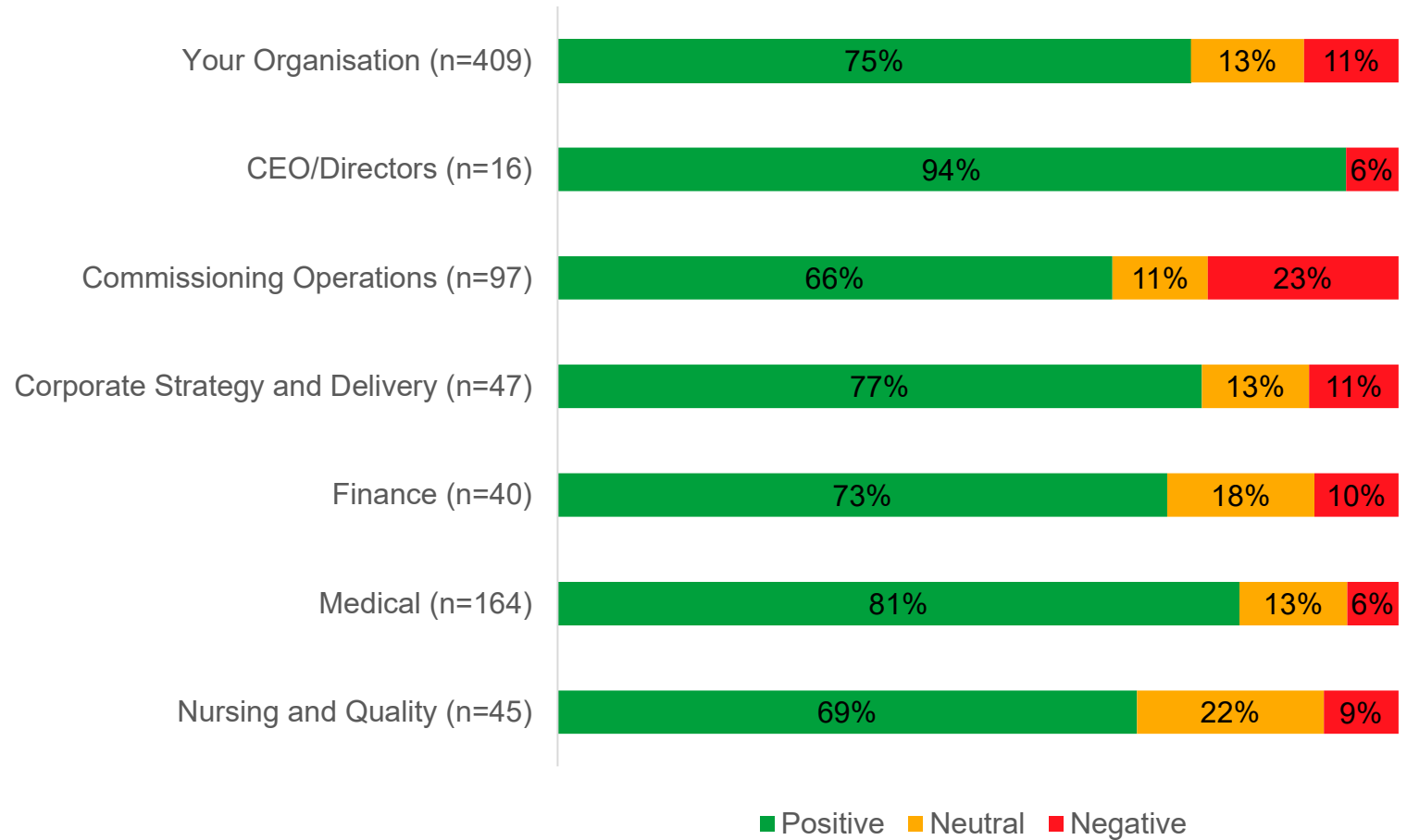
YOUR ORGANISATION

q21d If friend/relative needed treatment would be happy with standard of care provided by organisation



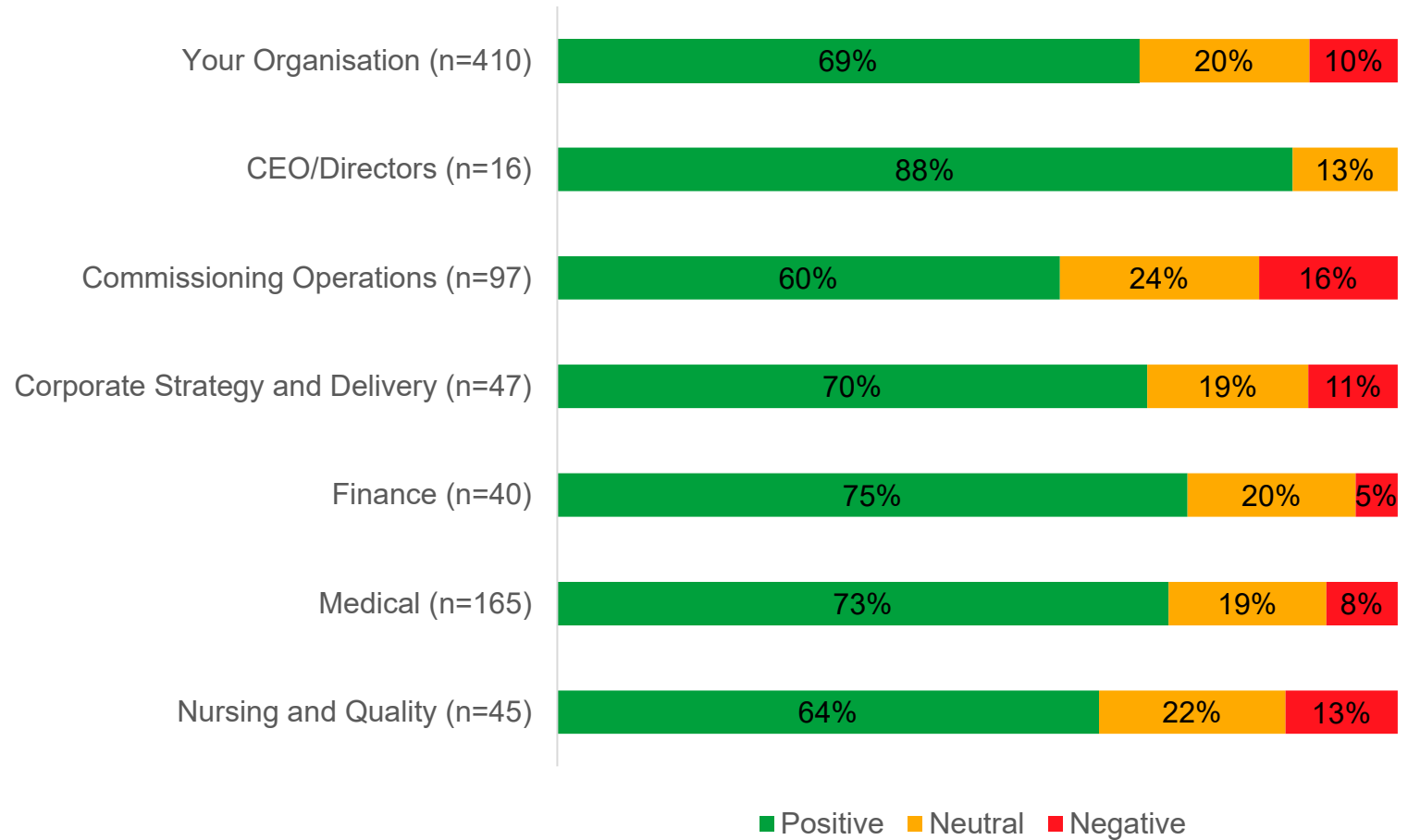
YOUR ORGANISATION

q21e Feel safe to speak up about anything that concerns me in this organisation



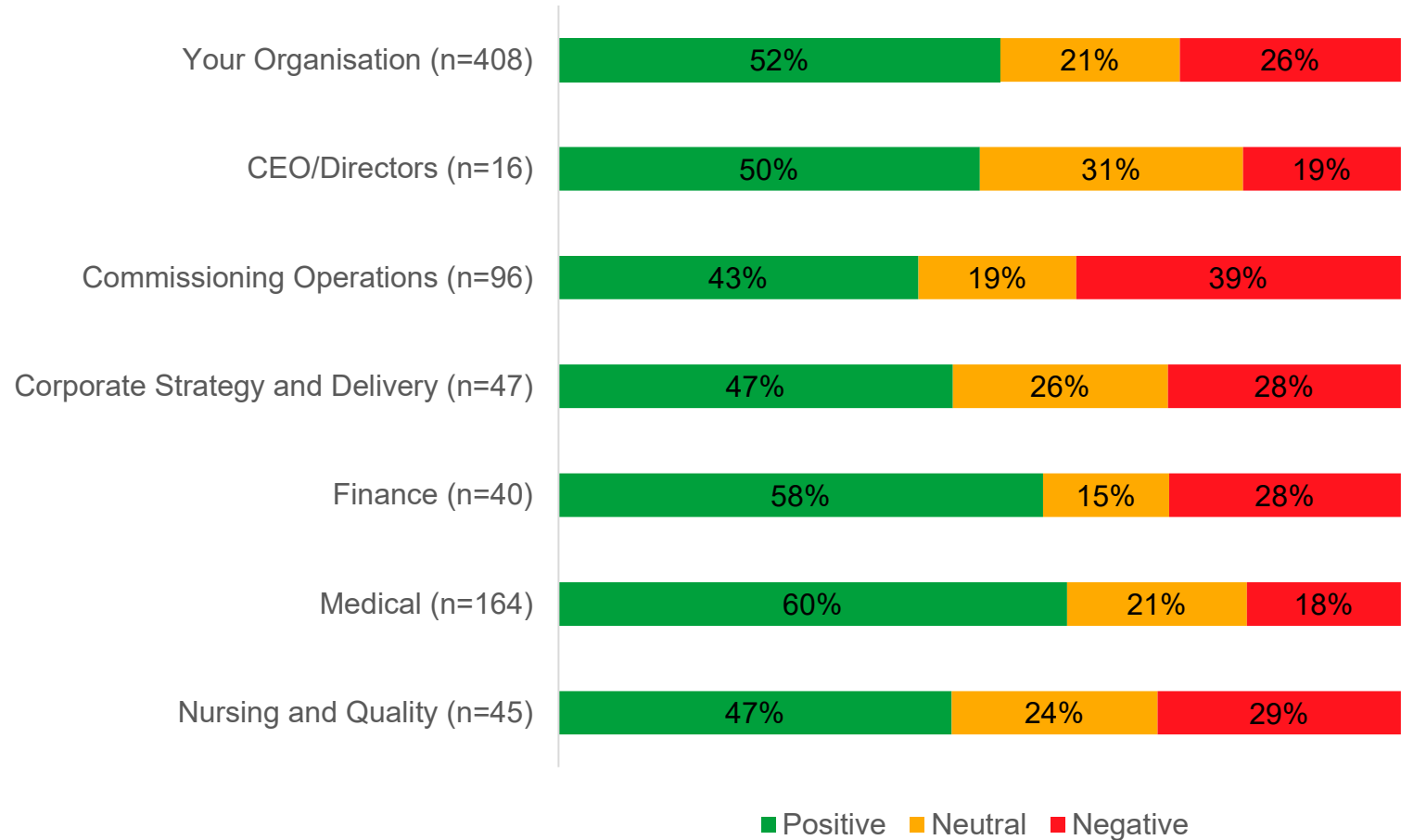
YOUR ORGANISATION

q21f Feel organisation would address any concerns I raised



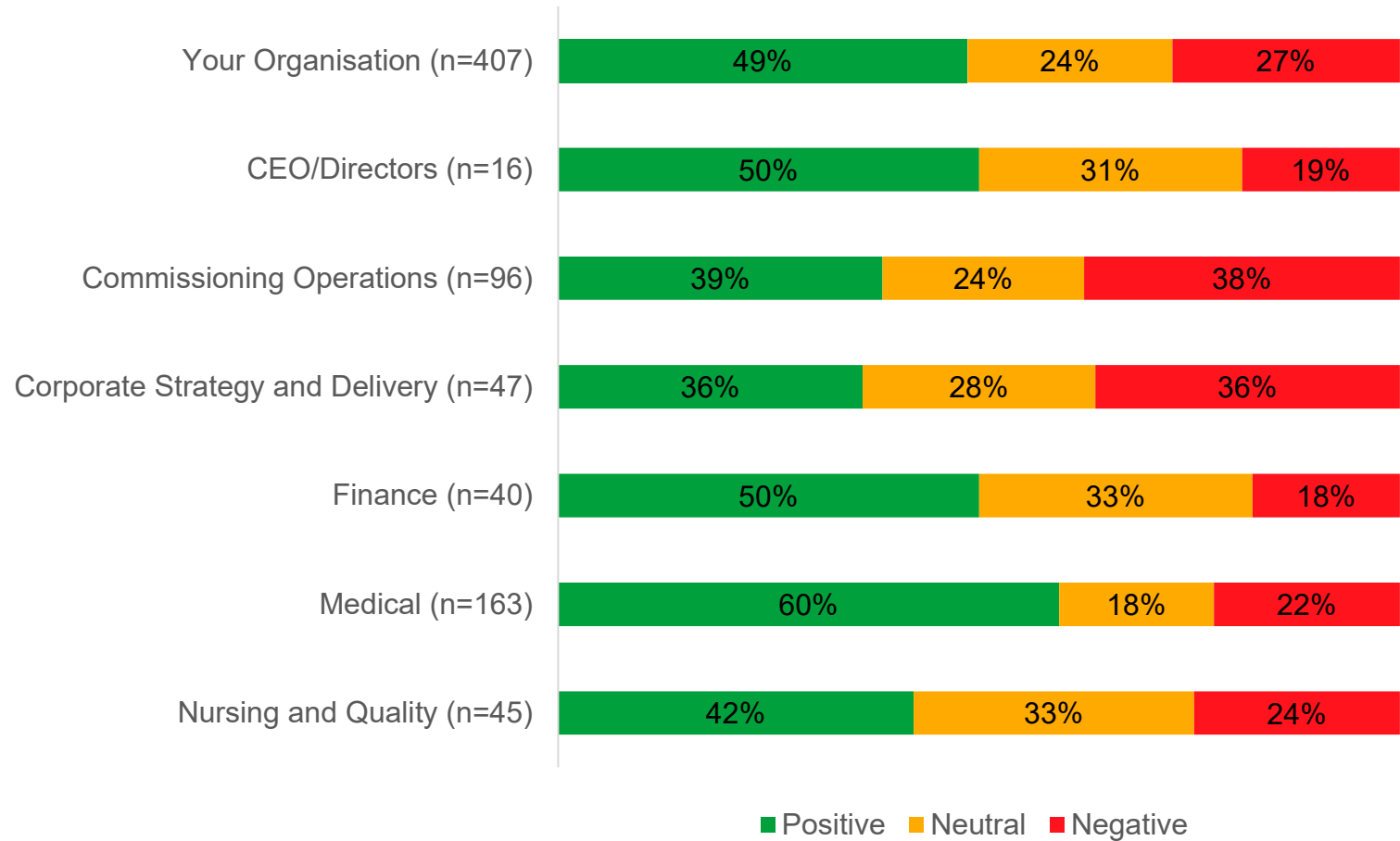
YOUR ORGANISATION

q22a I don't often think about leaving this organisation



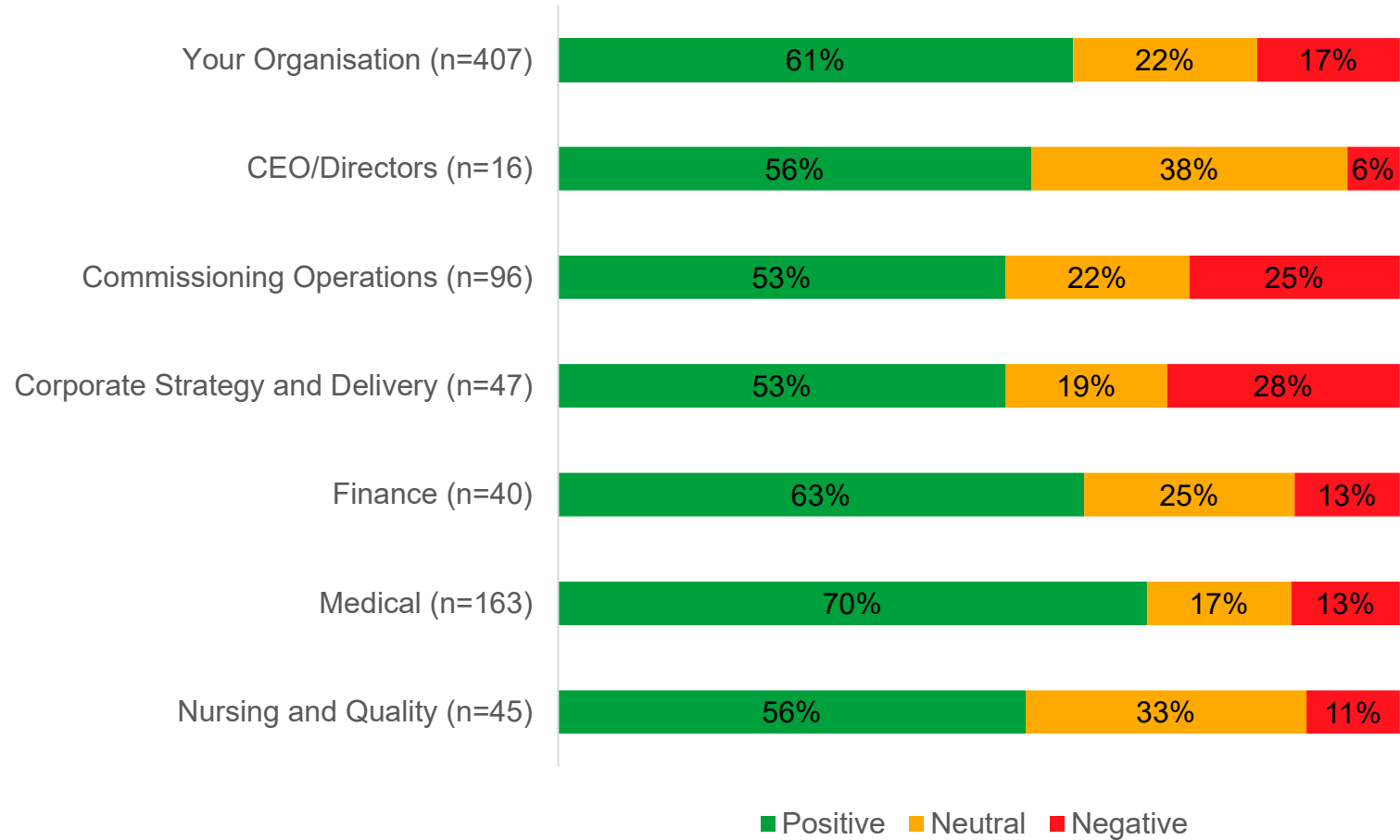
YOUR ORGANISATION

q22b I am unlikely to look for a job at a new organisation in the next 12 months



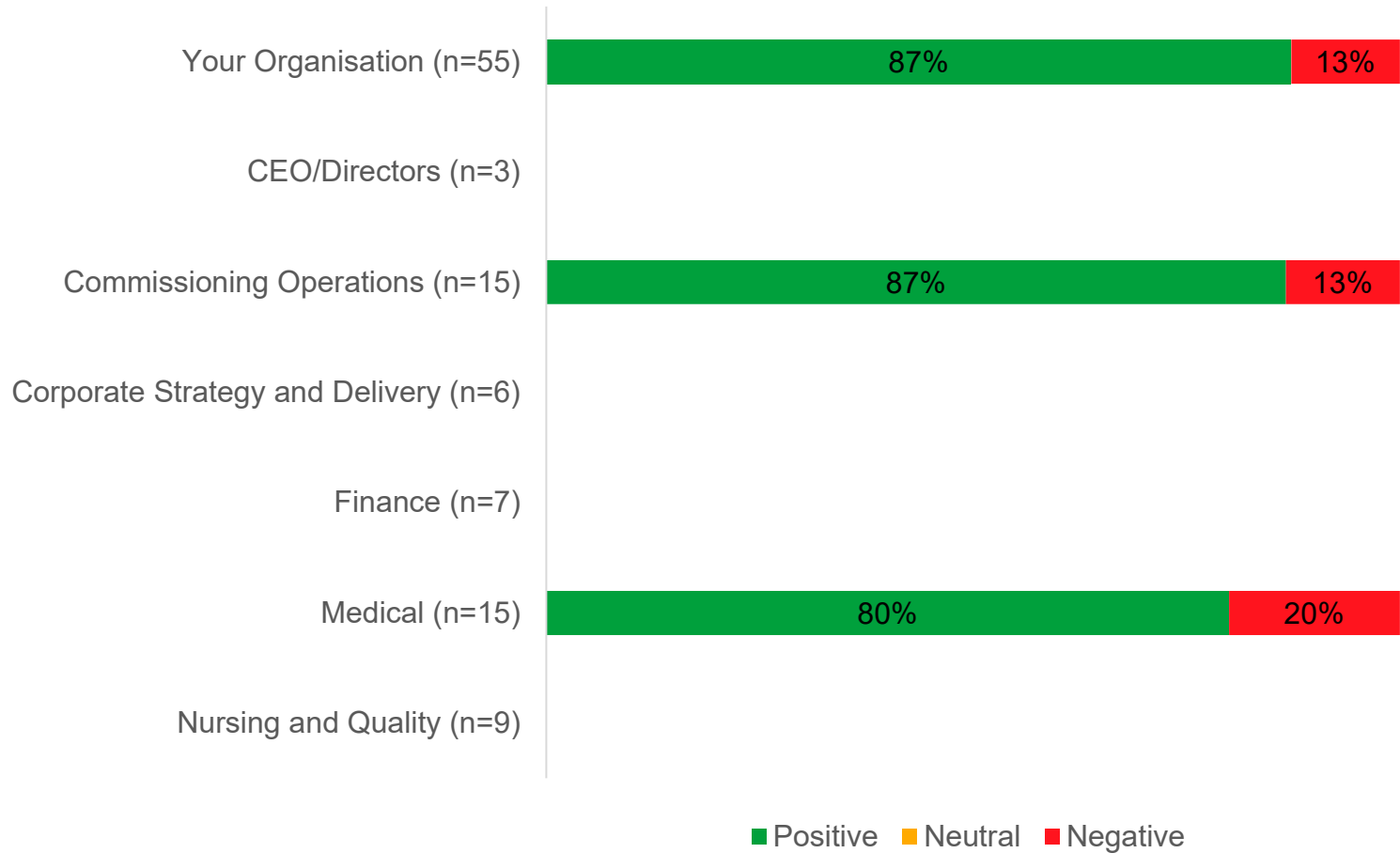
YOUR ORGANISATION

q22c I am not planning on leaving this organisation



BACKGROUND INFORMATION

q28b Disability: organisation made adequate adjustment(s) to enable me to carry out work



Dartboard charts

Section 7: Score overview, historical comparison and organisation type comparison



Dartboard charts: overall scores (part 1 of 2)

Dartboard charts work by showing you the difference between your score and a comparison score – this could be the Picker Average for each question, or your scores from a previous survey.

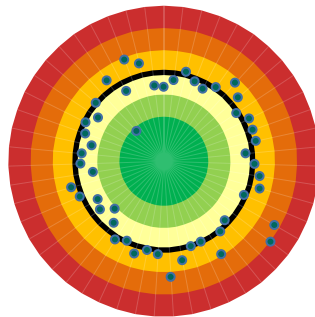
Each dot on the chart represents a question. The closer a dot is to the centre (the “bullseye”) of the chart, the better you did on that question. There are two types of dartboard chart:

- Overall score dartboards
- Survey section dartboards

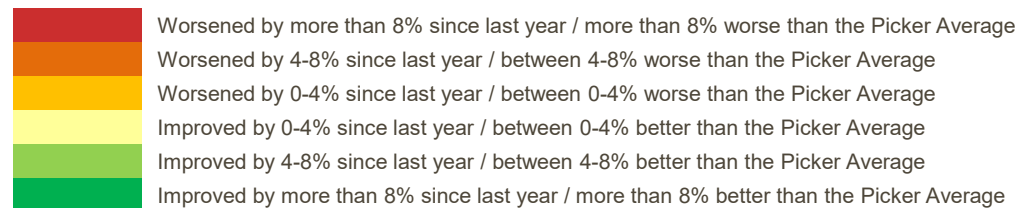
How to read the tables

The first type of dartboard is the “overall score dartboard”. It shows all your scores at once, so you can see the *distribution of change* in your results – i.e. whether your scores generally got better, stayed mostly the same, or got worse. The black line represents “no change”, while the coloured rings are score bands.

Example chart:

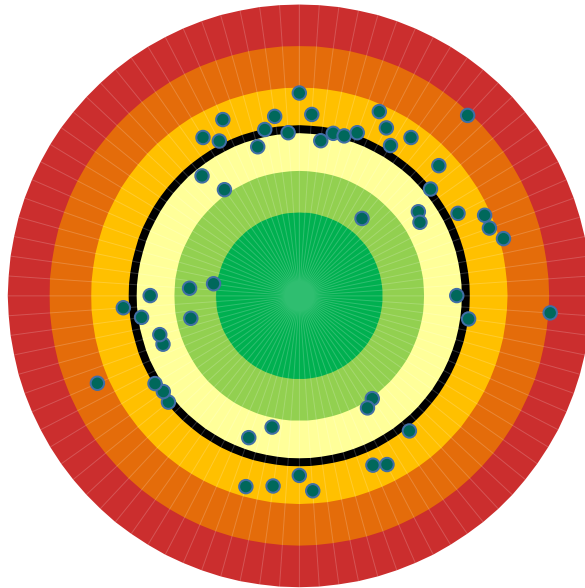


In this example, dots are generally clustered near the black line. This means that in general, scores only changed a little bit from the comparison score. The majority of the dots are in the cream-coloured band, which means on the whole scores got slightly better.

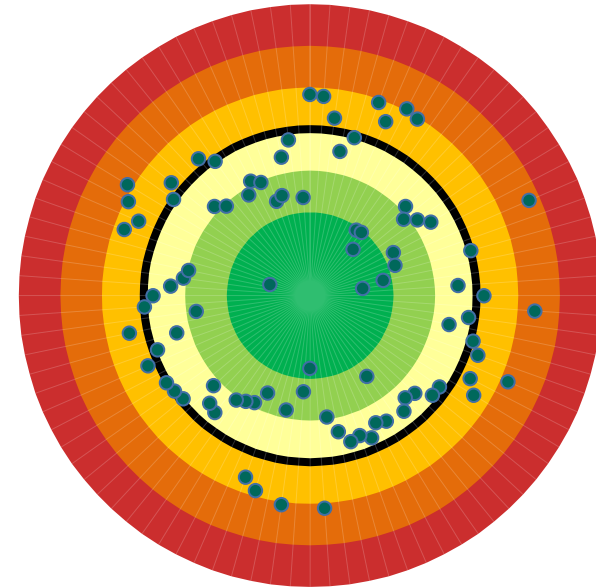


Overall development across all questions

Current scores vs. historical scores



Current scores vs. similar organisations



KEY



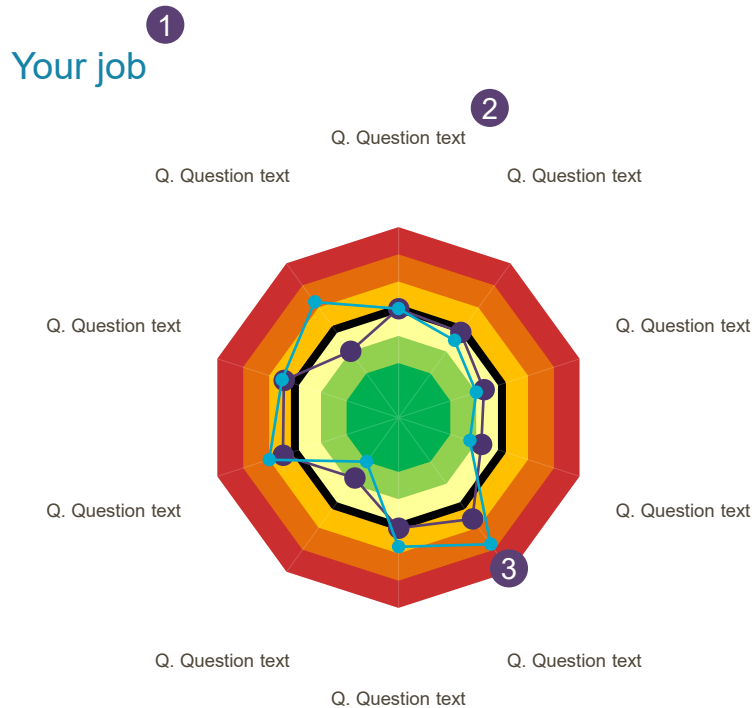
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Dartboard charts: survey sections (part 2 of 2)

How to read the tables

The second type of dartboard is the “survey section dartboard”. This chart shows how your scores changed for each section of the survey. The blue line shows the difference between your current score and the Picker Average, while the purple line shows how your scores have changed since the previous survey.

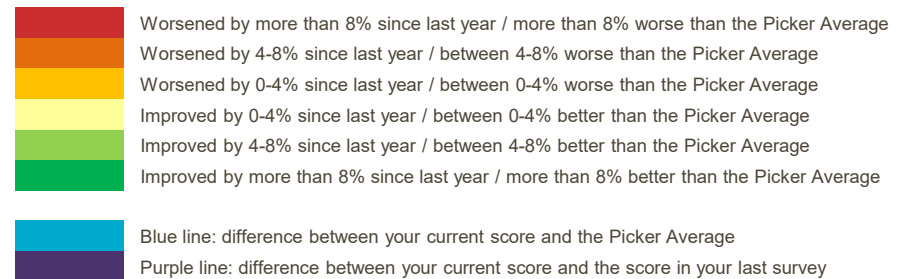


Example chart

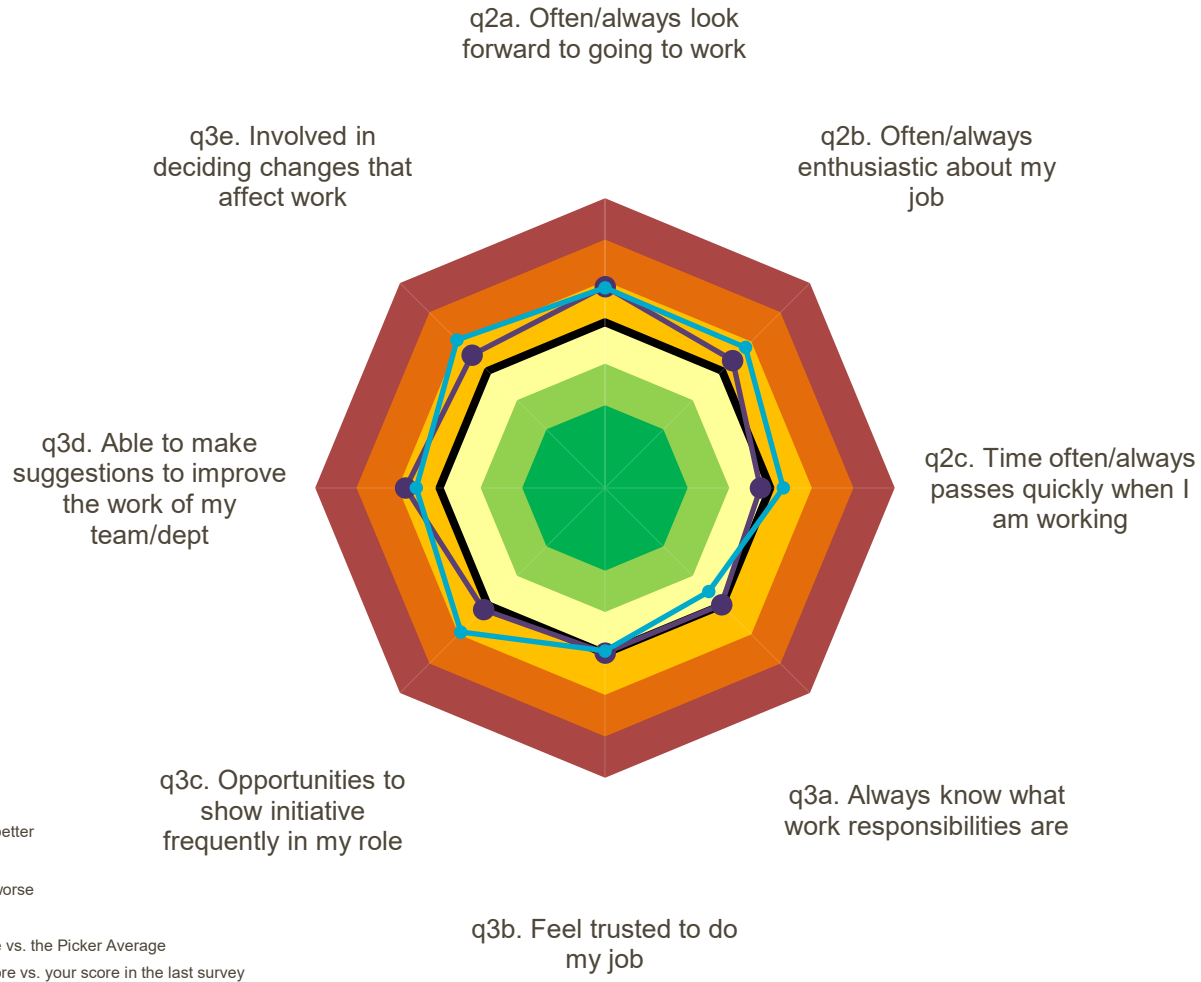
In this example, the blue line shows that several questions were worse than the Picker Average, while the purple line shows that a number of questions improved from the last survey.

Key

1. Section of the questionnaire
2. Question number and positive score text
3. Difference between your score and the comparison score



YOUR JOB (part 1 of 3)



KEY



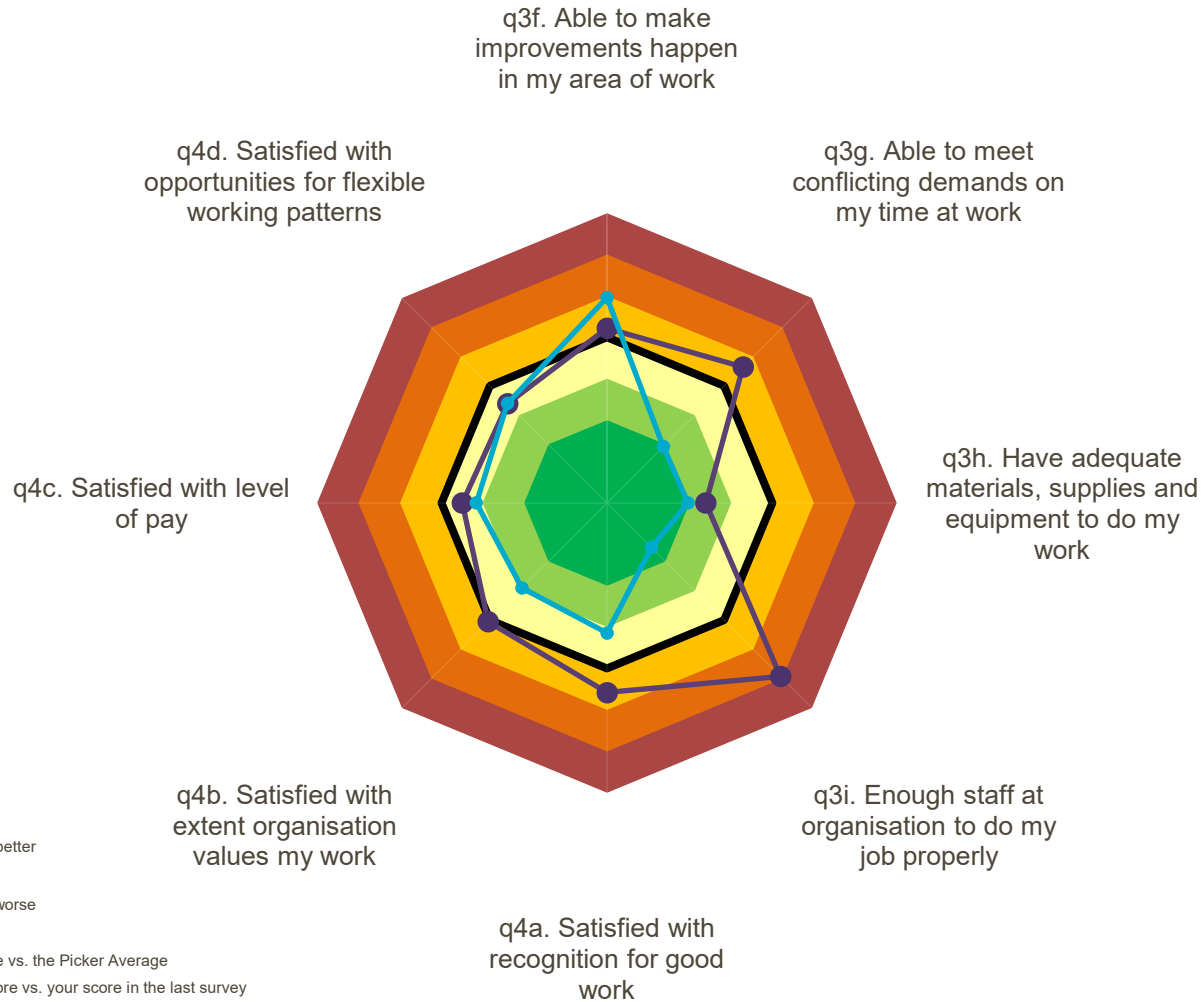
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR JOB (part 2 of 3)



KEY



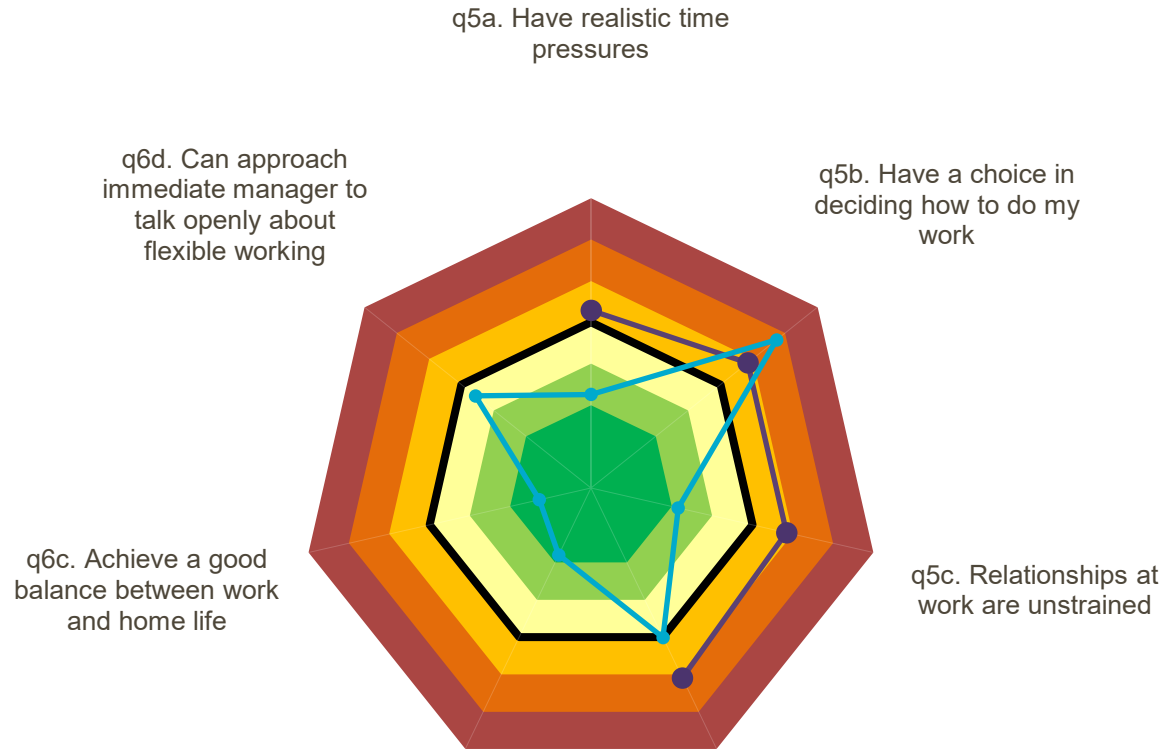
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR JOB (part 3 of 3)



KEY



This score is considerably better than the comparison score



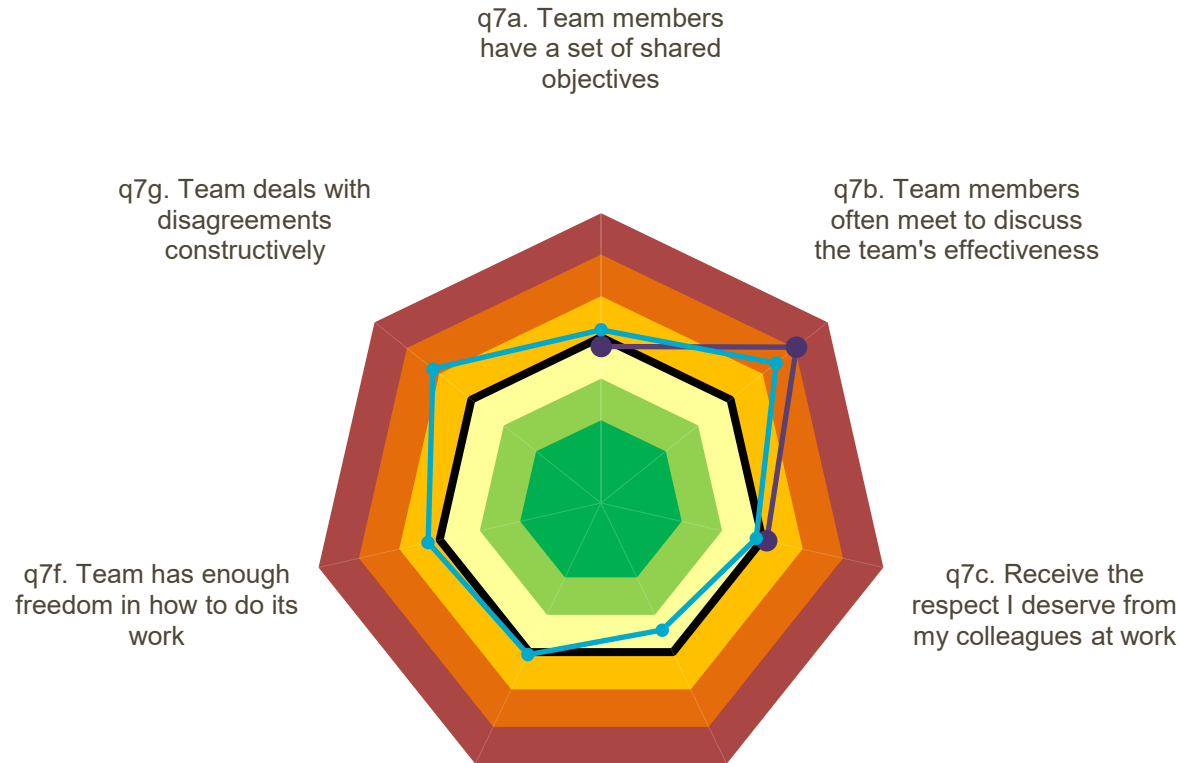
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 1 of 2)



KEY



This score is considerably better than the comparison score



This score is considerably worse than the comparison score

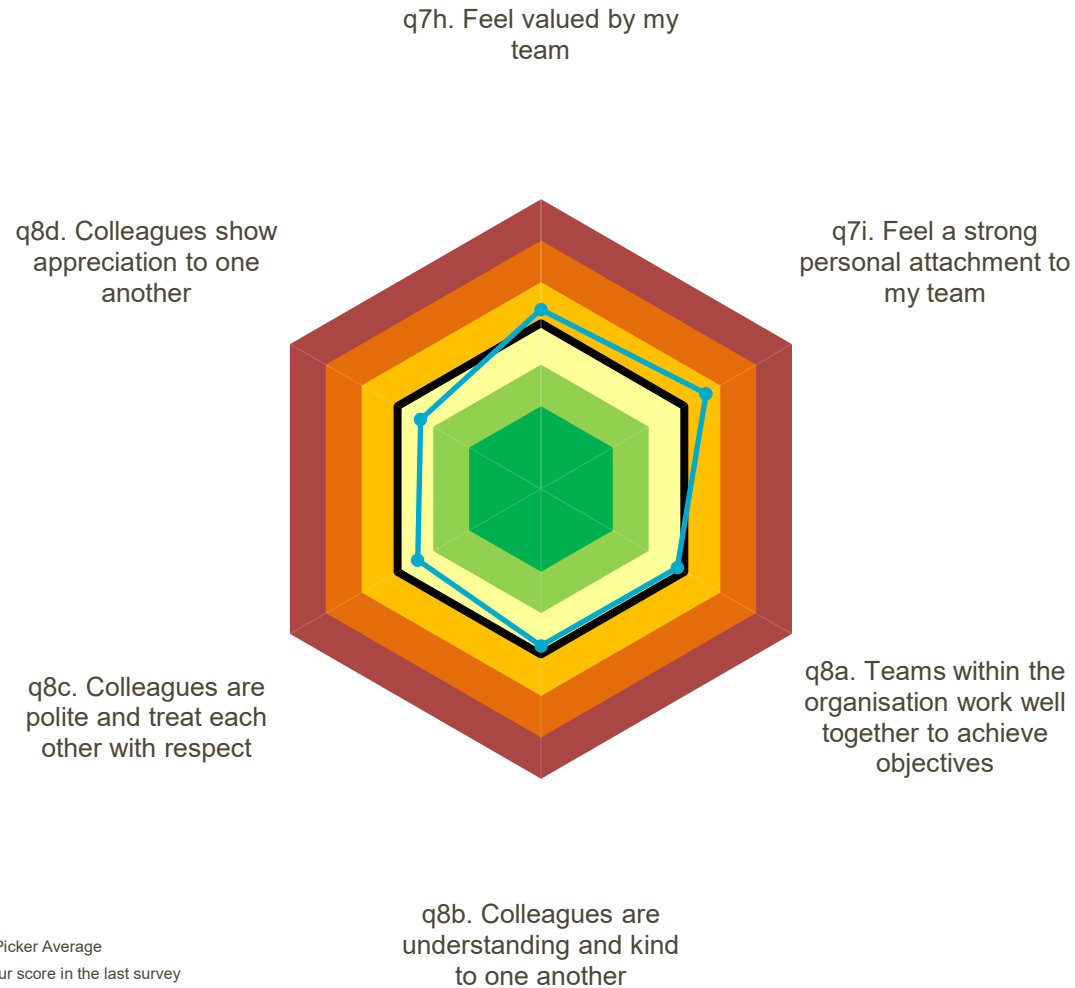


Blue line: your current score vs. the Picker Average



Purple line: your current score vs. your score in the last survey

YOUR TEAM & PEOPLE IN YOUR ORGANISATION (part 2 of 2)



KEY



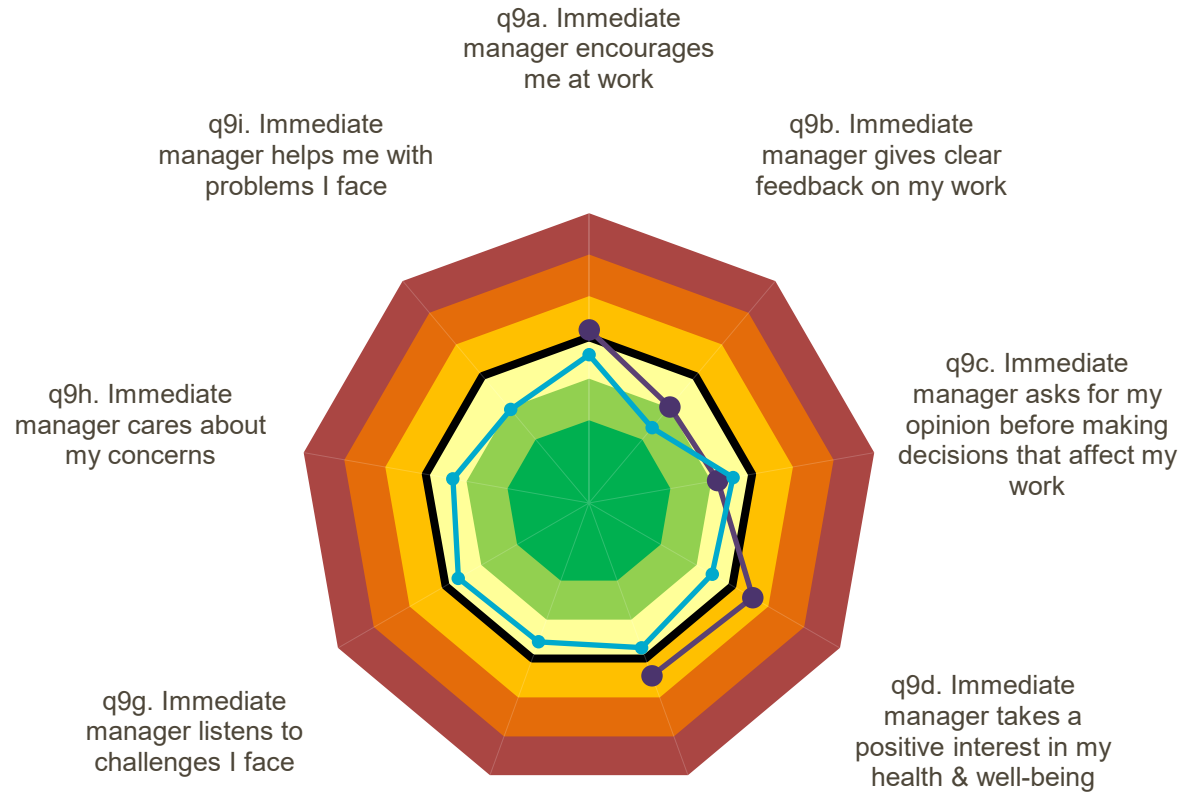
This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR MANAGERS



KEY



This score is considerably better than the comparison score



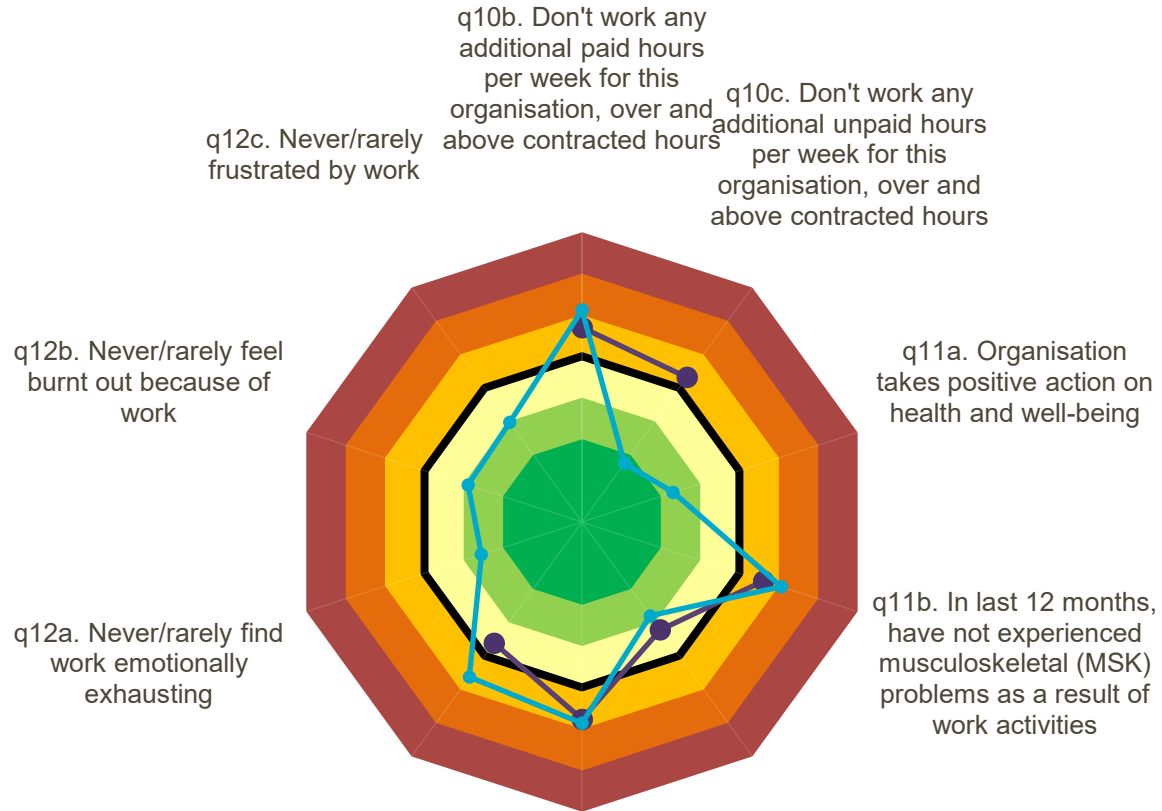
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 1 of 3)



KEY



This score is considerably better than the comparison score

This score is considerably worse than the comparison score

Blue line: your current score vs. the Picker Average

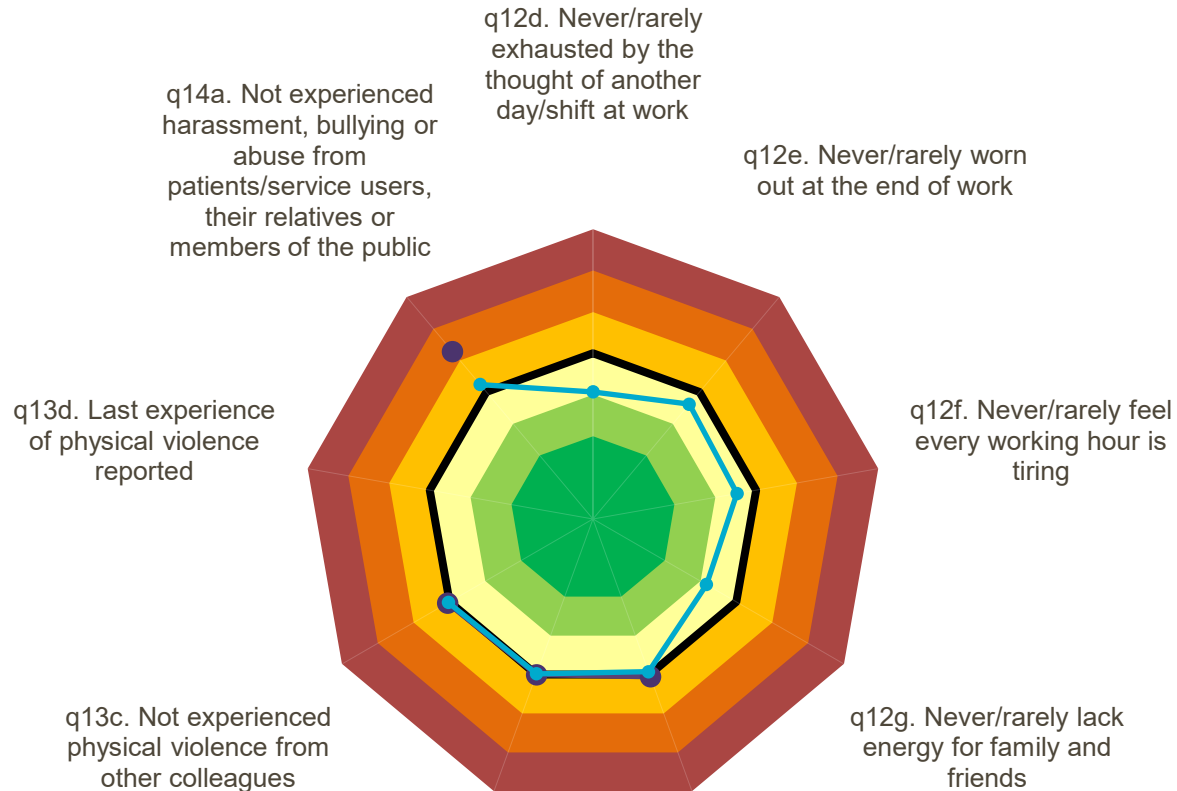
Purple line: your current score vs. your score in the last survey

q11e. Not felt pressure from manager to come to work when not feeling well enough

q11d. In last 3 months, have not come to work when not feeling well enough to perform duties

q11c. In last 12 months, have not felt unwell due to work related stress

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 2 of 3)



KEY



This score is considerably better than the comparison score



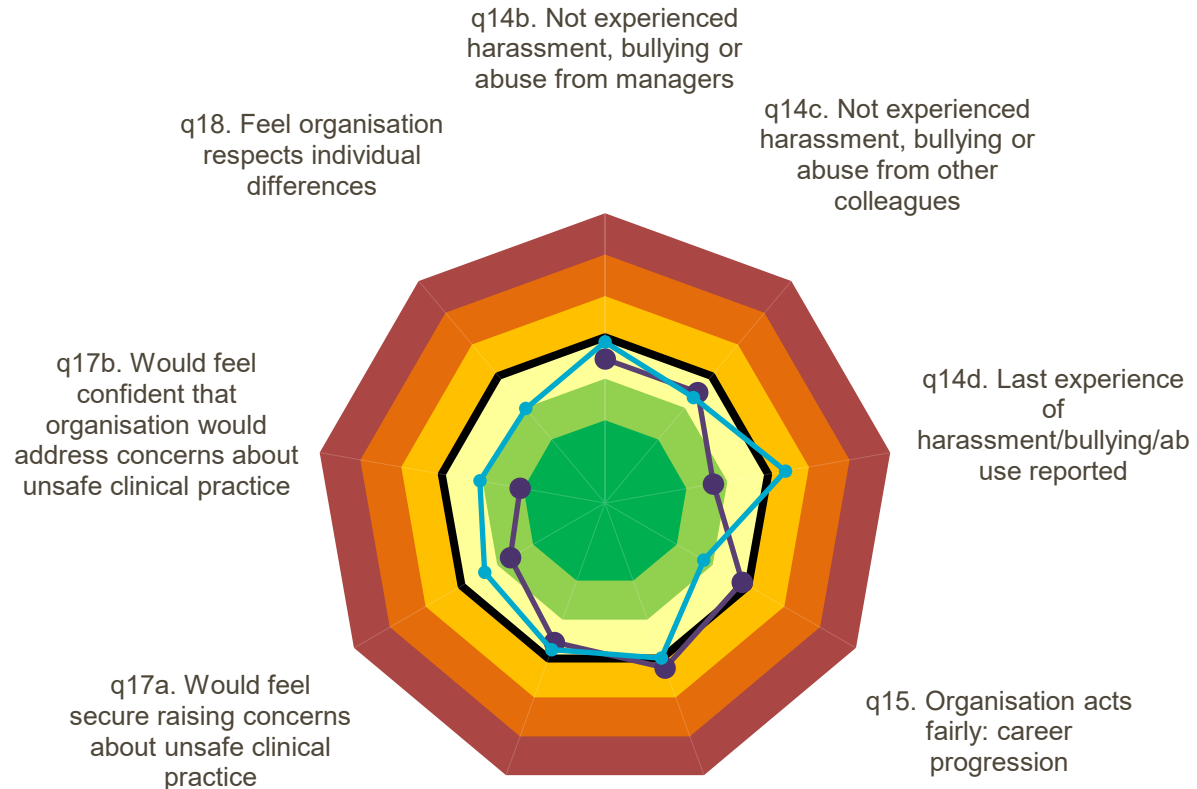
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK (part 3 of 3)



KEY



This score is considerably better than the comparison score



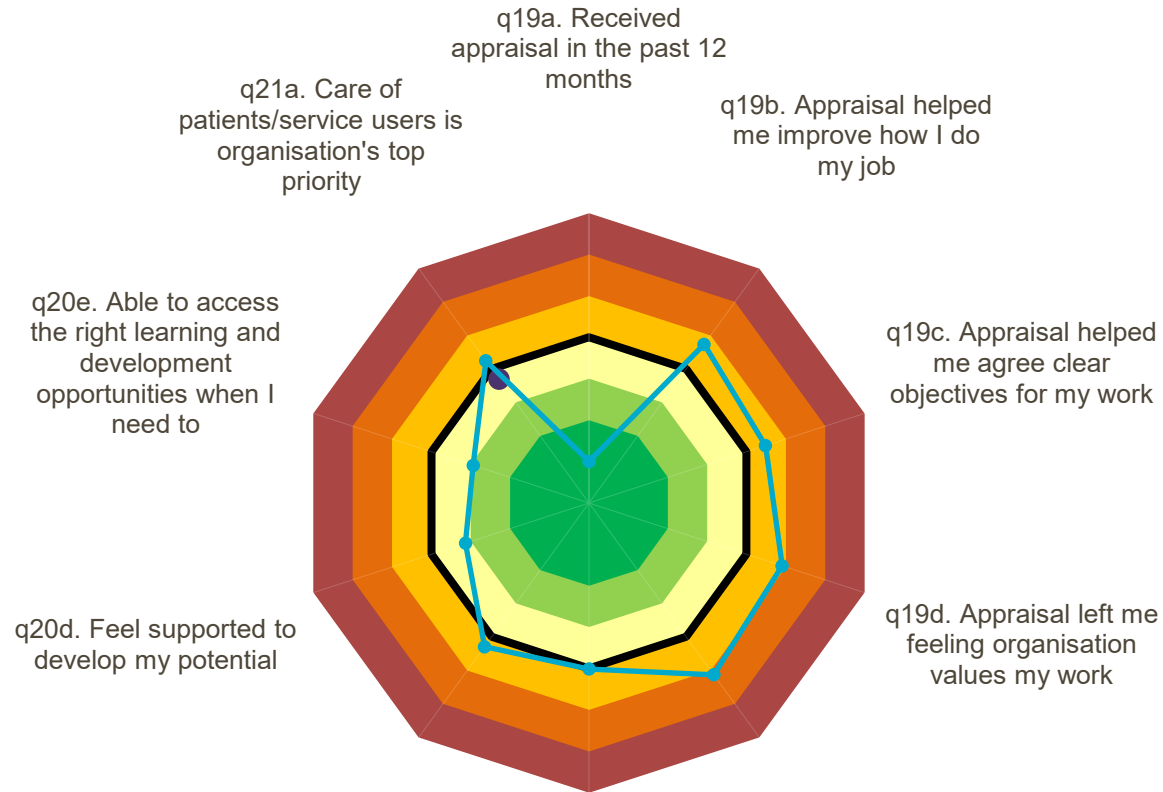
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR ORGANISATION & BACKGROUND INFORMATION (part 1 of 2)



KEY



This score is considerably better than the comparison score



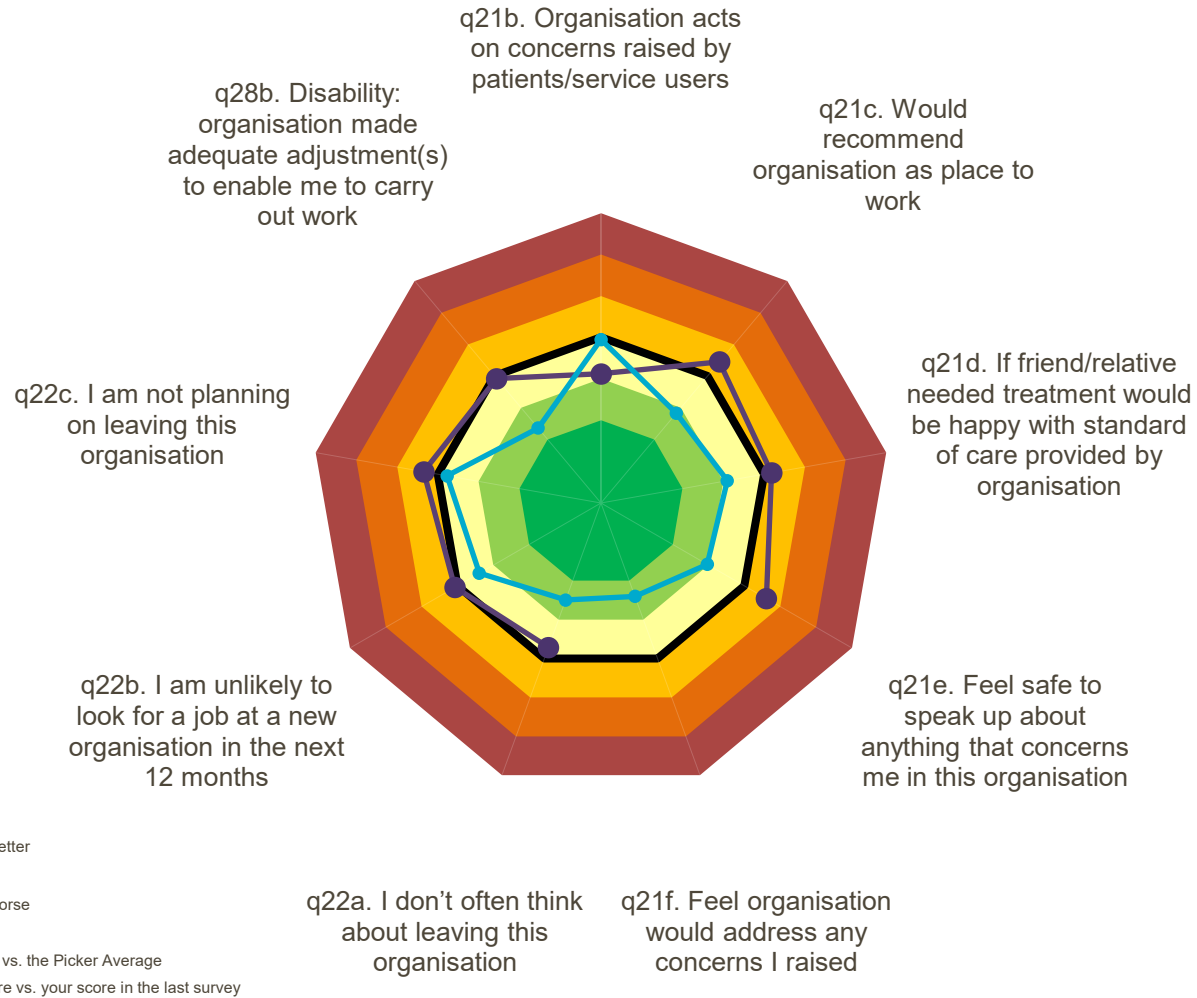
This score is considerably worse than the comparison score



Blue line: your current score vs. the Picker Average

Purple line: your current score vs. your score in the last survey

YOUR ORGANISATION & BACKGROUND INFORMATION (part 2 of 2)



Appendix 1

Results poster

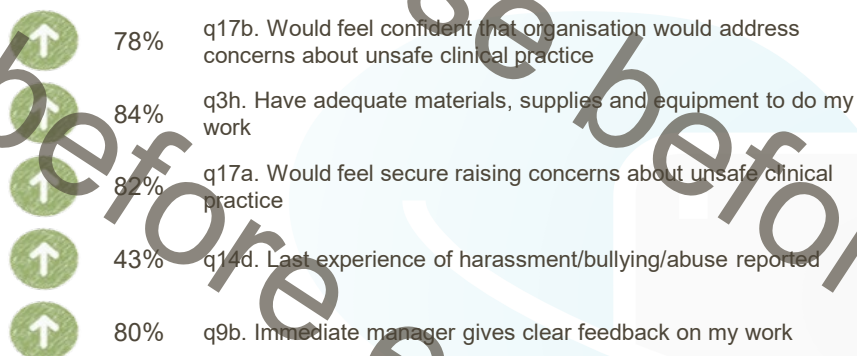


NHS Staff Survey 2021 Results

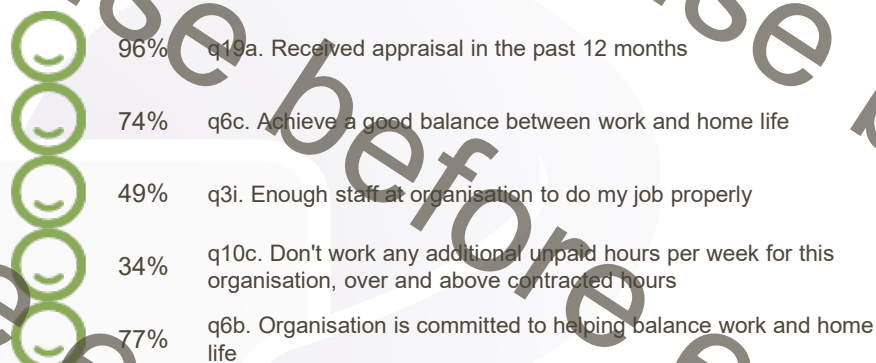
Thank you everyone who took part in the survey. Here are our top line results.

Place logo here

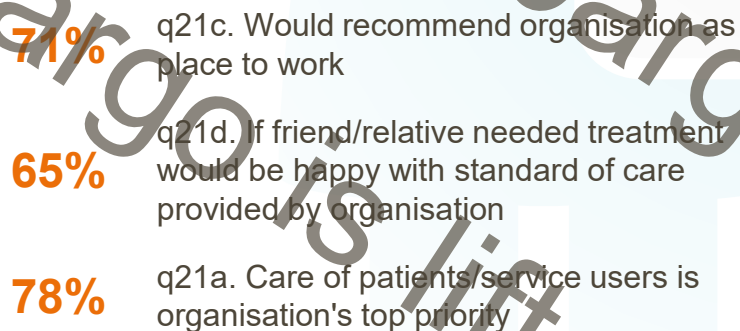
Most improved scores since 2020



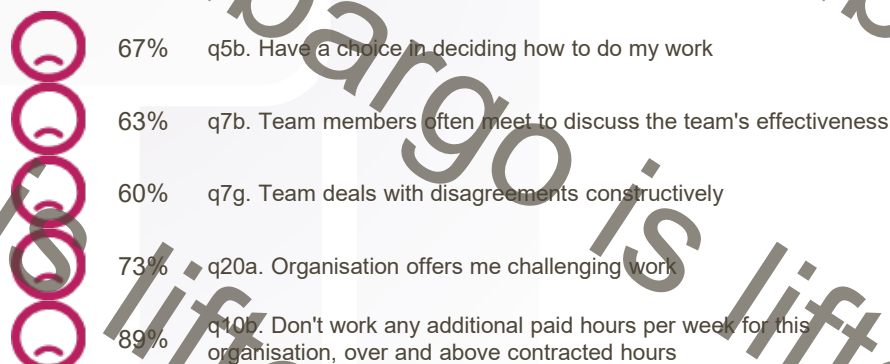
Top 5 scores vs the Picker Average



Our views



Bottom 5 scores vs the Picker Average



To find out more about the survey and our results please contact

Appendix 2

How your scores are calculated



How your scores are calculated (part 1 of 3)

Positive scoring

We use the concept of 'positive scores' as a summary measure, to help monitor your results over time and to show how your organisation compares to the average score for all 'Picker' organisations. The positive score shows the percentage of respondents who gave a favourable response to applicable questions. Not all questions will have a positive score; exceptions include background details such as gender, ethnic group, or age. There are five main types of positive scoring questions within the survey:

- Yes/No – Only the Yes response is counted as a positive (in positively phrased questions)
- 5 point scale – Positive scores report the percentage of people who were happy/satisfied with their experience (e.g. Strongly Agree + Agree / Very Satisfied + Satisfied)
- 3 point scale – Positive scores report the percentage of people who had some level of satisfaction with their experience (e.g. Yes, definitely)
- Never – Where questions are in regards to physical violence, abuse or bullying, only the never option is counted as a positive score
- Reporting incidents – Where physical/verbal abuse or harassment is reported, all answer options for reporting the incident are added together to counts as a positive score

Example positive score table:

	Your organisation	All similar organisations
Base (all respondents)	200	1000
	100.0%	100.0%
Strongly disagree	20	113
	10.0%	11.3%
Disagree	35	226
	17.5%	22.65%
Neither agree nor disagree	45	212
	22.5%	21.2%
*Agree	35	346
	17.5%	34.6%
*Strongly agree	65	103
	32.5%	10.3%

* We combine the positive responses to create a positive score for this question: 50%.

How your scores are calculated (part 2 of 3)

Suppression (low respondent numbers)

The questionnaires used include filtered questions, whereby only relevant questions are asked of respondents. So, for example, respondents reporting that their discharge was not delayed would not be asked subsequent questions about their delayed discharge.

Due to this filtering that the number of respondents in the subsequent questions sometimes drop below the required minimum for analysis. For respondent confidentiality these results are not shown in the report but replaced with the * symbol. This threshold is 11 respondents for the NHS Staff Survey 2021.

Routed questions

Routed questions are designed to make sure that respondents respond only to questions which are relevant to their experience. For example “q19a In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?” routes staff who did have an appraisal to Q19b to answer further questions about it, and those who did not have an appraisal to q20.

How your scores are calculated (part 3 of 3)

Rounding (percentages)

Throughout the report (with the exception of the Frequency Tables) partial percentages have been rounded to the nearest whole number.

- e.g. 12.8% is rounded up to 13%, while 5.3% would be rounded down to 5%.

Significance testing

We identify questions where there are significant differences between your organisation and the 'Picker Average', or between your organisation this year and the previous survey.

By 'significant' difference, we mean that the finding is statistically reliable and we can be confident that the result reflects a real difference.

The calculation used to test the statistical significance of scores is the Agresti-Coull modification of the "z-test" (shown below). The Z-test calculates the differences between two proportions. Any result where the value of Z is greater than 1.96 is marked as "statistically significant".

The form of the test for two proportions $\frac{n_1}{N_1}$ and $\frac{n_2}{N_2}$ is:

$$Z = \frac{(\tilde{p}_1 - \tilde{p}_2)}{\sqrt{\frac{\tilde{p}_1(1 - \tilde{p}_1)}{N_1 + 2} + \frac{\tilde{p}_2(1 - \tilde{p}_2)}{N_2 + 2}}}$$

where $\tilde{p}_1 = \frac{n_1+1}{N_1+2}$ and $\tilde{p}_2 = \frac{n_2+1}{N_2+2}$

n_1 = number with positive score, sample 1
 n_2 = number with positive score, sample 2
 N_1 = base size, sample 1
 N_2 = base size, sample 2

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Governing Body Meeting in Public

5th May 2022

		Item No: 029
Report Title	Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022	
Author(s)	Alison Cargill, Assistant Director of Quality	
Sponsor (Director)	Brigid Stacey, Chief Nurse Officer	

Paper for:	Decision	Assurance	Discussion	x	Information
Assurance Report Signed off by Chair			N/A		
Which committee has the subject matter been through?			Quality and Performance Committee 28 th April 2022		
Recommendations					
The Governing Body is requested to NOTE the Derbyshire Maternity Transformation Programme Summary of the Ockenden 'One Year On' submission and the Final Ockenden Report, April 2022.					
Report Summary					
<p>This paper will summarise the 'One Year On' submission for the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust Ockenden (December 2020) and The Ockenden Report Final Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Trust (March 2022).</p> <p>The compliance with the 'One Year On', 7 Immediate and Essential Actions and the Workforce action from the interim report was submitted by UHDB and CRH on the 14th April 2022 and the position is summarised.</p>					

Immediate and Essential Action	UHDB	CRH
1 - Enhanced Safety	100%	84%
2 - Listening to Women and Families	100%	100%
3 - Staff Training and Working Together	100%	97%
4 - Managing Complex Pregnancy	100%	54%
5 - Risk assessment Throughout Pregnancy	90%	93%
6 - Monitoring Fetal Wellbeing	94%	83%
7 - Informed Consent	93%	89%
Workforce	100%	75%

The Kirkup compliance is complete for UHDB however CRH have actions to meet the Kirkup recommendations including support and training for locums; relevant training for staff involved in incident investigation and responding to MBRRACE reports with appropriate actions developed.

The Final Report includes a further 15 Immediate and Essential Actions. The report includes the expectations of the providers and the LMNS to address any immediate local concerns and the recommendations made by NHSE/I in the interim while national guidance is awaited. NHSE/I released a letter advising all Trusts to offer specific listening events for staff; review the provision of Midwifery Continuity of Carer pathways in relation to overall safety of the service and support service users to make informed and personalised decisions on their care.

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 identified

Governing Body Assurance Framework

This paper supports all objectives, in particular quality assurance.

Identification of Key Risks

GBAF risks 1, 2 and 6

The Derbyshire Maternity Transformation Programme Summary of the Ockenden One Year On submission and the Final Ockenden Report

April 2022

1.0 Introduction

Donna Ockenden produced a report into Maternity services at Shrewsbury and Telford Hospital NHS Trust based on an investigation from 2017-2021. This consisted of two reports including immediate and essential actions for all Trusts in England providing maternity services.

The Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published on 11 December 2020 provided NHS Trusts with seven Immediate and Essential actions (IEA's) to implement along with a workforce review to improve safety within maternity care. This built on the findings of The Report of the Morecambe Bay Investigation (Kirkup, 2015). This report provides details of the current position of University Hospitals NHS Trust (UHDB) and Chesterfield Royal Hospital NHS Trust (CRH).

Maternity Services have been asked to submit a position against the initial 7 IEAs to the Regional Perinatal Team by April 15th, 2022. In advance of this each Trust had to share their current position at the Provider Public Boards.

The Derbyshire Local Maternity and Neonatal System held sub-committees of the Maternity Transformation Programme Board to sign each position off prior to submission to the regional team.

2.0 Background

The Ockenden review of maternity services at the Shrewsbury and Telford Hospital NHS Trust commenced in the summer of 2017. It was originally requested by the Rt Hon Jeremy Hunt MP when he was Secretary of State for Health and Social Care, and commissioned by NHS Improvement, to examine 23 cases of concern collated by bereaved parents at the Trust. During the investigation it became apparent that the number of cases was much greater, and the level of concern was still present with recent incidents being reported. This led to an independent and multi-professional review of 1,592 clinical incidents involving mothers and babies with the earliest case from 1973 and the latest from 2020. The review team also interviewed staff working in the Trust, although some were reluctant to take part for fear of reprisal.

The investigation identified that a failing to follow national clinical guidelines combined with delays in escalation and failure to work collaboratively across disciplines, resulted in the many

poor outcomes experienced by mothers or their babies and there was a lack of psychological safety in the workplace due to workforce culture which limited the ability of the service to make positive changes. There are recommendations that the workforce is well funded to address current and future requirements for midwives, obstetricians, anaesthetists, neonatal teams and associated staff working in and around maternity services with a focus on reducing attrition of midwives and doctors.

The final report, March 2022 has produced sixty local actions for implementation at The Shrewsbury and Telford Hospitals NHS Trust but also recognised that the same concerns were present in numerous Trusts. Fifteen new Immediate and Essential actions have been published to be considered by all Trusts in England providing maternity care.

3.0 Progress against Ockenden Interim report

Since December 2020, the Maternity Services have been working towards achieving compliance against the 15 Immediate and Essential Actions. Progress has been monitored monthly at Maternity Quality and Safety Forum, with reporting up to Maternity Programme Board. In addition, Providers had to submit evidence to a national portal to demonstrate progress against compliance. The latest submission to NHSEI on the 14th April was a position statement demonstrating compliance against the Ockenden and Kirkup recommendations.

Table 1 below shows the current position of UHDB and CRH against the IEAs

Immediate and Essential Action	UHDB	CRH
1 Enhanced Safety	100%	84%
2 Listening to Women and Families	100%	100%
3 Staff Training and Working Together	100%	97%
4 Managing Complex Pregnancy	100%	54%
5 Risk assessment throughout Pregnancy	90%	93%
6 Monitoring Fetal Wellbeing	94%	83%
7 Informed Consent	93%	89%
Workforce	100%	75%

3.1 UHDB Position

A subcommittee of the Maternity Transformation Programme Board was held on April 11th, 2022, to provide LMNS sign off of the Ockenden and Kirkup submission for UHDB. The submission had previously been shared with the UHDB Public Board on March 8th, 2022.

Ockenden

It was agreed by the regional team that any progress made since the latest Public Board could be reported for a more accurate status of compliance. There was an additional measure ratified on April 4th, 2022, to reach compliance of IEA 4. In summary, UHDB are reporting full compliance with 4 IEA's and Workforce and partial compliance with IEA 5, 6 and 7. A summary of compliance is in table two below.

Table 2: University Hospitals of Derby and Burton NHS Trust Ockenden Compliance

Immediate and Essential Action	Compliance	Actions
IEA 1 Enhanced Safety	100%	N/A
IEA 2 Listening to Women and Families	100%	N/A
IEA 3 Staff Training and Working Together	100%	N/A
IEA 4 Managing Complex Pregnancies	100%	An audit of 1% of notes for complex pregnancies was completed to determine whether specialist involvement had occurred. Compliance with this target was met and ratified by the audit forum
IEA 5 Risk Assessment Throughout Pregnancy	90%	The discussion and risk assessment on birth options and choices is embedded at RDH but work is ongoing at QHB to improve the assessment. A guideline for homebirths and the out with pathway to include freebirth support has been ratified internally.
IEA 6 Monitoring Fetal Wellbeing	94%	The lead midwife and obstetrician for foetal monitoring have now been identified and are beginning to take the lead in investigating cases of adverse outcome where foetal monitoring was a contributory factor.

IEA 7 Informed Consent	93%	An audit of 5% of notes for women who requested care which differed to that recommended by the Obstetrician or requested either LSCS or Induction of labour is in progress but not yet completed.
Workforce	100%	

Kirkup

Full compliance with the Kirkup recommendations was reported.

3.2 CRH Position

A subcommittee of the Maternity Transformation Programme Board was held on April 14th, 2022, for LMNS ratification and sign off of the Ockenden and Kirkup submission. The Trust position had been ratified at a CRH Public Board held on April 13th, 2022.

Ockenden

In summary CRH have reported full compliance with IEA2 and partial compliance with IEA1, 2, 3, 4, 5, 6, 7, and Workforce. A summary of compliance is in table three below.

Table 3 Chesterfield Royal Hospital NHS Trust Ockenden Compliance

Immediate and Essential Action	Compliance	Actions
IEA 1 Enhanced Safety	84%	Compliance with referral for external specialist opinion in cases of intrapartum foetal death, maternal death, neonatal death or neonatal brain injury could not be provided for 100% cases. It was agreed by the LMNS that CRH met the action to receive sign off by the ICS for perinatal surveillance through the LMNS Quality and Safety Forum.

IEA 2 Listening to Women and their Families	100%	
IEA 3 Staff Training and Working Together	97%	Evidence of multidisciplinary training needs analysis and meeting the target of 90% attendance could not be provided. The recruitment of a practice educator will assist in achieving compliance.
IEA 4 Managing Complex Pregnancy	54%	Evidence of links with the named maternal medicine centre could not be provided and pathways have not been developed through a lead obstetrician or by provision of minutes of meetings. CRH currently use Sheffield as a tertiary centre, but the East Midlands Centre will be Leicester. An audit of 1% of complex pregnancy cases had not been completed.
IEA 5 Risk Assessment Throughout Pregnancy	93%	There was evidence of a risk assessment and discussion of choice of place of birth but an audit of 5% notes did not demonstrate ongoing assessment throughout the pregnancy
IEA 6 Monitoring Fetal Wellbeing	83%	The lead Midwife and Obstetrician for foetal monitoring have not been in post and rotas were not available. Compliance with Saving Babies Lives version 2 has not been achieved and CRH are working with the LMNS and region to achieve this.

		Multidisciplinary training including foetal monitoring had not been achieved for 90% staff
IEA 7 Informed Consent	89%	An audit of 1% of notes demonstrating involvement of women in decision making was not available and the audit of 5% of notes demonstrating compliance with women's choice had not been completed
Workforce	75%	A Director of Midwifery has been appointed however a gap analysis on how CRH meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care, had not been completed. Where NICE guidance has not been implemented a risk assessment hadn't been done.

Kirkup

Compliance was reported as partial with gaps in relation to R2, 11, 12 and 39. Table four below summarises the partial compliance.

Recommendation	Action
<p>R2 Review the skills, knowledge, competencies and professional duties of care of all obstetric, paediatric, midwifery and neonatal nursing staff, and other staff caring for critically ill patients in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies</p>	<p>Review the current induction programme for locum doctors</p> <p>Review the current provision of education and training for locum doctors with the aim of introducing streamlined bespoke training for this</p>
<p>R11 Identify and implement a programme to raise awareness of incident reporting, including requirements, benefits and processes. The Trust should also review its policy of openness and honesty in line with the duty of candour of professional staff and incorporate into the programme compliance with the refreshed policy.</p> <p>R12 Review the structures, processes and staff involved in investigating incidents, carrying out root cause analyses, reporting results and disseminating learning from incidents, identifying any residual conflicts of interest and requirements for additional training</p>	<p>Ensure that staff receive education during their induction regarding the incident reporting process including the process for reporting incidents, the incidents that should be reported and the rationale for learning from incidents</p> <p>Ensure that staff undertaking incident investigations have received appropriate education and training to undertake this effectively</p>
<p>R39 Act on department of health legislation and guidance</p>	<p>Ensure that Confidential Enquiry reports are reviewed following publication and that an action plan is developed and monitored to ensure that high standards of care are maintained</p>

The submission was ratified and signed off by the LMNS however an action plan for achieving the Kirkup recommendations was requested, aiming for full compliance to be reported to the Maternity Programme Board in July 2022.

4.0 Ockenden Final Report 2022

Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust (March 2022)

Following the initial report published in December 2020, the final report, The Ockenden Report Final Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Trust (March 2022) was published on the 30th March 2022. This report includes fifteen IEAs recommended for consideration and implementation nationally which are detailed in table 4, in addition to the sixty actions for Shrewsbury and Telford Trust to implement locally. National recommendations for actions are expected later in the year, but it is the responsibility of each local Trust to give due attention to any gaps in service highlighted through the report to ensure that service users are not let down by the provider they put their trust in. Local implications are considered and will develop following the report of the compliance against the initial IEAs from the interim report.

Within the report it is highlighted that the main areas of concern are the need for significant investment in the maternity workforce and multi-professional training and strengthened accountability for improvements in care among senior maternity staff, with timely implementation of changes in practice and improved investigations involving families.

Table 4: 15 Immediate and Essential Actions

Immediate and Essential action	Essential Action
1 Workforce Planning and Sustainability	Financing a safe maternity workforce The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented
	Training The Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented
2 Safe Staffing	All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals.

<p>3 Escalation and Accountability</p>	<p>Staff must be able to escalate concerns if necessary</p> <p>There must be clear processes for ensuring that obstetric units are always staffed by appropriately trained staff</p> <p>Clear guidelines for when a consultant obstetrician should attend if not resident</p>
<p>4 Clinical Governance- Leadership</p>	<p>Trust boards must have oversight of the quality and performance of their maternity services.</p> <p>In all maternity services the Director of Midwifery and Clinical Director for obstetrics must be jointly operationally responsible and accountable for the maternity governance systems</p>
<p>5 Clinical Governance – Incident Investigation and Complaints</p>	<p>Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner.</p>
<p>6 Learning from Maternal Deaths</p>	<p>Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies.</p> <p>In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings.</p>
<p>7 Multidisciplinary training</p>	<p>Staff who work together must train together Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend. Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training</p>
<p>8 Complex Antenatal Care</p>	<p>Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care. Trusts must provide services for women with multiple pregnancy in line with national guidance Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy</p>

9 Preterm Birth	The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth. Trusts must implement NHS Saving Babies Lives Version 2 (2019)
10 Labour and Birth	Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary. Centralised CTG monitoring systems should be mandatory in obstetric units
11 Obstetric Anaesthesia	In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm. Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events. Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed
12 Postnatal Care	Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review. Postnatal wards must be adequately staffed at all times
13 Bereavement Care	Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services
14 Neonatal Care	There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families. This work must now progress at pace.

15 Supporting families	Care and consideration of the mental health and wellbeing of mothers, their partners and the family must be integral to all aspects of maternity service provision. Maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care.
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5.0 NHSEI Ockenden Final Report Response to NHS Trust, LMNS, CCG and ICS leads

A letter sent out to all maternity and neonatal care providers and commissioners on April 1st, 2022, calls for the report to trigger actions where necessary to support service improvements to improve safety for families (appendix 1). It also highlights that the report provides an insight into staffing and workforce culture which can be aligned with areas without maternity and neonatal services and should be read widely across the NHS.

NHS England and NHS Improvement are working with the Department of Health and Social Care to implement the 15 IEAs and every trust, ICS and LMNS Board must consider and then act on the report's findings. Extra funding has been added to the £95 million annual increase last year to support workforce development and expansion of neonatal services.

Donna Ockenden identified four pillars of care from the report which should be considered when implementing actions:

1. Safe staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

Local actions are required in the interim until full recommendations are released later in the year following the publication of the Kirkup East Kent findings.

6.0 Conclusion

Derbyshire LMNS remains committed to providing a safe service to the families cared for at CRH and UHDB. Since the publication of the interim report in December 2020 work has continued to strengthen maternity care services in line with the 7 IEA's recommended by Ockenden. Significant service pressures due to COVID 19 have hampered some of the developments and workforce has been affected in the last year.

UHDB have reported full compliance with 4 of the 7 IEA's plus workforce and full compliance with the Kirkup recommendations. CRH have had added pressures of a lack of senior leadership and a restructure of the governance of maternity services. Full compliance is reported for IEA 2 and partial compliance with the remaining IEA's and workforce. The Kirkup workforce recommendations are also only partially compliant, with four areas requiring attention. The LMNS will continue to monitor progress against any outstanding recommendations through the monthly Quality and Safety Forum and a request to meet the remaining Kirkup actions as a priority has been made by the LMNS with full compliance required by July 2022. The Maternity Transformation Programme Board will continue to have oversight of the progress and action plans as they develop.

With increased support from national and regional teams the LMNS will continue to address gaps in care, listen to families and staff to understand concerns and ensure that the workforce is strengthened in both numbers and skills to provide families with the service they deserve and offer a workplace with a culture of listening and understanding to improve safety and quality of care.

Governing Body Meeting in Public

5th May 2022

Item No: 030

Report Title	Finance Report – Month 12
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?			N/A		
Recommendations					
The Committee is asked to NOTE the following:					
<ul style="list-style-type: none"> • Allocations have been received for the full year at £2.114bn • The year-end reported underspend is £0.121m including off-ledger adjustments • NHSE have advised an off-ledger adjustment of allocations netting to £0.044m • Covid reduction of £0.01m to match the expenditure • A reduction of Winter Access funding of £0.375m to match a maximum spend £4.34m • Additional Roles Reimbursement Scheme is due to receive £0.429m 					
Report Summary					
The report describes the month 12 position. The key points are listed in the recommendations section above.					
Are there any Resource Implications (including Financial, Staffing etc)?					
N/A					
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?					
N/A					
Has a Quality Impact Assessment (QIA) been completed? What were the findings?					
N/A					
Has an Equality Impact Assessment (EIA) been completed? What were the findings?					
None identified					
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below					
No					

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

No

Have any Conflicts of Interest been identified/ actions taken?

None identified

Governing Body Assurance Framework

N/A

Identification of Key Risks

N/A

Financial Performance Summary
Month 12, March 2022

Statutory Duty/ Performance	Target	Result	Achieved	Key	Comments/Trends
Achievement of expenditure to plan	£2113.55m	£2113.47m		Green <1%, Amber 1-5% Red >5%	Target achieved with a favourable variance of £0.077m, this increases to £0.121m surplus with £0.044m of off ledger adjustments.
Remain within the Delegated Primary Care Co-Commissioning Allocation	£168.39m	£168.38m		Green <1%, Amber 1-5% Red >5%	Primary Care Co-Commissioning YTD is showing as £0.007m favourable against plan.
Remain within the Running Cost Allowance	£19.95m	£18.63m		Green <1%, Amber 1-5% Red >5%	Running costs are £1.318m underspent against plan attributable to pay underspends due to staff vacancies.
Remain within cash limit	Greatest of 1.25% of drawdown or £0.25m	0.54%		Green <1.25%, Amber 1.25-5% Red >5%	Closing cash balance of £1.028m against drawdown of £190.50m.
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8		Green 8/8 Amber 7/8 Red <6/8	In month and YTD payments of over 98% for invoices categorised as NHS and non NHS assessed on value and volume.

Operating Cost Statement For the Period Ending: March 2022

The year end reported position in March 2022 is an underspend of £0.121m.

Allocations totaling £10.592m for out of envelope covid expenditure have now been received for the full financial year including funding Hospital Discharge, Asylum Seekers and Vaccine Inequalities programmes.

Primary Care Co-Commissioning position includes reimbursed expenditure of £12.041m relating to Additional Roles Reimbursement Scheme (ARRS) and £4.715m for Winter Access Funding (WAF).

On 21st April 2022 NHSE have advised an off-ledger adjustment of allocations netting to £0.044m

- Covid reduction of £0.01m to match the expenditure
- A reduction of Winter Access funding of £0.375m to match a maximum spend £4.34m
- Additional Roles Reimbursement Scheme is due to receive £0.429m

The CCG has released all the H1 £4.244m contingency into the month 12 position.

	Full Year			
	Budget	Actual	Variance	FOT Variance as a % of Budget
	£'000's	£'000's	£'000's	%
Acute Services	1,109,073	1,101,209	7,864	0.71
Mental Health Services	241,241	238,479	2,762	1.14
Community Health Services	161,510	163,892	(2,382)	(1.48)
Continuing Health Care	114,118	114,587	(468)	(0.41)
Primary Care Services	212,694	214,063	(1,370)	(0.64)
Primary Care Co-Commissioning	168,387	168,380	7	0.00
Other Programme Services	83,028	94,229	(11,201)	(13.49)
Total Programme Resources	2,090,051	2,094,840	(4,789)	(0.23)
Running Costs	19,950	18,633	1,318	6.60
Total before Planned Deficit	2,110,002	2,113,473	(3,471)	(0.16)
In-Year Allocations	0	0	0	100.00
In-Year 0.5% Risk Contingency	4,244	0	4,244	100.00
In year Planned Deficit (Control Total)	(696)	0	(696)	100.00
Total Incl Covid Costs	2,113,550	2,113,473	77.09	0.00
Covid Reimbursement	10	0	10	100.00
WAF Reimbursement	375	0	375	100.00
ARRS Funding Above Baseline	(429)	0	(429)	100.00
Total Including Reclaimable Covid Costs, WAF and ARRS	2,113,594	2,113,473	121	300.00

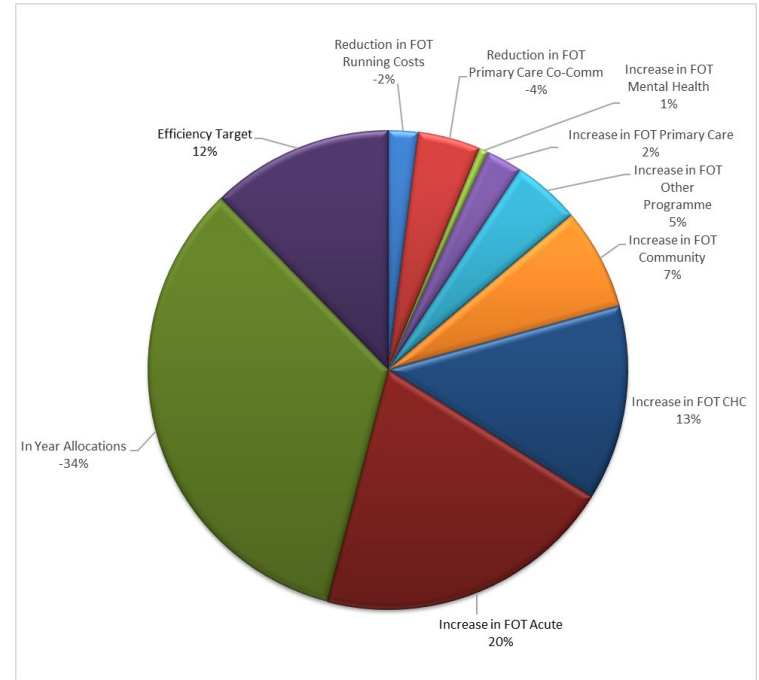
Main Changes in Forecast Outturn – Month 11 to Month 12

Month 11 Annual Forecast Outturn	2,111.1
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Reduction in FOT	Running Costs	(0.2)
	Primary Care Co-Comm	(0.5)
Increase in FOT	Mental Health	0.1
	Primary Care	0.3
	Other Programme	0.6
	Community	0.7
	CHC	1.7
	Acute	2.4
In Year Allocations		(4.1)
Efficiency Target		1.5

Total Movement	2.4
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Month 12 Actual	2,113.5
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Increases in practice prescribing, WAF payments and Red Hub costs partially offset by reductions in GPIT and LES and release of prior year accruals.

- **Community** – Winter Access Funding, Remote Monitoring for Care Homes and All Age Consumables offset by a reduction in wheelchair costs DCHS expenditure.
- **CHC** – Backdated FNC uplift, increases in Derby City Children’s costs, caseload increases, top up of provision and accrual for risk on missing LA packages. Offset by reduction on uplift pressures.
- **Acute** – Winter Discharge Funding, Supporting People at Home (CRH, LTC and Virtual Wards) and Independent Sector costs.
- **In Year Allocations** – Remainder of allocations at month 11 distributed
- **Efficiency Target** – Achievement of efficiency target through underspends within other services.

Governing Body Meeting in Public

5th May 2022

Item No: 032

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

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair				Ian Gibbard, Audit Committee Chair			
Which committee has the subject matter been through?				Audit Committee – 26.4.2022			

Recommendations

The Governing Body is requested to **NOTE** the contents of this report for information and assurance purposes, and **APPROVE** the Audit Committee Terms of Reference for the period 1st April 2022 to 30th June 2022.

Report Summary

This report provides the Governing Body with highlights from the 26th April 2022 meeting of the Audit Committee. This report provides a brief summary of the items transacted for assurance.

Internal Audit

Draft Internal Audit Plan – covering the final 3 months of the CCG's existence

The Committee APPROVED the draft Internal Audit Plan for 2022/23, of which the key priority is to ensure that transition risks are appropriately managed to enable the closedown of the CCG and the establishment of the ICB.

Finance

CCG Draft Annual Report and Annual Accounts 2021/22

The Committee NOTED with satisfaction the CCG's Draft Annual Report and Annual Accounts for 2021/22.

Governance

Audit Committee Terms of Reference

In light of the proposed revised ICB establishment date of the 1st July 2022, subject to legislation, the Audit Committee Terms of Reference require to be reapproved by Governing Body to cover the period of operation from the 1st April 2022 to 30th June 2022. No Changes were made to the Terms of Reference.

The Audit Committee RECOMMENDED the Terms of Reference to be APPROVED by the Governing Body through this assurance report.

Any Other Business**Late receipt allocation issues: Section 75**

The Committee NOTED the update in regards to the late receipt of a Section 75 allocation.

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

A PIA is not found applicable to this update. This report is for assurance and information

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

A QIA is not found applicable to this update. This report is for assurance and information

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

An EIA is not found applicable to this update. This report is for assurance and information

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

Not applicable to this update. This report is for assurance and information

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

Not applicable to this update. This report is for assurance and information

Have any Conflicts of Interest been identified/ actions taken?

None identified

Governing Body Assurance Framework

Any risks highlighted and assigned to the Audit Committee will be linked to the Derby and Derbyshire CCG GBAF and risk register

Identification of Key Risks

Noted as above

Governing Body Meeting in Public

5th May 2022

Item No: 033

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

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair					Ian Shaw, CLCC Chair		
Which committee has the subject matter been through?					CLCC – 21 st April 2022		

Recommendations

The Governing Body is asked to **RATIFY** the decisions made by the Clinical and Lay Commissioning Committee (CLCC) on the 21st April 2022, and **APPROVE** the CLCC Terms of Reference for the period 1st April 2022 to 30th June 2022.

Report Summary

CLC/2223/12 CPAG Policy updates

CLCC NOTED the following updates:

- Varicose Veins Interventions
- Defining the Boundaries between Private and NHS Care

Areas of Service Development

CLCC were asked to note that CPAG have reviewed the Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DTs).

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

CLCC are asked to ratify/note the following:

Evidence Based Interventions 3

CLCC NOTED the publication of the consultation document for Evidence Based Interventions 3 (EBI) programme and its potential implications.

Non-complex Audiology

CLCC NOTED that CPAG has reviewed the evidence base for restrictive criteria and agreed that there have been no new significant updates since this was last reviewed in February 2020.

MedTech Funding mandate 22-23 Technology Signalling (MTFM)

CLCC NOTED the technologies which will be supported in 22/23 and that implementation will be via the East Midland Allied Health Science Network (EMAHSN).

Clinical Policies Specification 22/23

CLCC RATIFIED the Clinical Policies Specification for 2022/23 and noted that CPAG are assured that the CCG is aligned to the NHS National Contract technical specification section on Managing Activity and Referrals.

- Paper 3di – Clinical Policies Specification 2022/2023

IFR Update – panel membership/training/review date

- CLCC NOTED the updates and the actions that are being taken to ensure that the IFR process can continue as a statutory function as it transitions to the ICB.
- CLCC RATIFIED the decision made by CPAG to extend the IFR policy review for 1 year.

Glossop Transition for Clinical Policies

- CLCC NOTED the updates to the Glossop Transition for Clinical Policies.

CLCC NOTED the CPAG Bulletin for January 2021 & CPAG Minutes for February 2022.

CLCC Terms of Reference – item discussed at confidential meeting

In light of the proposed revised ICB establishment date of the 1st July 2022, subject to legislation, the Clinical & Lay Commissioning Committee Terms of Reference require to be reapproved by Governing Body to cover the period of operation from the 1st April 2022 to 30th June 2022. No Changes were made to the Terms of Reference.

CLCC RECOMMENDED the Terms of Reference to be APPROVED by the Governing Body through this assurance report.

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

N/A

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

Governing Body Meeting in Public

5th May 2022

Item No: 034

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

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair				Martin Whittle, Chair of Engagement Committee/Lay Member for PPI			
Which committee has the subject matter been through?				Engagement Committee – 26 th April 2022			
Recommendations							
Governing Body is asked to NOTE the contents of this report for assurance and APPROVE the Derbyshire Engagement Committee Terms of Reference for the period 1 st April 2022 to 30 th June 2022.							
Report Summary							
<p>This report provides the Governing Body with highlights from the meeting of the Engagement Committee, held on 26th April 2022. This report provides a summary of the items transacted for assurance.</p> <p>Integrated Care System Engagement Strategy – Initial Draft Our strategic approach to citizen engagement builds upon the existing Joined Up Care Derbyshire Communications and Engagement Strategy April 2021-March 2023.</p> <p>One requirement of the submission pack to establish the Derby Derbyshire Integrated Care Board in July 2022 (subject to the passing of legislation) is to include a bespoke Engagement Strategy. The Engagement Committee recognised a significant proportion of the content in this draft, relating to infrastructure developments that has taken place during the last three years. This current document enables focus on the engagement approach we will take as we seek to deliver against our broader communications and engagement strategy aims and objectives.</p> <p>The Engagement Strategy will be submitted to NHSEI with other strategic documents as part of our establishment application and the committee recognised the strategic document in its infancy and will continue to evolve as we move through the establishment of the ICB, and the creation of the Integrated Care Partnership from July 2022 to September 2022. Further articulation and strengthening of the links with local authority and voluntary sector engagement will take place.</p>							

Engagement Model and Governance Guide

The Committee reviewed the revised engagement model, alongside a comprehensive Public Involvement Governance Guide, which sets out the approach and processes required to ensure there is continuous and statutory involvement in the work across the system. The aims of the guide are to:

- Promote consistency in how changes to services are managed across the system
- To articulate the processes and steps which are required to support the delivery of statutory duties in line with legislation.
- To communicate the formal and informal mechanisms available to the ICS to ensure we promote genuine involvement of patients and members of the public, with the opportunity to influence – and preferably co-produce - the way in which service change takes place.
- Strengthen the need to revisit the Equalities Impact Assessment at regular intervals throughout the process.

The guide will be supported by a programme training across all system delivery programmes and key personnel, with the aim of embedding the approaches and capitalising on the engagement infrastructure now available at each step of the process. The guide will be routinely reviewed to ensure it tracks governance developments across our system.

ICS Communications and Engagement Plan

A verbal update was given on progress to develop the communications channels required for the ICB and ICS from 1 July, and to also launch the new system to key stakeholders. This is a comprehensive planning and delivery programme across internal staff communications, external stakeholder communications, websites development, branding and corporate processes, such as the closure of CCG Freedom of Information Act logs and the establishment of the same for the ICB.

Specifically, the Committee received a paper outlining the retention of the existing Joined Up Care Derbyshire branding to support continuity, subject to some small changes. These include the inclusion of Glossop in the JUCD 'icons' branding and a change to the colour palette used on JUCD materials to ensure accessibility for people with visual impairments was enhanced. This proposed position has previously been approved by the System Leadership team, and also met with Engagement Committee approval.

Urgent Treatment Centres

A significant period of pre-engagement has taken place in 2022 to seek the populations thoughts on access to urgent care and to inform the Urgent Care Strategy Group's service review programme. The review will consider the health inequalities that exist across the county and ensure engagement with seldom heard groups and people with protected characteristics. The aims of this review are to:

- Create the right offer for Derby and Derbyshire irrespective of existing services
- To ensure the patient's need is met in the right place at the earliest point of the patient's journey
- To design services that address the health inequalities present across the County

- To collectively progress the actions necessary to deliver the system change.

The pre-engagement work commenced in January 2022 until 31st March 2022 to speak with local people to help understand:

1. Who uses our Urgent Treatment Centres?
2. How are our Urgent Treatment Centres used?
3. What matters most to people when they need urgent care?

Feedback was collected in various ways and a comprehensive outcomes report was discussed by the Committee, which will now be used by the Strategy Group to help shape the next stages of the review.

Closedown of CCG Committees

NHS Derby and Derbyshire CCG has commenced its preparations for the close down of the CCG and the closure of business of the Corporate Committees; this includes the transfer of outstanding matters to the ICB Committees.

The Committee reviewed the initial stock take of actions and risks that may need to transfer into the Integrated Care Board once it is established in July. This would be monitored during the course of the May and June committee meetings to ensure accuracy, but benefits from a clear forward business plan and matters in hand.

The Committee AGREED the current Committee live risks and matters schedule and confirmed that this will be a live document until the final Annual Report is approved by the Committee and presented to the Governing Body on the 16th June 2022.

Derbyshire Engagement Committee Terms of Reference

In light of the proposed revised ICB establishment date of the 1st July 2022, subject to legislation, the Derbyshire Engagement Committee Terms of Reference require to be reapproved by Governing Body to cover the period of operation from the 1st April 2022 to 30th June 2022. No Changes were made to the Terms of Reference. The Committee RECOMMENDED the Terms of Reference to be APPROVED by the Governing Body through this assurance report.

Exception Risk Report and Governing Body Board Assurance Framework

The committee agreed to reduce the score of the single risk currently being managed by the Engagement Committee at it's meeting in January. This relates to a current 2x4=8 risk on the adherence to engagement legislation when undertaking service commissioning. Given the work to date on the engagement model and governance guide, in addition to the ongoing examples of engagement and communications taking place across the vaccination programme , the committee felt able to agree a reduction of the score to 2x3=6. The risk will be closed in May 2022, with evidence to support the risk mitigation will be provided to the Audit Committee in due course.

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

Governing Body Meeting in Public

5th May 2022

Item No: 035

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

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair				Jill Dentith, Governance Lay Member and Chair of Governance Committee			
Which committee has the subject matter been through?				Governance Committee – 21.04.2022			

Recommendations

The Governing Body is requested to **NOTE** the contents of this report for information and assurance and **APPROVE** the Governance Committee Terms of Reference for the period 1st April 2022 to 30th June 2022.

Report Summary

This report provides the Governing Body with highlights from the 21st April 2022 meeting of the Governance Committee. This report provides a brief summary of the items transacted for assurance.

Derby and Derbyshire CCG Procurement Highlight Report

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

The Committee DISCUSSED the impact of the new procurement Provider Selection Regime and CHALLENGED the transparency and assurance of the new processes.

Governance Committee Terms of Reference

In light of the proposed revised ICB establishment date of the 1st July 2022, subject to legislation, the Governance Committee Terms of Reference require to be reapproved by Governing Body to cover the period of operation from the 1st April 2022 to 30th June 2022. No Changes were made to the Terms of Reference.

The Governance Committee RECOMMENDED the Terms of Reference to be APPROVED by the Governing Body through this assurance report.

Close Down of Governance Committee and transfer to ICB Audit and Governance Committee

NHS Derby and Derbyshire CCG has commenced its preparations for the close down of the CCG and the closure of business of the Corporate Committees; this includes the transfer of outstanding matters to the ICB Committees.

The Governance Committee will present a closing Annual Report to the Governing Body to demonstrate that the Committee has considered “live” matters of business which will move across to a range of ICB Committees. This will include the Governance Committee schedule of live risks, action and live matters.

The Governance Committee AGREED the current Committee live risks and matters schedule and confirmed that this will be a live document until the final Annual Report is approved by the Committee and presented to the Governing Body on the 16th June 2022.

Diversity Inclusion Network (DIN) Terms of Reference

The 'We are the NHS: People Plan for 2020/21 – action for us all' requires the organisation as leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from black and minority ethnic (BAME) backgrounds.

The DIN Terms of Reference provides a clear purpose, line of accountability and clarification on how the Network will be integrated into the decision making of the CCG.

The Committee DISCUSSED the importance of the Network and asked for assurance for the Network to be transferred and embedded within the Integrated Care governance structure.

The Governance Committee NOTED and APPROVED the Terms of Reference for the Diversity & Inclusion Network.

Ratification of virtual approval decisions during March 2022

The Committee FORMALLY RATIFIED the approval of the Equality Delivery System 2021/22 Report made by the Committee virtually during March 2022.

Procurement Decisions in ICS Transition

The Committee NOTED that there was no further updates on the Procurement Decisions in ICS Transition report due to Delivery Board minutes not being available. It was noted that, due to the above, the Committee could not provide assurance on the process which details how conflicts of interest are being managed in decision making at system-level meetings at this point. The Committee AGREED to receive a further update virtually when an update is available during May.

Contract Oversight Group Update

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

Governance Contract Expiry Updates

The Governance Committee NOTED and RECEIVED ASSURANCE on the proposed intentions to proceed with the processes in relation to the Health and Safety contract for services and the contract for legal services. The final contract positions will be reported to the Committee in June 2022.

CCG Estates update

The CCG is working to a hybrid operating model whereby staff may work at home or at either of our sites. The CCG moved to Amber status on 24th January 2022, where staff may attend site if they wish or if there is a business need, covid safe protocols must continue to be followed e.g. mask-wearing, social distancing etc.

The Committee RECEIVED a report which provided a detailed picture of how workspaces are currently used.

The Governance Committee was asked to ADVISE on next steps relating to mask-wearing and testing requirements.

The Governance Committee CONSIDERED the options for developments following NHSEI Midlands releasing updated Infection Prevent and Control guidance for healthcare settings which includes options for non-clinical settings.

Following careful discussions, the Committee RECOMMENDED option one. This option continues the hybrid working but clarifies the position when staff attend the office base. This would include retain physical spacing between workstations but allow staff the option to remove masks/coverings if that is their personal choice, however, masks must be worn when moving around the building and in areas of high traffic e.g. kitchens. The implementation of this option will be discussed by the CCG Executive Team.

Freedom of Information Act – Quarterly Performance Report for Quarter 4: January - March 2022

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

The Committee NOTED that no requests exceeded the statutory deadline of 20 working days during the quarter.

Complaints Report Quarter 4 January to March 2022

The Committee NOTED the Complaints Report for Quarter 4.

Business Continuity, Emergency Planning Resilience and Response

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

A letter from Stephen Groves, Director of Emergency Preparedness, Resilience and Response, for NHS England and NHS Improvement had been received dated 30th March 2022. The CCG was asked to submit a response by completing an assurance checklist with the purpose of supporting ICBs to ensure that they meet their civil protection duties setting out what measures should be in place before 1st July 2022 as well as other long-term steps and actions that should be implemented. The CCG completed the checklist and returned it to NHSEI ahead of the deadline of 6th April 2022.

Health & Safety Report

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

Information Governance and GDPR Update Report

The Governance Committee RECEIVED the update regarding actions and compliance activities and GAINED ASSURANCE from the significant assurance of the Data Security and Protection Toolkit Audit Report.

Digital Development Update

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

Risk Register Exception Report – April 2022

The Governance Committee RECEIVED the Governance risks assigned to the committee as at April 2022.

The Committee APPROVED the following two risks to be decreased in score:

Risk 09: Sustainable digital performance for CCG and General Practice due to threat of cyber-attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.

The current risk score is a very high 16 (probability 4 x impact 4). This risk is now recommended to be decreased to a high score of 8 (probability 2 x impact 4), the risk may be further reduced next month once the Web Check service has run for a further month.

Risk 42: If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.

This risk is recommended to be decreased in score from a high score of 12 (probability 4 x impact 3) to a high score of 9 (probability 3 x impact 3).

The risk score is now recommended to be reduced following the approval, by the ICS, of the Green Plan and The ICS Green Action Plan priorities for delivery during 2022/23 which have been identified by the Derbyshire ICS Green Delivery Group.

Governance Committee Governing Body Assurance Framework Quarter 4 2021/22

The Governance Committee NOTED the 2021/22 Quarter 4 (January to March) Governing Body Assurance Framework (GBAF).

Governance Committee Quarter 1 April 2022 GBAF Risks Review

The Committee REVIEWED and DISCUSSED the Quarter 1 (April 2022) Strategic Risks 7 and 8.

Strategic Risk 7 - CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise. The Committee AGREED that this risk should remain at a high risk score of 12.

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

It was recommended to the Committee that the risk score for risk 8 was reduced from a high 10 to a high 8, following the progress of appointments to the ICB Board and continued submission of evidence to NHSE. The Committee DISCUSSED and CHALLENGED the risk and the requirement for the system to produce a balanced financial plan and had concerns on the financial plan to handover to the ICB. The Committee therefore AGREED for the risk score to remain a high 10.

Non-Clinical Adverse Incidents

No incidents were reported to the Committee.

Minutes of the Governance Committee 10th February 2022

The minutes of the 10th February 2022 meeting were APPROVED as a true and accurate record.

Any Other Business

There were no items raised for any other business

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

None identified.

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

A PIA is not found applicable to this update. This report is for assurance and information.

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

A QIA is not found applicable to this update. This report is for assurance and information.

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

An EIA is not found applicable to this update. This report is for assurance and information.

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

Not applicable to this update. This report is for assurance and information.

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

Not applicable to this update. This report is for assurance and information.

Have any Conflicts of Interest been identified/ actions taken?

None identified.

Governing Body Assurance Framework

Going forward any risks highlighted and assigned to the Governance Committee will be linked to the Derby and Derbyshire CCG Board Assurance Framework.

Identification of Key Risks

Noted as above.

Governing Body Meeting in Public

5th May 2022

Item No: 036

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

Paper for:	Decision	x	Assurance	x	Discussion	Information
Assurance Report Signed off by Chair			Ian Shaw, Chair of PCCC			
Which committee has the subject matter been through?			Primary Care Commissioning Committee – Wednesday 27 th April 2022			
Recommendations						
The Governing Body is requested to RECEIVE the decisions made by the Primary Care Commissioning Committee (PCCC) at the public meeting held on the 27 th April 2022 for information and assurance, and APPROVE the PCCC Terms of Reference for the period 1 st April 2022 to 30 th June 2022.						
Report Summary						
<p>The Primary Care Commissioning Committee Public meeting held on Wednesday 27th April:</p> <ul style="list-style-type: none"> formally APPROVED the full practice merger of the Goldenbrook Practice and Park View Medical Centre in Erewash PCN with effect from July 2022 following patient and stakeholder engagement. The merged practice will be known as West Park Surgery with the Park View surgery site becoming the branch site with no changes to the practice opening hours and practice boundary area; and in light of the proposed revised ICB establishment date of the 1st July 2022, subject to legislation, the Primary Care Commissioning Committee Terms of Reference require to be reapproved by Governing Body to cover the period of operation from the 1st April 2022 to 30th June 2022. No Changes were made to the Terms of Reference. The Primary Care Commissioning Committee RECOMMENDED the Terms of Reference to be APPROVED by the Governing Body through this assurance report. 						

<p>The Committee also received the following reports for information and assurance:</p> <ul style="list-style-type: none"> • Month 11 Finance Report • Risk Register – no change to risk ratings this month. A review of the risks will be undertaken and form part of the transition plan to the ICB.
<p>Are there any Resource Implications (including Financial, Staffing etc)?</p>
<p>Outlined specifically in each report considered by the Primary Care Commissioning Committee.</p>
<p>Has a Privacy Impact Assessment (PIA) been completed? What were the findings?</p>
<p>Included as part of each report as required.</p>
<p>Has a Quality Impact Assessment (QIA) been completed? What were the findings?</p>
<p>Included as part of each report as required.</p>
<p>Has an Equality Impact Assessment (EIA) been completed? What were the findings?</p>
<p>Included as part of each report as required.</p>
<p>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below</p>
<p>Included as part of each report as required.</p>
<p>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below</p>
<p>Included as part of each report as required.</p>
<p>Have any Conflicts of Interest been identified / actions taken?</p>
<p>Included as part of each report as required and highlighted where a conflict of interest applies for Governing Body members.</p>
<p>Governing Body Assurance Framework</p>
<p>Which of the CCG's objectives does this paper support? Considered for each agenda item.</p>
<p>Identification of Key Risks</p>
<p>Cross reference to risks within GBAF or Risk Registers Considered for each agenda item.</p>

Governing Body Meeting in Public

5th May 2022

Item No: 037

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

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair				Andrew Middleton, Deputy Chair			
Which committee has the subject matter been through?				Quality and Performance Committee, 28 th April 2022			
Recommendations							
The Governing Body is requested to NOTE the paper for assurance purposes, and APPROVE the Quality & Performance Committee Terms of Reference for the period 1 st April 2022 to 30 th June 2022.							
Report Summary							
Performance:							
Urgent and Emergency Care:							
<ul style="list-style-type: none"> • The A&E standard was not met at a Derbyshire level at 71.2% (YTD 76.7%) during March 2022. CRH did not achieve the standard achieving 85.8% (YTD 90.3%). UHDB achieved 62.1% during March (YTD 68.3%). • UHDB had 183 x 12 hour trolley breaches during March – 170 were due the availability of medical beds and 13 were due to the unavailability of a suitable mental health bed. • EMAS were non-compliant for all of their standards for Derbyshire during March, reflecting the continuing significant pressures being experienced by the trust. 							
Planned Care:							
<ul style="list-style-type: none"> • 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 62.9% (YTD 62.9%). – a marginal decrease on last months figure. • CRHFT performance was 63.6%% (YTD 67.6%) and UHDB 60.0% (YTD 61.3%). • Derbyshire had 5,252 breaches of the 52 week standard across all trusts – 236 less than the previous month. • Diagnostics – The CCG performance was 33.41%, an improvement from last month. Neither CRH (24.16%) or UHDB (34.76%) have achieved the standard, but performance has improved at both trusts. 							
Cancer:							
During February 2022, Derbyshire was non compliant in all of the cancer standards except 31 day Subsequent Radiotherapy:							
<ul style="list-style-type: none"> • 2 week Urgent GP Referral – 74.5% (93% standard) – Compliant at Sheffield and Stockport. 							

- 2 week Exhibited Breast Symptoms – 30.2% (93% standard) – Non compliant for all trusts.
- 28 day Faster Diagnosis – 74.1% (75% standard) – Compliant for CRH, NUH and Sherwood.
- 31 day from Diagnosis – 92% (96% standard) – Non compliant for all trusts.
- 31 day Subsequent Surgery – 81.7% (94% standard) – Compliant at Sherwood.
- 31 day Subsequent Drugs – 97.4% (98% standard) – Compliant at all trusts.
- 31 day Subsequent Radiotherapy – 96.2% (94% standard) – Non compliant for all trusts.
- 62 day Urgent GP Referral – 54.1% (85% standard) – Non compliant for all trusts.
- 62 day Screening Referral – 55% (90% standard) – Non compliant for all trusts.

Quality

Chesterfield Royal Hospital FT

Stroke: There has been an improved Sentinel Stroke National Audit Programme (SSNAP) score from a C to a B. The independent panel from the HASU Workshop concluded that the Trust should explore the reconfiguration of the service, particularly around how to effectively manage senior medical cover and how telemedicine could be further developed. Members of the Acute Quality Team continue to be involved in the Task and Finish Group and a completed business case with regards to the ongoing service is planned for September 2022.

CQC: CQC undertook a virtual engagement event with the Trust in February 2022 showcasing Medical Core Services. No concerns were raised and no actions were required. A further engagement day was held in March 2022 and focused on the Urgent and Emergency Care Core Service and freedom to speak up. Concerns were raised regarding the environment in ED and these will be addressed by the Trust.

Maternity: The Trust have completed the National Ockenden submission. In relation to compliance against the 7 Immediate and Essential Ockenden Actions, the Trust are fully compliant against 1, with partial compliance against 6, which are enhanced safety; staff training; managing complex pregnancy; risk assessment through pregnancy; monitoring foetal wellbeing and informed consent. In relation to Kirkup recommendations the Trust are partially compliant against 4 elements of 41, these were education, incident investigation, confidential enquiries and induction of locums. A plan is in place to be fully compliant by July 2022. This position was presented to their Public Trust Board on the 13th April 2022.

University Hospitals of Derby and Burton FT

Waiting List Harm Review: There is a process in place for 104 day harms. A proposal has been suggested to the Trust regarding harm reviews with a plan to add into the Quality Schedule. CQRG will receive a quarterly report with monthly escalations. This will also be reported through the Cancer Improvement Group and Planned Care Delivery Board.

Maternity: Homebirth services remain suspended with staff redeployed to support the two acute maternity units due to ongoing staffing pressures. The Trust are exploring a number of workforce solutions to mitigate against their current staffing issues. The Derbyshire Maternity and Neonatal Board will require an update on the Homebirth Service and staffing issues in May 2022. The Trust have completed the National Ockenden submission. In relation to compliance against the 7 Immediate and Essential Ockenden Actions, the Trust are fully compliant against 4, with partial compliance against 3, which are risk assessment through pregnancy; monitoring foetal wellbeing and informed consent. UHDB are fully

complaint against the Kirkup recommendations. This position was presented to their Public Trust Board on the 8th March 2022.

Derbyshire Community Health Services FT

Hillside CQC Inspection: The overall rating for the Hillside ward at Ash Green Learning Disability Centre has remained rated as good overall, following an inspection in December 2021 and January 2022. CQC carried out this unannounced focused inspection to look at how safe and well-led the ward is, after receiving concerns relating to staffing, care planning, restraint and staff engagement. CQC did not re-rate the overall service or how well-led it is following this inspection, so the previous rating of good remains. However, CQC re-rated the safe domain as requires improvement, this was previously rated as good. The overall rating for the trust remains as outstanding. Inspectors identified three areas for improvement (insufficient alarms for all the agency staff, service was short of permanent learning disability doctors & morale of some of the trust staff was low at the time of the inspection). Progress against the required actions will be monitored through CQRG.

Derbyshire Healthcare Foundation Trust

Prone restraint: Ongoing work streams are established to support the continuing need to reduce restrictive practice. The trust still remain low in numbers of prone restraint and lower than the regional average per bed numbers. Focussed discussion is planned in the next CQRG meeting.

East Midlands Ambulance Trust

Serious Incidents: Twelve Serious incidents were reported in February 2022. seven were prolonged waits, five clinical care management concerns, one relating to an incorrectly coded call and one medication error. Internal investigations are underway and immediate action taken as appropriate to reduce the risk of recurrence. A deep-dive investigation is currently underway into incorrect call coding incidents as this has been identified as a recurring theme, with four serious incidents being identified in the last few months. This will be reported to Quality Assurance Group on completion.

Update from the Committee

Integrated Report

The Integrated Report was approved by the Chair. There was a discussion around the recently issued IPC guidance including how the Trusts would be impacted in terms of their delivery and the associated risks. The Committee received assurance that the IPC leads were reviewing the new guidance and would apply a Derbyshire wide approach.

Risk Register

The Committee approved the recommendations within the report.

Patient Safety Incident Framework (PSIRF) Update

The Committee received the approach being taken to PSIRF by the Derbyshire system. The Committee noted that Derbyshire was an early implementer of the PSIRF approach and commended the team for their early adoption and progress.

Ambulance service pressures (Category 2) – sharing risk across the system NHSE/ Assurance.

The Committee noted the actions that are being taken by the Derbyshire system to alleviate the current pressures within the ambulance service. A system review of the Ambulance service and a pathway harm review is being planned for the future.

Quality & Performance Committee Terms of Reference

In light of the proposed revised ICB establishment date of the 1st July 2022, subject to legislation, the Quality & Performance Committee Terms of Reference require to be reapproved by Governing Body to cover the period of operation from the 1st April 2022 to 30th June 2022. No Changes were made to the Terms of Reference. The Quality & Performance Committee therefore recommended the Terms of Reference to be approved by the Governing Body through this assurance report.

The Derbyshire Maternity Transformation Programme Summary of the Ockenden One Year On submission and the Final Ockenden Report, April 2022

The Committee noted the contents of the report and the Trusts position against the 7 Immediate and Essential Actions. The Committee also received assurance in relation to compliance against the Kirkup recommendations. The Committee noted that whilst there was good compliance from both Trusts there is still significant work to be undertaken at CRHFT in relation to Managing Complex Pregnancy.

All organisations in the Derbyshire system have been requested to provide an update on their position against the 4 key themes of the report at the System Quality Group meeting on 3rd May. The System Quality Group are monitoring the actions.

Close Down of Quality and Performance Committee and transfer to ICB Quality and Performance Committee.

The Committee noted and agreed the current live risks and actions relating to the Quality and Performance Committee. Any outstanding risks will be reported to the Governing on 16th June. The ICB will take responsibility of their associated risks from 1st July 2022.

Joined Up Care Derbyshire Draft Quality Strategy.

The Committee received an initial draft of the JUCD Quality Strategy. The Committee were assured of the progress being made but noted this was an initial draft and recommended carrying out further engagement work to include the Citizens Panel.

Care Homes

The Committee received and were assured by the Care Home report. They noted workforce as a potential concern. However, CNO gave assurance of a future plan to recruit a flexible health and Social Care workforce under the NHS banner.

Policies

The PHB Policy, Review of the Quality and Performance Committee ToR and the Commissioning for Individuals ToR were all approved.

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 1,2 and 6

Month 11

Quality & Performance Report

2021/22

April 2022

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EXECUTIVE SUMMARY

Key Messages	<ul style="list-style-type: none"> The tables on slides 5-8 show the latest validated CCG data against the constitutional targets. A more detailed overview of performance against the specific targets and the associated actions to manage performance is included in the body of this report.
Urgent & Emergency Care	<ul style="list-style-type: none"> The A&E standard was not met at a Derbyshire level at 71.2% (YTD 76.7%). CRH did not achieve the standard achieving 85.8% (YTD 90.3%). UHDB achieved 62.1% during March (YTD 68.3%). UHDB had 183 x 12 hour trolley breaches during February – 170 were due the availability of medical beds and 13 were due to the unavailability of a suitable mental health bed. EMAS were non-compliant for all of their standards for Derbyshire during March, reflecting the continuing significant pressures being experienced by the trust.
Planned Care	<ul style="list-style-type: none"> 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 62.9% (YTD 62.9%). – a marginal decrease on last months figure. CRHFT performance was 63.6%% (YTD 67.6%) and UHDB 60.0% (YTD 61.3%). Derbyshire had 5,252 breaches of the 52 week standard across all trusts – 236 less than the previous month. Diagnostics – The CCG performance was 33.41%, an improvement from last month. Neither CRH (24.16%) or UHDB (34.76%) have achieved the standard, but performance has improved at both trusts.
Cancer	<p>During February 2022, Derbyshire was non compliant in all of the cancer standards except 31 day Subsequent Radiotherapy:</p> <ul style="list-style-type: none"> 2 week Urgent GP Referral – 74.5% (93% standard) – Compliant at Sheffield and Stockport. 2 week Exhibited Breast Symptoms – 30.2% (93% standard) – Non compliant for all trusts. 28 day Faster Diagnosis – 74.1% (75% standard) – Compliant for CRH, NUH and Sherwood. 31 day from Diagnosis – 92% (96% standard) – Non compliant for all trusts. 31 day Subsequent Surgery – 81.7% (94% standard) – Compliant at Sherwood. 31 day Subsequent Drugs – 97.4% (98% standard) – Compliant at all trusts. 31 day Subsequent Radiotherapy – 96.2% (94% standard) – Non compliant for all trusts. 62 day Urgent GP Referral – 54.1% (85% standard) – Non compliant for all trusts. 62 day Screening Referral – 55% (90% standard) – Non compliant for all trusts.

Executive Summary

Trust	
Chesterfield Royal Hospital FT	<p>Stroke: There has been an improved Sentinel Stroke National Audit Programme (SSNAP) score from a C to a B. The independent panel from the HASU Workshop concluded that the Trust should explore the reconfiguration of the service, particularly around how to effectively manage senior medical cover and how telemedicine could be further developed. Members of the Acute Quality Team continue to be involved in the Task and Finish Group and a completed business case with regards to the ongoing service is planned for September 2022.</p> <p>CQC: CQC undertook a virtual engagement event with the Trust in February 2022 showcasing Medical Core Services. No concerns were raised and no actions were required. A further engagement day was held in March 2022 and focused on the Urgent and Emergency Care Core Service and freedom to speak up. Concerns were raised regarding the environment in ED and these will be addressed by the Trust.</p> <p>Maternity: The Trust have completed the National Ockenden submission. In relation to compliance against the 7 Immediate and Essential Ockenden Actions, the Trust are fully compliant against 1, with partial compliance against 6, which are enhanced safety; staff training; managing complex pregnancy; risk assessment through pregnancy; monitoring fetal wellbeing and informed consent. In relation to Kirkup recommendations the Trust are partially compliant against 4 elements of 41, these were education, incident investigation, confidential enquiries and induction of locums. A plan is in place to be fully compliant by July 2022. This position was presented to their Public Trust Board on the 13th April 2022.</p>
University Hospitals of Derby and Burton NHS FT	<p>Waiting List Harm Review: There is a process in place for 104 day harms. A proposal has been suggested to the Trust regarding harm reviews with a plan to add into the Quality Schedule. CQRG will receive a quarterly report with monthly escalations. This will also be reported through the Cancer Improvement Group and Planned Care Delivery Board.</p> <p>Maternity: Homebirth services remain suspended with staff redeployed to support the two acute maternity units due to ongoing staffing pressures. The Trust are exploring a number of workforce solutions to mitigate against their current staffing issues. The Derbyshire Maternity and Neonatal Board will require an update on the Homebirth Service and staffing issues in May 2022. The Trust have completed the National Ockenden submission. In relation to compliance against the 7 Immediate and Essential Ockenden Actions, the Trust are fully compliant against 4, with partial compliance against 3, which are risk assessment through pregnancy; monitoring fetal wellbeing and informed consent. UHDB are fully compliant against the Kirkup recommendations. This position was presented to their Public Trust Board on the 8th March 2022.</p>
Derbyshire Community Health Services FT	<p>Hillside CQC Inspection: The overall rating for the Hillside ward at Ash Green Learning Disability Centre has remained rated as good overall, following an inspection in December 2021 and January 2022. CQC carried out this unannounced focused inspection to look at how safe and well-led the ward is, after receiving concerns relating to staffing, care planning, restraint and staff engagement. CQC did not re-rate the overall service or how well-led it is following this inspection, so the previous rating of good remains. However, CQC re-rated the safe domain as requires improvement, this was previously rated as good. The overall rating for the trust remains as outstanding. Inspectors identified three areas for improvement (insufficient alarms for all the agency staff, service was short of permanent learning disability doctors & morale of some of the trust staff was low at the time of the inspection). Progress against the required actions will be monitored through CQRG.</p>
Derbyshire Healthcare FT	<p>Prone restraint: Ongoing work streams are established to support the continuing need to reduce restrictive practice. The trust still remain low in numbers of prone restraint and lower than the regional average per bed numbers. Focussed discussion is planned in the next CQRG meeting.</p>
East Midlands Ambulance Trust	<p>Serious Incidents: Twelve Serious incidents were reported in February 2022. seven were prolonged waits, five clinical care management concerns, one relating to an incorrectly coded call and one medication error. Internal investigations are underway and immediate action taken as appropriate to reduce the risk of recurrence. A deep-dive investigation is currently underway into incorrect call coding incidents as this has been identified as a recurring theme, with four serious incidents being identified in the last few months. This will be reported to Quality Assurance Group on completion.</p>

PERFORMANCE OVERVIEW MONTH 12 – URGENT CARE

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

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

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Urgent Care	Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
									Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Mar-22	↑	71.2%	76.7%	78	85.8%	90.3%	7	62.1%	68.3%	78	74.2%	78.8%	78
		A&E 12 Hour Trolley Waits	0	Mar-22					0	16	0	183	971	20	22506	98699	78

EMAS Dashboard for Ambulance Performance Indicators

Urgent Care	Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	EMAS Performance (Whole Organisation)				EMAS Completed Quarterly Performance 2021/22				NHS England		
									Current Month	YTD	consecutive months non-compliance	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Current Month	YTD	consecutive months non-compliance	
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Mar-22	↓	00:09:22	00:08:42	21	00:09:42	00:08:49	20	00:07:54	00:09:05	00:09:17	00:09:06	00:09:35	00:08:35	11	
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Mar-22	↓	00:16:32	00:15:03	2	00:17:42	00:15:52	9	00:14:06	00:16:29	00:16:36	00:16:29	00:16:50	00:15:11	9	
		Ambulance - Category 2 - Average Response Time	00:18:00	Mar-22	↓	00:52:47	00:40:19	20	01:04:23	00:47:31	21	00:33:40	00:49:29	00:56:39	00:50:47	01:01:03	00:41:19	20	
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Mar-22	↓	01:52:34	01:23:59	20	02:24:01	01:41:58	20	01:10:09	01:46:26	02:03:36	01:50:38	02:17:10	01:29:25	12	
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Mar-22	↓	08:02:38	06:00:21	20	09:21:22	06:49:09	20	04:30:11	07:17:52	08:24:08	07:00:08	08:36:33	05:43:33	12	
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Mar-22	↓	06:07:09	05:28:25	12	08:15:20	06:12:39	12	04:43:53	06:45:03	06:55:08	06:59:03	09:56:03	06:46:04	4	

PERFORMANCE OVERVIEW MONTH 11 – PLANNED CARE

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

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

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England			
								Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Feb-22	↓	62.9%	65.6%	49	63.6%	67.6%	34	60.0%	61.3%	50	62.6%	65.7%	72
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Feb-22	↓	5252	65129	25	1060	12448	23	4981	68476	24	299478	3454312	178
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Feb-22	↓	33.41%	33.28%	45	24.16%	19.31%	23	34.76%	36.88%	24	24.02%	25.36%	102
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Feb-22	↑	74.5%	81.1%	18	Cancer 2 Week Wait Pilot Site - not currently reporting			68.9%	74.9%	18	80.7%	82.3%	21
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Feb-22	↑	30.2%	49.8%	6	16.2%	45.4%	5	56.5%	64.5%	21			
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Feb-22	↑	74.1%	73.7%	6	82.0%	77.6%	0	66.9%	70.5%	7	74.1%	72.0%	11
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Feb-22	↑	92.0%	91.0%	14	88.5%	91.6%	6	92.9%	91.5%	19	93.7%	93.5%	14
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Feb-22	↑	81.7%	78.5%	27	92.3%	93.8%	2	86.5%	82.8%	9	84.3%	84.5%	43
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Feb-22	↑	97.4%	98.4%	3	100.0%	100.0%	0	98.0%	98.1%	0	99.0%	98.8%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Feb-22	↑	96.2%	94.8%	0				93.8%	90.2%	5	94.4%	95.3%	0
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Feb-22	↓	54.1%	63.4%	36	68.5%	71.9%	31	52.1%	59.1%	46	62.1%	69.0%	74
		First Treatment Administered - 104+ Day Waits	0	Feb-22	↑	39	325	71	5	52	46	39	301	71	1427	12051	74
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Feb-22	↑	55.0%	65.3%	34	35.3%	50.5%	34	70.0%	78.9%	15	64.5%	72.3%	47
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Feb-22	↑	81.8%	80.8%		60.0%	82.5%		80.0%	86.3%		75.9%	79.6%	
	Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2021/22 Q3	↑				31.6%	31.6%		21.1%	21.1%		23.8%	23.8%	

PERFORMANCE OVERVIEW MONTH 11 – PATIENT SAFETY

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

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

				Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	
Area	Indicator Name	Standard	Latest Period	NHS Derby & Derbyshire CCG				Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England			
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Feb-22		0	28	0	Cancer 2 Week Wait Pilot Site - not currently reporting			1	3	2	2796	13178	5
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Feb-22	↓	1	2	1				0	1	0	53	612	35
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan		Feb-22	↓		216		32		108					
			Actual				232	6	21	0	65	0	13113				
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Feb-22	↑	47	768		9	237		43	539		47	768	
Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Feb-22	↑	25	236		7	70		14	165		968	11213			

PERFORMANCE OVERVIEW MONTH 11 – MENTAL HEALTH

CCG Dashboard for NHS Constitution Indicators

CCG Dashboard for NHS Constitution Indicators				Direction of Travel	Current Month	YTD	consecutive months of failure	Cancer 2 Week Wait Pilot Site - not currently reporting			Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	
Mental Health	Area	Indicator Name	Standard	Latest Period	NHS Derby & Derbyshire CCG							NHS England								
	Early Intervention In Psychosis	Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	60.0%	Feb-22	↑	57.1%	55.0%	4	57.1%	54.1%	4				69.4%	67.8%	0			
		Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Feb-22	↑	60.0%	41.0%	0	60.0%	47.2%	0				25.5%	27.3%	34			
Mental Health		Dementia Diagnosis Rate	67.0%	Jan-22	↓	63.3%	64.5%	19							61.6%	62.8%	22			
		CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		2021/22 Q3	↓	81.6%	74.6%													
		CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		2021/22 Q3	↓	69.7%	83.9%													
		Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	2021/22 Q2	↑	3.5%	3.9%	7												
		Mental Health - Out Of Area Placements		Jan-22	↑	630	5680													
		Physical Health Checks for Patients with Severe Mental Illness	25%	2021/22 Q3	↑	28.4%	29.6%	0												
Mental Health	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	Feb-22	↓	2.10%	23.10%													
			Actual			2.35%	28.44%	0												
		IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Feb-22	↓	51.7%	52.7%	0	53.6%	55.0%	0	52.6%	52.3%	0	42.3%	46.5%	1	54.5%	57.4%	0
		IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Feb-22	↓	73.6%	89.7%	1	91.4%	89.2%	0	58.3%	87.7%	2	96.6%	97.9%	0	100.0%	98.4%	0
	IAPT Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of IAPT treatment	95%	Feb-22	↓	99.9%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0	99.5%	100.0%	0	100.0%	100.0%	0	
Mental Health	Area	Indicator Name	Standard	Latest Period	Derbyshire Healthcare FT															
	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Feb-22	↓	59.0%	73.4%	9												
Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways		0	Feb-22	↔	0	1	0													

Quality Overview

QUALITY OVERVIEW M11

Trust	Key Issues
Chesterfield Royal Hospital FT	<p>Staffing: Essential training targets are currently 83% against 95% target. A reduced level of essential training has been undertaken due to the unprecedented demand on the Service, staffing issues and the pandemic. Actions to address this will be reported monthly via CQRGs due to commence in May 2022.</p> <p>Stroke: There has been an improved Sentinel Stroke National Audit Programme (SSNAP) score from a C to a B. The independent panel from the HASU Workshop concluded that the Trust should explore the reconfiguration of the service, particularly around how to effectively manage senior medical cover and how telemedicine could be further developed. Members of the Acute Quality Team continue to be involved in the Task and Finish Group and a completed business case with regards to the ongoing service is planned for September 2022.</p> <p>CQC: CQC undertook a virtual engagement event with the Trust in February 2022 showcasing Medical Core Services. No concerns were raised and no actions were required. A further engagement day was held in March 2022 and focused on the Urgent and Emergency Care Core Service and freedom to speak up. Concerns were raised regarding the environment in ED and these will be addressed by the Trust.</p> <p>Maternity: The Trust have completed the National Ockenden submission. In relation to compliance against the 7 Immediate and Essential Ockenden Actions, the Trust are fully compliant against 1, with partial compliance against 6, which are enhanced safety; staff training; managing complex pregnancy; risk assessment through pregnancy; monitoring fetal wellbeing and informed consent. In relation to Kirkup recommendations the Trust are partially compliant against 4 elements of 41, these were education, incident investigation, confidential enquiries and induction of locums. A plan is in place to be fully compliant by July 2022. This position was presented to their Public Trust Board on the 13th April 2022.</p>
University Hospitals of Derby and Burton NHS FT	<p>Staffing: The sickness rate for the Trust is 5.3% against a target 4.5%. Mandatory training remains below target at 86.7% against a target of 95%. Mandatory Training and Appraisals have been reinstated from March 2022. CQRG continues to have oversight in relation to staffing.</p> <p>Waiting List Harm Review: There is a process in place for 104 day harms. A proposal has been suggested to the Trust regarding harm reviews with a plan to add into the Quality Schedule. CQRG will receive a quarterly report with monthly escalations. This will also be reported through the Cancer Improvement Group and Planned Care Delivery Board.</p> <p>Maternity: Homebirth services remain suspended with staff redeployed to support the two acute maternity units due to ongoing staffing pressures. The Trust are exploring a number of workforce solutions to mitigate against their current staffing issues. The Derbyshire Maternity and Neonatal Board will require an update on the Homebirth Service and staffing issues in May 2022. The Trust have completed the National Ockenden submission. In relation to compliance against the 7 Immediate and Essential Ockenden Actions, the Trust are fully compliant against 4, with partial compliance against 3, which are risk assessment through pregnancy; monitoring fetal wellbeing and informed consent. UHDB are fully complaint against the Kirkup recommendations. This position was presented to their Public Trust Board on the 8th March 2022.</p> <p>12hr breaches: February data shows that there were 116 12 hour breaches due to the availability of suitable Mental Health beds (1) and medical capacity issues (115).</p>

QUALITY OVERVIEW M11 continued

Trust	Key Issues
Derbyshire Community Health Services FT	<p>Hillside CQC Inspection: The overall rating for the Hillside ward at Ash Green Learning Disability Centre has remained rated as good, following an inspection in December 2021 and January 2022. CQC carried out this unannounced focused inspection to look at how safe and well-led the ward is, after receiving concerns relating to staffing, care planning, restraint and staff engagement. CQC did not re-rate the overall service or how well-led it is following this inspection, so the previous rating of good remains. However, CQC re-rated the safe domain as requires improvement, this was previously rated as good. The overall rating for the trust remains as outstanding. Inspectors identified three areas for improvement (insufficient alarms for all the agency staff, service was short of permanent learning disability doctors & morale of some of the trust staff was low at the time of the inspection). Progress against the required actions will be monitored through CQRG.</p>
Derbyshire Healthcare Foundation Trust	<p>Covid Vaccination status: 97% of patient facing staff have now received their first vaccination and 95% have received both vaccinations. Booster vaccinations are continuing. Uptake will be monitored through CQRG.</p> <p>Clinical and management supervision: Levels of compliance have remained low since the start of the pandemic with operational services performing higher than corporate. Current compliance for operation staff is 75% (management supervision) and 74% (clinical supervision). A recovery plan is in place which will be reviewed via the CQRG.</p> <p>Prone restraint: Ongoing work streams are established to support the continuing need to reduce restrictive practice. The trust still remain low in numbers of prone restraint and lower than the regional average per bed numbers. Focussed discussion is planned in the next CQRG meeting.</p>
East Midlands Ambulance Trust	<p>Performance: The Trust did not deliver any of the national operational performance metrics in February at a Trust level. However, in February, Northamptonshire and Nottinghamshire divisions achieved the Category 1 ninetieth percentile. Nationally EMAS is not an outlier in terms of service delivery; no ambulance service is currently delivering the Category 1 or Category 2 national standards. The number of call respond to continues on a downward trend, whilst the number of incidents are still higher than in 2019/20. Conveyance rates to ED continue to be lower than previous years. The Trust continue to work collaboratively with healthcare partners and regulators within the systems to identify solutions and balance the risk across the whole system. The Derbyshire System Ambulance Service Pressures Working Group is meeting on the 22nd April to explore solutions to reducing handover delays at acute hospitals. The outcomes will be reported back to SORG.</p> <p>Serious Incidents: Twelve Serious incidents were reported in February 2022. seven were prolonged waits, five clinical care management concerns, one relating to an incorrectly coded call and one medication error. Internal investigations are underway and immediate action taken as appropriate to reduce the risk of recurrence. A deep-dive investigation is currently underway into incorrect call coding incidents as this has been identified as a recurring theme, with four serious incidents being identified in the last few months. This will be reported to QAG on completion.</p>

QUALITY OVERVIEW M11

Derbyshire Wide Integrated Report

Part B: Provider Local Quality Indicators

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

Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD
Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital FT				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
Ratings	CQC Ratings	Inspection Date	N/A	Aug-19				Mar-19				May-19				May-18			
		Outcome	N/A	Good				Good				Outstanding				Requires Improvement			
Adult	FFT	Staff 'Response' rates	15%	2019/20 Q2	↑	7.6%	8.6%	2019/20 Q2	↑	10.1%	10.1%	Dec-21	↑	90.7%	98.9%	2019/20 Q2	↑	3.2%	18.1%
		Staff results - % of staff who would recommend the organisation to friends and family as a place to work		2019/20 Q2	↑	56.0%	64.1%	2019/20 Q2	↑	70.2%	70.2%	Dec-21	↔	72.0%	72.0%	2019/20 Q2	↑	57.3%	66.7%
		Inpatient results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Jan-22	↑	95.7%	97.7%	Feb-22	↔	93.4%	96.4%	Jul-20	↔	100.0%	98.6%				
		A&E results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Jan-22	↑	85.3%	77.8%	Feb-22	↔	79.1%	80.3%	Jul-20	↓	N/A	99.3%				
	Complaints	Number of formal complaints received	N/A	Sep-21	↓	17	94	Feb-22	↓	43	573	Jan-22	↑	2	45	Feb-22	↑	16	191
		% of formal complaints responded to within agreed timescale	N/A	Jan-22	↓	65.0%		Feb-22	↑	70.4%	62.0%	Jan-22	↓	50.0%	83.6%	Feb-22	↓	95.5%	98.56%
		Number of complaints partially or fully upheld by ombudsman	N/A	Sep-21	↔	0	0	19-20 Q2	↔	1	2	Jan-22	↔	0	0	Feb-22	↔	0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↓	12	34	Feb-22	↑	38	537	Jan-22	↑	74	876	Feb-22	↔	0	3
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↑	0	11	Feb-22	↓	19	190	Jan-22	↓	24	291	Feb-22	↔	0	2
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Sep-21	↔	0	0	Oct-21	↔	0	0	Jan-22	↓	5	40	Feb-22	↔	0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Sep-21	↓	8	24	Sep-19	↑	16	94	Jan-22	↓	78	698	Feb-22	↔	0	0
		Medical Device pressure ulcers - numbers developed or deteriorated						Sep-19	↓	4	20	Jan-22	↔	11	122	Feb-22	↔	0	0
		Number of pressure ulcers which meet SI criteria	N/A	Sep-20	↑	0	3	Sep-19	↔	0	4	Jan-22	↑	0	6	Feb-22	↔	0	0
	Falls	Number of falls	N/A	Sep-21	↓	102	543	Data Not Provided in Required Format				Jan-22	↑	28	222	Feb-22	↓	34	329
		Number of falls resulting in SI criteria	N/A	Sep-20	↑	0	8	Sep-19	↑	0	19	Jan-22	↔	0	8	Feb-22	↔	0	0
	Medication	Total number of medication incidents	?	Sep-21	↓	70	457	Data Not Provided in Required Format				Jan-22	↔	0	1	Feb-22	↑	75	883
Serious Incidents	Never Events	0	Jan-22	↔	0	0	Feb-22	↓	1	7	May-19	↔	0	0	Feb-22	↔	0	0	
	Number of SI's reported	0	Sep-20	↑	4	26	Sep-19	↑	7	115	Dec-20	↔	1	34	Feb-22	↓	1	8	
	Number of SI reports overdue	0	Apr-21	↔	0	0	May-19	↓	19	28	May-19	↔	0	0					
	Number of duty of candour breaches which meet threshold for regulation 20	0	Sep-20	↑	0	3	May-19	↔	0	0	Dec-20	↔	0	0					

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Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators cont.				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	
Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital NHS Foundation Trust				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT				
Adult	VTE	Number of avoidable cases of hospital acquired VTE		Mar-20	↓	0	15	Feb-21	↔	0	TBC					Feb-22	↔	0	0	
		% Risk Assessments of all inpatients	90%	2019/20 Q3	↓	96.9%	97.4%	Feb-22	↓	92.6%	93.9%	2019/20 Q3	↓	99.5%	99.7%					
	Mortality	Hospital Standardised Mortality Ratio (HSMR)	Not Higher Than Expected	Jan-22	↓	106		Nov-20	↔	107.4										
		Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected		Nov-21	↓	0.997		Nov-21	↑	0.940										
		Crude Mortality		Jan-22	↓	1.90%		Feb-22	↑	1.60%	1.60%									
Maternity	FFT	Antenatal service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jul-21	↑	98.3%	98.5%	Jul-21	↔	N/A	95.1%									
		Labour ward/birthing unit/homebirth: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Dec-21	↓	N/A	98.9%	Jun-21	↓	100.0%	98.1%									
		Postnatal Ward: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-21	↔	100.0%	98.4%	Sep-21	↓	100.0%	98.0%									
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Sep-21	↔	N/A	98.8%	Jun-21	↔	N/A	97.8%									
Mental Health	Dementia	Dementia Care - % of patients ≥ 75 years old admitted where case finding is applied	90%	Feb-20	↑	100.0%	98.9%	Feb-20	↑	92.1%	90.9%									
		Dementia Care - % of patients identified who are appropriately assessed	90%	Feb-20	↔	100.0%	100.0%	Feb-20	↑	89.4%	85.4%									
		Dementia Care - Appropriate onward Referrals	95%	Feb-20	↔	100.0%	100.0%	Feb-20	↔	100.0%	99.3%									
	Inpatient Admissions	Under 18 Admissions to Adult Inpatient Facilities	0												Feb-22	↔	0	0		
Workforce	Staff	Staff turnover (%)		Jan-22	↓	10.6%		Feb-22	↓	11.0%	9.9%	Jan-22	↔	9.4%	9.0%	Feb-22	↓	12.47%	11.29%	
		Staff sickness - % WTE lost through staff sickness		Jan-22	↓	5.1%		Feb-22	↑	5.5%	5.3%	Jan-22	↓	7.9%	5.7%	Feb-22	↑	6.98%	6.96%	
		Vacancy rate by Trust (%)		Jan-22	↓	0.4%		Data Not Provided in Required Format				Jan-22	↓	5.1%	3.7%	Feb-22	↑	9.5%	12.3%	
		Agency usage	Target Actual													Feb-22	↓	0.90%	2.03%	
		Agency nursing spend vs plan (000's)		Jan-22	↓		£2,045	Oct-18	↑	£723	£4,355	Jan-22	↓	£196	£1,026					
		Agency spend locum medical vs plan (000's)		Jan-22	↓		£7,208													
Training		% of Completed Appraisals	90%	Sep-21	↑	91.8%		Feb-22	↓	78.6%	81.1%	Jan-22	↓	83.8%	86.1%	Feb-22	↑	76.6%	76.0%	
		Mandatory Training - % attendance at mandatory training	90%	Jan-22	↓	81.5%		Feb-22	↓	85.4%	86.7%	Jan-22	↑	95.7%	95.8%	Feb-22	↓	84.3%	84.5%	
Quality Schedule	Is the CCG assured by the evidence provided in the last quarter?		CCG assured by the evidence																	
CQUIN	CCG assurance of overall organisational delivery of CQUIN		CCG not assured by the evidence																	

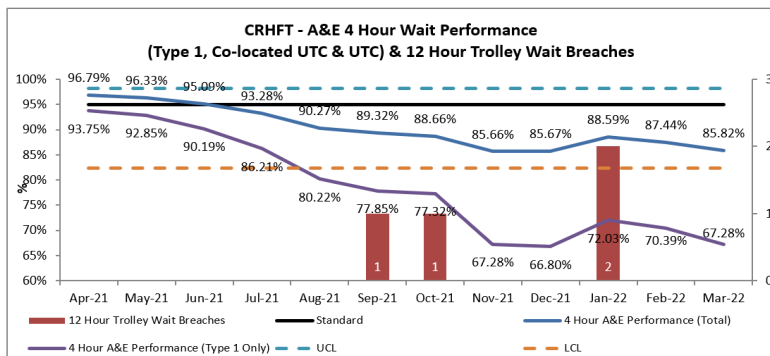
Urgent & Emergency Care

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

Performance Analysis

During March 2022 the trust did not meet the 95% standard, achieving 85.8% and the Type 1 element achieving 67.3%, similar to the previous month.

There were no 12 hour trolley breaches during March.



What are the next steps?

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

What are the issues?

- There continued to be severely delayed discharges for patients requiring Packages Of Care, due to capacity for these in the county. These were exacerbated by covid outbreaks in Care Homes, meaning they couldn't admit patients discharged from acute trusts. This has led to the medical bed base being full (at times there have been enough Medically Fit For Discharge patients to fill whole inpatient wards), therefore reducing the beds available for those in A&E who need them.
- The combined Type 1 & streamed attendances have exceeded pre-pandemic levels, with an average of 291 attendances per day and exceeding pre-pandemic levels (March 2022 volumes were 16.5% higher than March 2019).
- There were surges of Covid19 admissions & outbreaks throughout the month, with as many as 88 positive inpatients at one point and patients still in ICU. This added more pressure to a trust with an escalated critical care position.
- Staff sickness levels across the trust have had a major impact on the performance in A&E. Staff sickness levels peaked at 8.6% during the month, with almost half of these due to Covid19 illness or isolation.
- Continued pressures in the South Yorkshire urgent care system have led to increased numbers of ambulances diverted to Chesterfield.
- Outbreaks at other providers either limited their capacity or needed temporary closure, reducing overall capacity in the system.

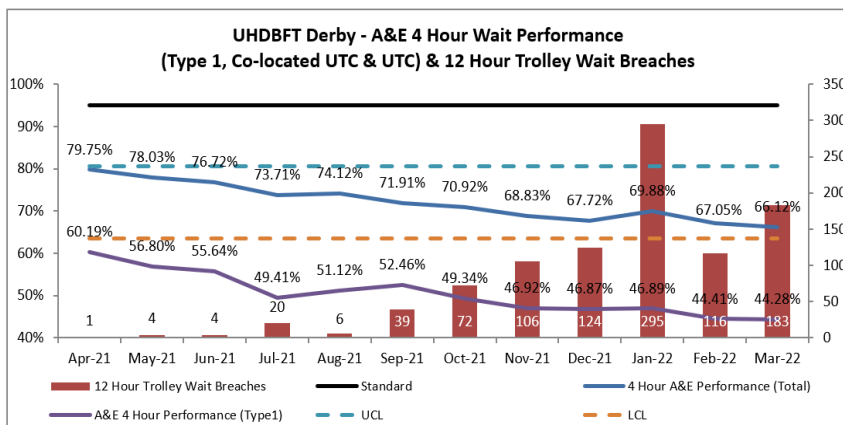
What actions have been taken?

- The use of surge beds in the community have increased emergency capacity in the system, enabling speedier discharge from base wards within the trust.
- The acute frailty service has based a geriatrician led team in ED, enabling more rapid assessment and treatment of frail elderly patients.
- The Community Rapid Intervention Service (CRIS) was implemented, preventing the need for patients to attend hospitals through collaborative working.
- System level meetings continued to be held regularly, with the System Organisational Resilience Group (SORG) meeting twice a week and System Escalation Calls (SEC) being held at times of high pressure. The membership includes acute trusts, community trusts and councils, solving problems collaboratively in addition to focussed meetings & communications to secure more capacity

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

Performance Analysis

During March 2022, performance overall did not meet the 95% standard, achieving 66.1% (Network figure) and 44.3% for Type 1 attendances. These continue the deterioration since March 2021. There were 183 x 12 hour breaches during March 2022 due to the availability of suitable Mental Health beds (13) and medical capacity issues (170).



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

What are the next steps?

- Longer-term commissioning of the UTC to enable consistency in opening times and staffing.
- A further constructive peer review by Chris Morrow-Frost (NHSEI) to gain advice about further improvements now that the UTC has been established at his suggestion. Long-term contractual work to ensure consistent staffing is also taking place.

What are the issues?

- The volume of attendances have exceeded pre-pandemic levels, with an average of 487 attendances per day at Derby. These comprise both Type 1 and co-located Urgent Treatment Centre (UTC) numbers, as the UTC sees patients who would otherwise have been classed as minors.
- The acuity of the attendances was high, seeing an average of 14 Resuscitation patients & 195 Major patients per day.
- Staff sickness levels across the site have had a major impact on the performance in A&E. Staff sickness levels peaked at 8.4% across the trust with almost half of these due to Covid19 illness or isolation.
- Attendances at Children's ED continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 118 per day during February 2022.
- Continued pressures in the Maternity Unit led to standard medical beds being temporarily used for Maternity, reducing general medical capacity.
- Continued pressures in the South Yorkshire urgent care system led to some Cardiac patients being diverted to Derby.

What actions have been taken?

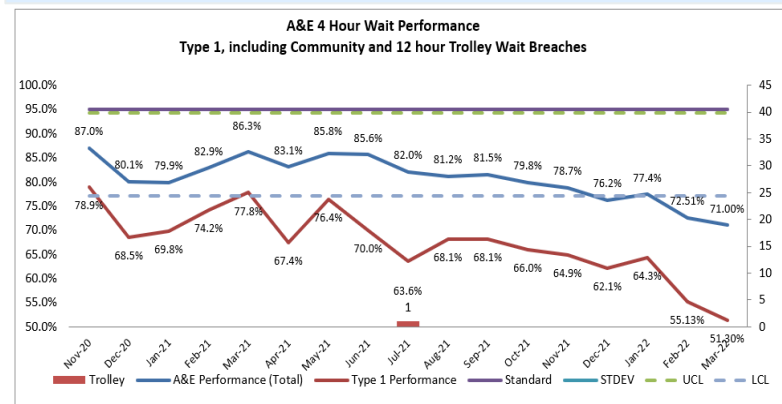
- The FEAT Team are now at full establishment, enabling speedier assessment of frail elderly patients.
- Community Rapid Intervention Services (CRIS) are being expanded to build capacity and capability to meet the national two hour crisis response standard.
- The Same Day Emergency Care SDEC capacity has been extended to 8am to 8.30pm 7 days a week, meaning that patients can avoid attending ED.
- Temporarily converting Urology Day case and Gynaecology Day case beds into emergency medical inpatient beds, with associated surgical cancellations.
- The opening Ward 5 and expanding Ward 2 at Florence Nightingale Community Hospital to treat Nursing Home and End Of Life patients in a more appropriate setting. This has also released capacity on base wards.

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

Performance Analysis

During March 2022, performance overall did not meet the 95% standard, achieving 51.2% for the Burton A&E and 71.0% including community hospitals. Performance has been deteriorating since Autumn.

There were no 12 hour breaches during March 2022.



What are the next steps?

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

What were the issues?

- The department have experienced a high volume of activity with an average of 214 Type 1 attendances per day, exceeding pre-pandemic levels.
- A high wave of Covid patients attending, with the hospital peaking at 124 inpatients towards the end of the month.
- The acuity of the attendances is high, with an average of 124 Resuscitation/Major patients per day (58% of Type 1s).
- Staff sickness levels across the site have had a major impact on the performance in A&E. Staff sickness levels peaked at 8.4% across the trust with almost half of these due to Covid19 illness or isolation.
- Continued pressures in the West Midlands and Staffordshire urgent care systems have led to increased numbers of ambulances diverted to Burton.

What actions have been taken?

- Utilisation of spare capacity overnight to provide more physical space, especially for ambulance arrivals.
- Community Rapid Intervention Services (CRIS) are being expanded to build capacity and capability to meet the national two hour crisis response standard.
- The Same Day Emergency Care SDEC capacity has been extended to 8am to 8.30pm 7 days a week, meaning that patients can avoid attending ED.
- The cancellation of some Priority 4 surgical procedures that needed inpatient beds on acute sites.
- Further recruitment of clinical staff including 1 middle-grade and 2 JCFs.
- Development of a revised Clinical Navigation Model with DHU.
- Opening an Acute Medical Unit Triage (AMUT) to assess patients away from ED as GPs refer directly into the unit or patients are 'pulled' there from the ED waiting room. An escalation plan has also been developed for this area.
- Every walk-in patient is now streamed by Clinical Navigators to ascertain whether ED is the most appropriate setting for their assessment or care.
- The Surgical Assessment Unit (SAU) now operates for 12 hours a day (9am-9pm) with 9 trolleys available for specialised assessment away from ED.
- Increased use of the Burton Treatment Centre to see elective patients and therefore release beds for emergency activity.

DHU111 Performance Month 11 (February 2022)

Performance Summary

- DHU111 achieved four of the five contractual Key Performance Indicators (KPIs) during February 2022. The following KPI was not achieved, however there was a significant improvement compared to the previous month:
 - The Average speed of answer was 15 seconds above the contractual KPI, at 42 seconds.

Activity Summary

- During February, there has been a further reduction in calls offered, which were below the plan for the first time this contract year at -0.1% below the indicative activity plan (IAP). Clinical calls remained above the IAP, at +17.7% above IAP. Please note that, as per the agreements made as part of the Year 6 contract, COVID activity is now included within the core activity lines.
- A total of 10,172 Category 3 validations were carried out during February 2022, this was a decrease compared to the previous month where 11,162 validations took place.

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

DHU111 Performance Month 11 (February 2022)

What are the issues?

- Despite the challenges being faced and non achievement of one KPI, DHU111 have seen improvement this month and continue to perform well compared to other 111 providers across the country. Where DHU111 average speed of answer was 42 seconds during February 2022, the national average figure was 4 minutes and 46 seconds.
- Dental related activity continues to be a concern across the region on Monday and Tuesdays, in addition to this an increase in demand has been noted on Saturday mornings. DHU111 advised the Contract Management Board (CMB) members in March 2022 that increasing staffing levels to manage this influx of calls could be challenging.

What actions have been taken?

- To bring the current DHU111 2021/2022 contract in line with the NHSE 2022/2023 Contract guidance, a National Variation Agreement (NVA) was put together by the Coordinating Commissioning Team and sent to DHU111 on the 18th March 2022 for agreement. This is due to be signed off at the next CMB meeting scheduled for 27th April 2022.
- DHU111 have already begun to put plans in place to cover the increase in calls expected over the Easter Period, with an increase in resources and Health Advisors.

What are the next steps?

- With regards to the increase in dental demand, commissioners have agreed to take the item to their local system Delivery Board Meetings.
- DHU will share an additional report which shows the increase in activity and provides further information on the changes being seen, to support conversations in local systems.

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

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

AMBULANCE – EMAS PERFORMANCE M11 (February 2022)

What are the issues?

- A deterioration was seen in February 2022 on all standards when compared with January 2022.
- The contractual standard is for the Derbyshire division to achieve national performance on a quarterly basis. For Quarter four to date, Derbyshire are achieving one out of the six national standards, C1 90th Centile. The variation to the national standard for the quarter four to date position was as follows:
 - C1 mean +1 minute and 38 seconds
 - C1 90th Centile 1 second below the national standard
 - C2 mean +19 minutes and 41 seconds
 - C2 90th Centile +39 minutes and 5 seconds
 - C3 90th Centile +3 hours, 15 minutes and 32 seconds
 - C4 90th Centile +2 hours, 53 minutes and 16 seconds
- There is a regional level trajectory for performance which is linked to the receipt of additional national funding. During February, EMAS did not achieve any of the performance trajectories and a deterioration was seen against all trajectories when compared to January.
- Within Derbyshire demand from NHS111 remained high at 28%
- Call activity remained high and the number of duplicate calls being seen saw a significant increase across EMAS during February, 21.9% compared to 18.5% in January. For Derbyshire the percentage of calls being classed as a duplicate calls also saw an increase in the month of February 21.2% compared to was 18.4% in January. This remains above the contractual threshold of 17.9%.
- Incident and on scene demand saw further reduction across EMAS, now at -8.0% and -9.1% below plan respectively. February incidents in Derbyshire saw a decrease when compared to January (11,553 compared to 12,989).
- Average Pre hospital handover times during February continued to be above the 15 minute National Standard across Derbyshire at 23 minutes and 8 seconds, this is an improvement when compared to January performance (24 minutes and 6 seconds).
- Average Post handover times during February remained above the 15 minute national standard across Derbyshire with the exception of Macclesfield District (11 minutes and 3 seconds) and Stepping Hill (14 minutes and 43 seconds). Overall the post handover time in February was 20 minutes and 58 seconds which was comparable to January 20 minutes and 21 seconds.
- 12 Serious incidents (SI's) were reported in February across EMAS, five of the SI's were due to delays in care/prolonged response.

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 – February	00:08:56	00:16:18	00:48:26	01:41:47	06:26:43	06:04:37
Derbyshire Actual – February	00:08:44	00:15:05	00:41:41	01:25:32	06:03:19	06:02:01
Derbyshire Actual – Quarter Four to date	00:08:38	00:14:59	00:37:41	01:19:05	05:15:32	05:53:16

February 2022	Pre Handovers		Post Handovers		Total Turnaround	
	Average Pre Handover Time	Lost Hours	Average Post Handover Time	Lost hours	Average Total Turnaround	Lost hours
Burton Queens	00:29:06	89:59:32	00:17:21	31:20:39	00:46:27	108:30:04
Chesterfield Royal	00:19:17	193:16:53	00:22:49	328:59:48	00:42:06	454:48:05
Macclesfield District General Hospital	00:47:14	13:57:59	00:11:03	0:27:24	00:58:17	12:22:14
Royal Derby	00:23:31	581:05:36	00:20:59	511:06:27	00:44:30	968:51:35
Sheffield Northern General Hospital	00:41:48	46:59:16	00:19:21	13:12:19	01:01:10	54:07:41
Stepping Hill	00:28:04	78:40:40	00:14:43	21:25:12	00:42:47	84:02:30
Derbyshire TOTAL	00:23:08	1003:59:56	00:20:58	906:31:49	00:44:06	1682:42:09

AMBULANCE – EMAS PERFORMANCE M11 (February 2022)

What actions have been taken?

- All counties have continued to work on developing alternative pathways for ambulance services to access services and improve the flow within systems, such as same day emergency care, access to urgent treatment centres, and clinical assessment services which is enabling patients to avoid the Emergency Department when safe and appropriate.
- In relation to serious incidents; EMAS has an action plan addressing the four pillars of demand. This has been recently reviewed and all the actions are either completed or ongoing. 88% of the final investigation reports which have been submitted did not identify any new learning from EMAS to address demand or delayed handovers.

What are the next steps

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

EMAS Activity - 2021 to 2022				
Derbyshire	Quarter Three	January	February	Quarter Four to Date
Calls (Total)	42,738	19,214	18,188	37,373
Total Incidents	26,686	12,989	11,553	24,542
Total Responses	24,214	11,819	10,491	22,310
Duplicate Calls	9,104	3,533	3,857	7,361
Hear & Treat (Total)	9,420	3,862	3,839	7,701
See & Treat	8,748	4,201	3,561	7,762
See & Convey	15,466	7,618	6,930	14,548
Duplicates as % Calls	21.3%	18.4%	21.2%	19.7%
H&T ASI as % Incidents	9.3%	9.0%	9.2%	9.1%
S&T as % Incidents	32.8%	32.3%	30.8%	31.6%
S&C as % Incidents	58.0%	58.6%	59.9%	59.3%
S&C to ED as % of incidents	53.7%	54.8%	55.5%	55.1%

Planned Care

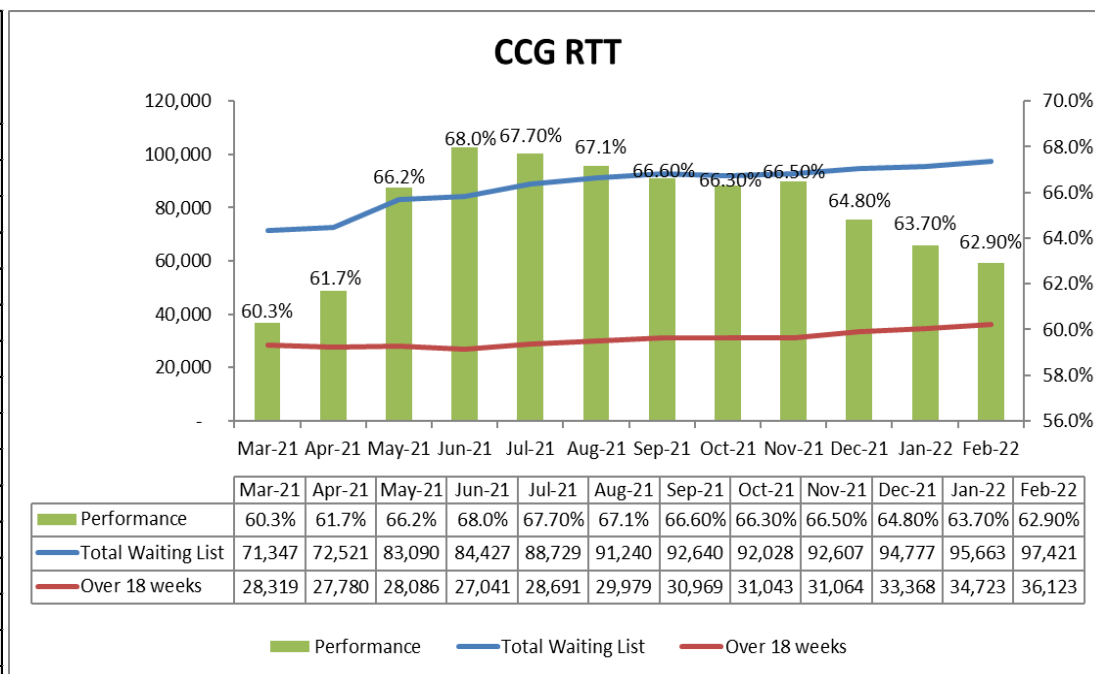
DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

Performance Analysis

Performance for February 2022 was 62.9%, a slight decrease on the 63.77% in January 2022.

The total incomplete waiting list for DDCCG was 97,421, an increase of 1,758 on the previous month.

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,985	2,478	49.7%	758
Urology Service	4,213	2,895	68.7%	231
Trauma and Orthopaedic Service	14,215	7,322	51.5%	1,472
Ear Nose and Throat Service	7,092	4,531	63.9%	343
Ophthalmology Service	12,789	7,068	55.3%	854
Oral Surgery Service	15	13	86.7%	0
Neurosurgical Service	651	429	65.9%	24
Plastic Surgery Service	574	362	63.1%	51
Cardiothoracic Surgery Service	187	120	64.2%	21
General Internal Medicine Service	266	206	77.4%	2
Gastroenterology Service	4,649	3,415	73.5%	84
Cardiology Service	3,134	2,375	75.8%	43
Dermatology Service	7,132	4,439	62.2%	101
Respiratory Medicine Service	1,661	1,301	78.3%	4
Neurology Service	2,630	1,966	74.8%	13
Rheumatology Service	1,881	1,344	71.5%	4
Elderly Medicine Service	213	168	78.9%	1
Gynaecology Service	6,914	4,402	63.7%	334
Other - Medical Services	6,886	5,310	77.1%	80
Other - Mental Health Services	241	214	88.8%	0
Other - Paediatric Services	7,417	4,603	62.1%	222
Other - Surgical Services	8,643	5,551	64.2%	573
Other - Other Services	1,033	786	76.1%	37
Total	97,421	61,298	62.9%	5,252

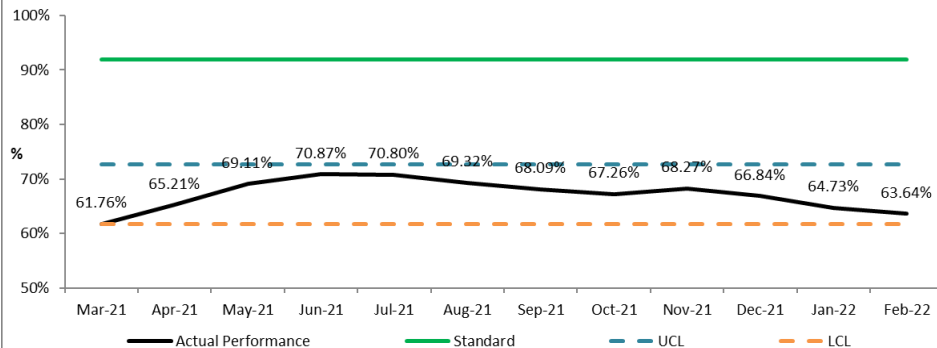


- The Derbyshire CCG position is representative of all of the patients registered within the CCG area attending any provider nationally.
- 70% of Derbyshire patients attend either CRHFT (25%) or UHDB (45%). The RTT position is measured at both CCG and provider level.
- The RTT standard of 92% was not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

Referral to Treatment – Incomplete Pathways (92%).

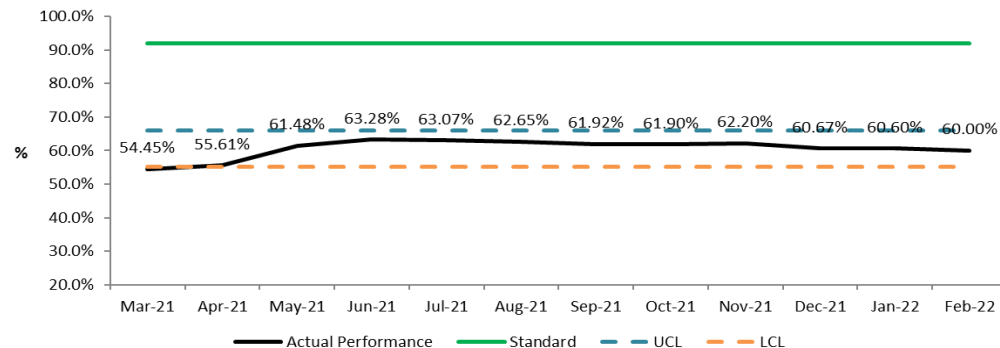
CRH – During February 2022 the trust achieved 63.6%, a slight decrease on the January 2022 figure of 64.7%. The incomplete waiting list at the end of February was 20,713 (January was 20,343).

CRHFT - 18 Weeks Incomplete RTT Performance



UHDB – During February 2022 the trust achieved 60.0%, a slight decrease on the January figure of 60.6%. The incomplete waiting list at the end of February was 90,328 (January - 89,175).

UHDBFT - 18 Weeks Incomplete RTT Performance



Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	1,449	609	42.0%	274
Urology Service	1,132	851	75.2%	19
Trauma and Orthopaedic Service	2,196	1,068	48.6%	207
Ear Nose and Throat Service	1,989	1,332	67.0%	110
Ophthalmology Service	2,258	1,265	56.0%	123
Oral Surgery Service	1,351	712	52.7%	93
General Internal Medicine Service	231	175	75.8%	2
Gastroenterology Service	1,248	871	69.8%	8
Cardiology Service	628	476	75.8%	1
Dermatology Service	1,870	1,248	66.7%	2
Respiratory Medicine Service	575	364	63.3%	0
Rheumatology Service	371	304	81.9%	1
Gynaecology Service	1,441	976	67.7%	121
Other - Medical Services	874	703	80.4%	14
Other - Paediatric Services	1,147	822	71.7%	13
Other - Surgical Services	1,953	1,406	72.0%	72
Total	20,713	13,182	63.6%	1,060

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,809	2,799	58.2%	442
Urology Service	3,368	2,260	67.1%	144
Trauma and Orthopaedic Service	14,260	7,340	51.5%	1,481
Ear Nose and Throat Service	7,144	4,351	60.9%	144
Ophthalmology Service	12,467	5,761	46.2%	1,145
Oral Surgery Service	2,775	1,524	54.9%	171
Neurosurgical Service	110	78	70.9%	0
Plastic Surgery Service	284	197	69.4%	13
Cardiothoracic Surgery Service	4	2	50.0%	0
General Internal Medicine Service	15	14	93.3%	0
Gastroenterology Service	3,703	2,912	78.6%	15
Cardiology Service	2,605	2,033	78.0%	12
Dermatology Service	6,849	3,705	54.1%	230
Respiratory Medicine Service	887	821	92.6%	0
Neurology Service	2,262	1,636	72.3%	11
Rheumatology Service	1,850	1,277	69.0%	5
Elderly Medicine Service	241	176	73.0%	3
Gynaecology Service	6,870	4,173	60.7%	269
Other - Medical Services	6,659	5,119	76.9%	68
Other - Mental Health Services	2	2	100.0%	0
Other - Paediatric Services	4,547	2,616	57.5%	183
Other - Surgical Services	7,432	4,566	61.4%	595
Other - Other Services	1,185	839	70.8%	50
Total	90,328	54,201	60.0%	4,981

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITS

52 Week Waits

At the end of February there were 5,252 Derbyshire patients waiting over 52 weeks for treatment in Derbyshire. This is a decrease of 236 of those reported in January.

Of these, 3,965 were waiting for treatment at our two main providers UHDB and CRH, with the remaining 1,287 waiting at various trusts around the country as outlined in the table on the following slide.

CCG Patients – Trend – 52 weeks

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
DDCCG	2,658	3,388	4,245	5,903	7,554	8,261	7,490	6,859	6,199	5,897	5,627	5,781	5,705	5,399	5,432	5,488	5,252

Main Providers:

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

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
UHDB	2,968	3,751	4,706	6,629	8,767	9,728	8,605	7,573	6,806	6,206	5,755	5,692	5,659	5,469	5,417	5,281	4,981
CRH	438	594	797	1,202	1,475	1,471	1,278	1,179	1,095	1,098	1,118	1,129	1,133	1,084	1,120	1,154	1,060

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

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

Actions:

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

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

Associate Providers – Derbyshire Patients waiting over 52 weeks in February 2022 at associate providers were 1,287.

Provider	Total	Provider	Total
ASPEN - CLAREMONT HOSPITAL	10	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	3
BARTS HEALTH NHS TRUST	3	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	3	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRU	4
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2	THE ROTHERHAM NHS FOUNDATION TRUST	1
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	2
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	1
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	28
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	13	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	2
EAST CHESHIRE NHS TRUST	24	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	53
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	6
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2	WOODTHORPE HOSPITAL	56
LEEDS TEACHING HOSPITALS NHS TRUST	7	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	2
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	5	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4
NEWMEDICA COMMUNITY OPHTHALMOLOGY - BARLBOROUGH TREATMENT CENTRE	1	ROWLEY HALL HOSPITAL	5
NORTH BRISTOL NHS TRUST	2	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	1
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	331	SPAMEDICA DERBY	3
NUFFIELD HEALTH, DERBY HOSPITAL	23	PRACTICE PLUS GROUP HOSPITAL - BARLBOROUGH	8
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	SPAMEDICA MANCHESTER	2
ROYAL FREE LONDON NHS FOUNDATION TRUST	5	BEACON PARK HOSPITAL	10
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	39	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST	1
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	114	CIRCLE READING HOSPITAL	2
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	83	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	30
SPIRE NOTTINGHAM HOSPITAL	1	ALEXANDRA HOSPITAL	8
SPIRE REGENCY HOSPITAL	9	HIGHFIELD HOSPITAL	1
STOCKPORT NHS FOUNDATION TRUST	363	PARK HOSPITAL	2
		TOTAL	1287

Actions:

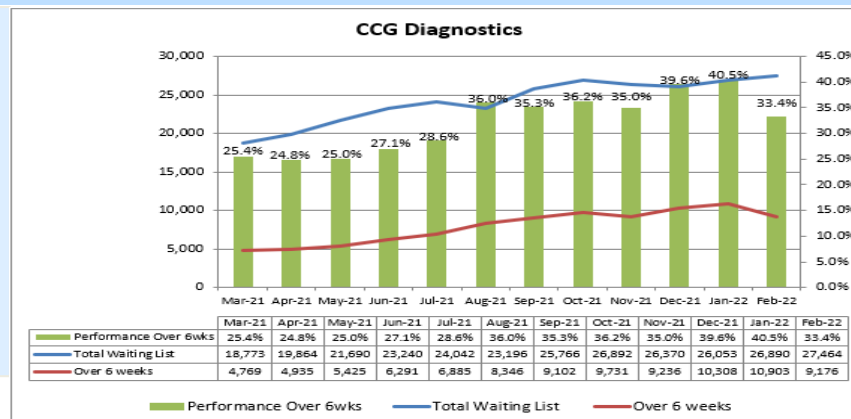
- The performance team make enquiries of the relevant CCGs and responses received back are that these patients are not clinically urgent but are being reviewed. We have not been informed of any TCI dates.

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

Performance Analysis

Derbyshire CCG Diagnostic performance at the end of February was 33.4% waiting over six weeks, an improvement on the 40.5% waiting at the end of January.

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



Diagnostic Test Name	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport	Sheffield Teaching Hospitals	Sherwood Forest Hospitals	Nottingham University Hospitals	East Cheshire
Magnetic Resonance Imaging	43.5%	1.0%	10.4%	11.7%	4.5%	63.2%	12.6%
Computed Tomography	36.6%	0.5%	0.4%	14.3%	20.6%	17.1%	0.0%
Non-obstetric Ultrasound	38.7%	0.4%	0.5%	26.0%	30.9%	12.3%	0.0%
DEXA Scan	7.4%	0.7%	0.0%	10.9%	5.5%	53.5%	
Audiology Assessments	38.9%	54.7%	0.0%	3.6%	2.0%	16.6%	12.7%
Echocardiography	23.9%	68.5%	41.2%	10.6%	53.2%	48.6%	80.1%
Peripheral Neurophysiology	1.1%		0.0%	12.8%		0.0%	
Sleep Studies	15.0%		10.5%	5.3%	30.8%	44.2%	70.2%
Urodynamics - Pressures & Flows	71.9%	59.6%	12.0%	22.0%	11.9%	17.7%	
Colonoscopy	14.5%	12.3%	75.7%	31.0%	5.9%	50.7%	42.3%
Flexi Sigmoidoscopy	26.9%	23.9%	74.0%	50.5%	4.0%	51.3%	15.0%
Cystoscopy	14.2%	0.0%	0.0%	17.8%	37.2%	9.5%	22.2%
Gastroscopy	21.1%	12.5%	40.1%	34.8%	3.2%	55.7%	7.8%
Total	34.8%	24.2%	25.2%	20.3%	27.5%	43.2%	29.1%

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	6,113	2,248	1,052	36.8%
Computed Tomography	2,335	556	302	23.8%
Non-obstetric Ultrasound	8,867	2,552	753	28.8%
DEXA Scan	946	92	18	9.7%
Audiology Assessments	1,438	596	173	41.4%
Echocardiography	4,119	2,090	736	50.7%
Peripheral Neurophysiology	333	6	1	1.8%
Sleep Studies	278	101	35	36.3%
Urodynamics - Pressures & Flows	171	108	59	63.2%
Colonoscopy	968	272	134	28.1%
Flexi Sigmoidoscopy	441	171	63	38.8%
Cystoscopy	293	47	21	16.0%
Gastroscopy	1,161	337	113	29.0%
Total	27,464	9,176	3,460	33.4%

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

Performance Analysis

Performance during February was 24.2%, an improvement on the January figure of 28.4%.

The numbers on the waiting list have increased.

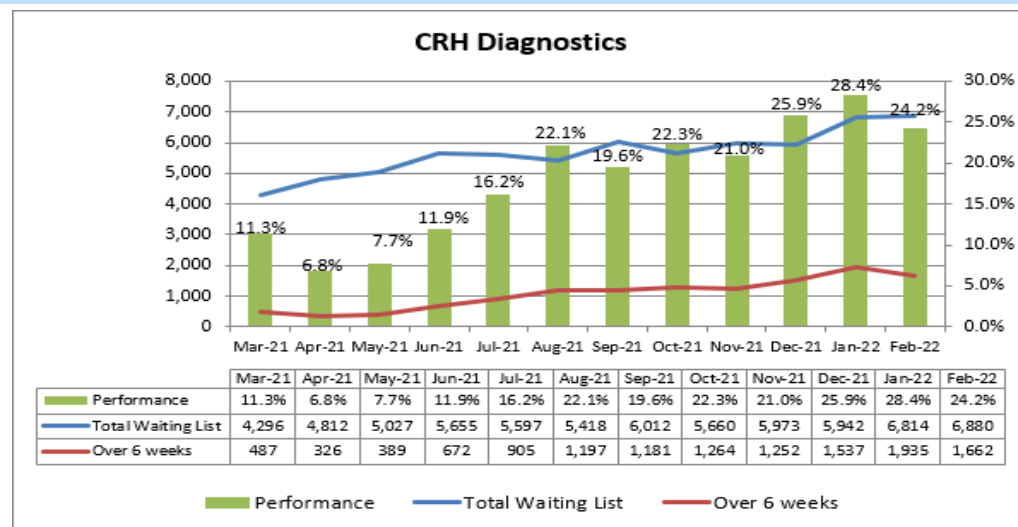
The number waiting over 6 weeks and the number waiting over 13 weeks have decreased.

Issues

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

Actions

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



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	841	8	0	1.0%
Computed Tomography	566	3	0	0.5%
Non-obstetric Ultrasound	2,212	9	0	0.4%
DEXA Scan	293	2	0	0.7%
Audiology Assessments	645	353	45	54.7%
Echocardiography	1,736	1,189	646	68.5%
Urodynamics - Pressures & Flows	47	28	8	59.6%
Colonoscopy	219	27	8	12.3%
Flexi Sigmoidoscopy	67	16	3	23.9%
Cystoscopy	38	0	0	0.0%
Gastroscopy	216	27	4	12.5%
Total	6,880	1,662	714	24.2%

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

Performance Analysis

Performance during February was 34.8%, an improvement on the January position of 43.7%.

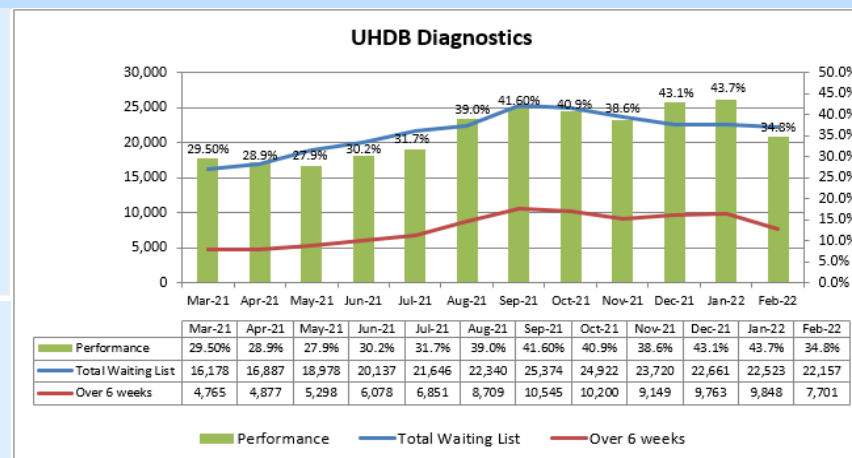
The overall numbers on the waiting list have decreased during February, with the numbers waiting over 6 weeks and the numbers waiting over 13 weeks decreasing.

Issues

- Staff sickness levels and isolation (due to the Covid and other winter illnesses) across the trust have affected diagnostics, especially in Radiology.
- The high demand due to higher outpatient referrals and increased non-elective activity continues. The high emergency demand is particularly impacting Imaging service including Non Obstetric ultrasounds.

Actions

- CDC programme bid and business cases submitted for capital to replace equipment in addition to equipment ordered for year one.
- Endoscopy General Anaesthetic capacity has been increased, enabling more nurse endoscopist sessions and the utilisation of capacity at Sir Robert Peel Hospital.
- Establishing an Echocardiography Service at Florence Nightingale Community Hospital (from April 2022) to provide 50 extra slots per week.
- Imaging have recruited 12 additional CT & MRI Radiographers from abroad, therefore not drawing away from other local labour pools.
- Agreement for the Alliance CT & MRI vans to remain operational at the RDH site for a further 6 months.
- Increased outsourcing of Echocardiography and Non-Obstetric Ultrasound activity.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	5,278	2,297	1,007	43.5%
Computed Tomography	2,204	807	365	36.6%
Non-obstetric Ultrasound	7,725	2,991	987	38.7%
DEXA Scan	585	43	1	7.4%
Audiology Assessments	1,249	486	192	38.9%
Echocardiography	2,229	532	23	23.9%
Peripheral Neurophysiology	373	4	1	1.1%
Sleep Studies	260	39	11	15.0%
Urodynamics - Pressures & Flows	128	92	57	71.9%
Colonoscopy	662	96	7	14.5%
Flexi Sigmoidoscopy	349	94	10	26.9%
Cystoscopy	219	31	16	14.2%
Gastroscopy	896	189	14	21.1%
Total	22,157	7,701	2,691	34.8%

DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

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

2 week Urgent GP Referral – 74.5% (93% standard) – Compliant at Sheffield and Stockport.

2 week Exhibited Breast Symptoms – 30.2% (93% standard) – Non compliant for all trusts.

28 day Faster Diagnosis – 74.1% (75% standard) – Compliant for CRH, NUH and Sherwood.

31 day from Diagnosis – 92% (96% standard) – Non compliant for all trusts.

31 day Subsequent Surgery – 81.7% (94% standard) – Compliant at Sherwood.

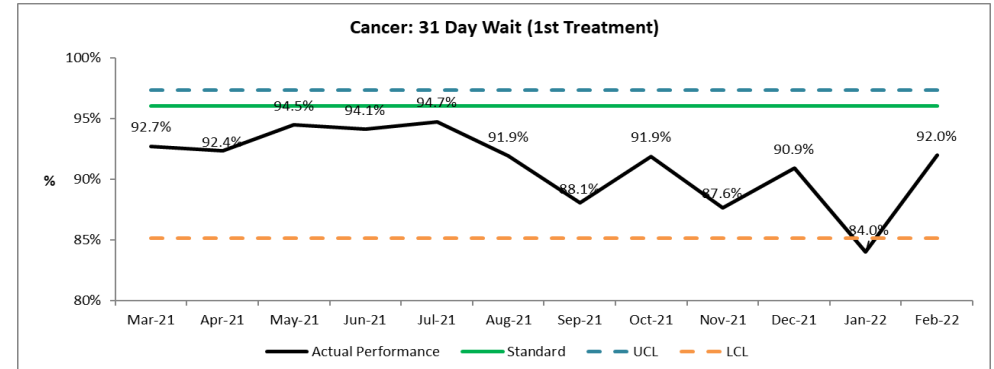
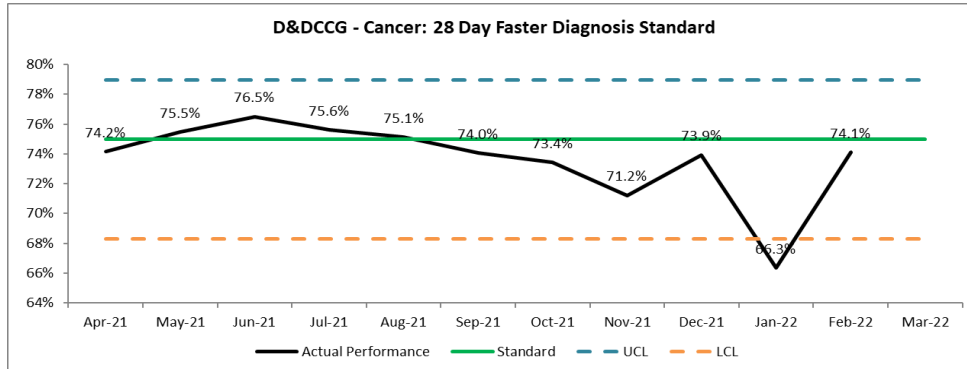
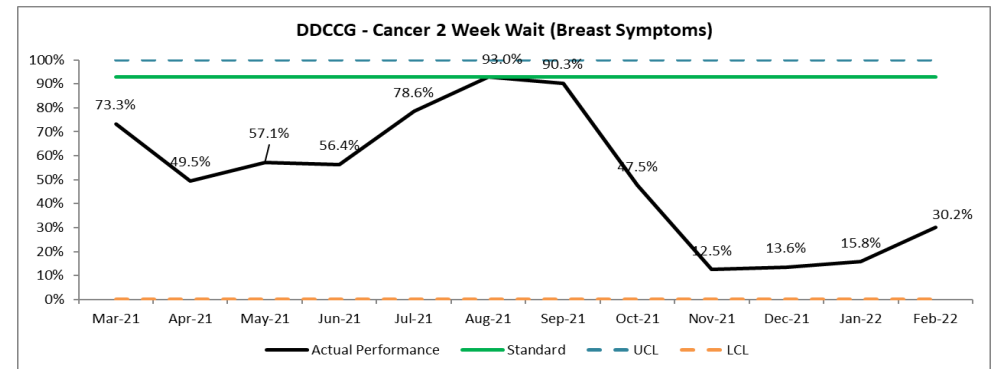
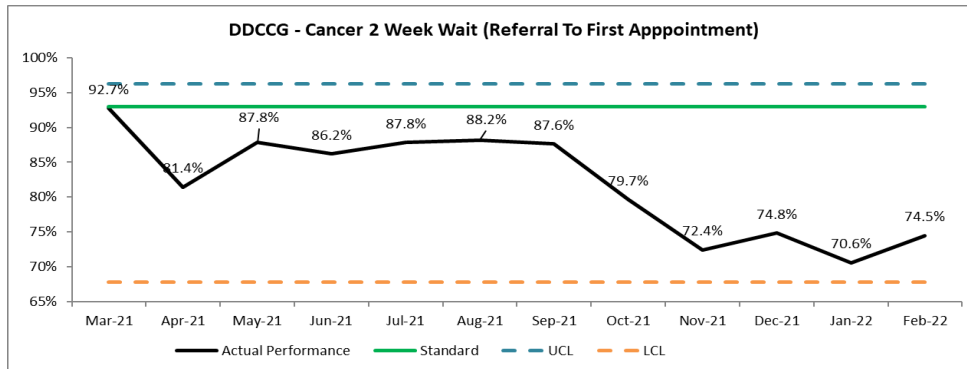
31 day Subsequent Drugs – 97.4% (98% standard) – Compliant at all trusts.

31 day Subsequent Radiotherapy – 96.2% (94% standard) – Non compliant for all trusts.

62 day Urgent GP Referral – 54.1% (85% standard) – Non compliant for all trusts.

62 day Screening Referral – 55% (90% standard) – Non compliant for all trusts.

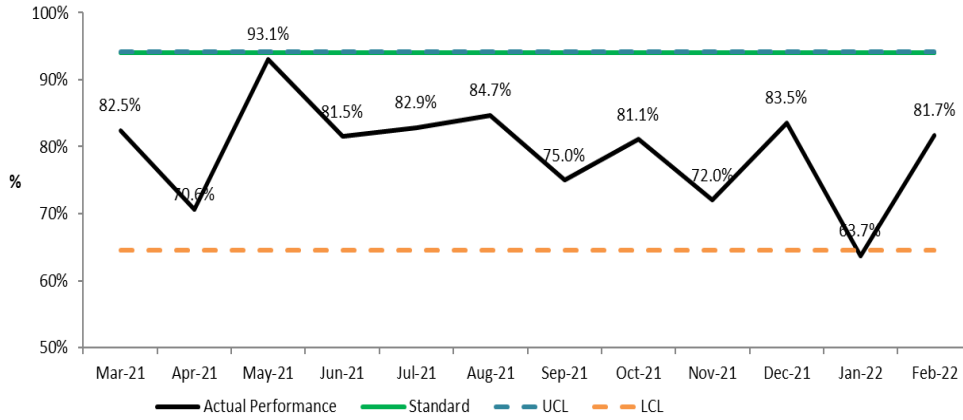
104 day wait – 44 patients treated after 104 days (CRH – 5 patients and UHDB – 39 patients).



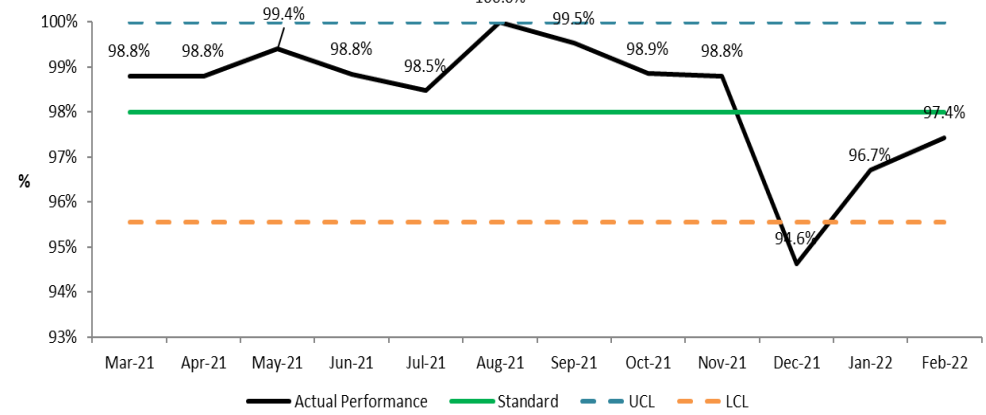
CCG performance data reflects the complete cancer pathway which for many Derbyshire patients will be completed in Sheffield and Nottingham.

DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

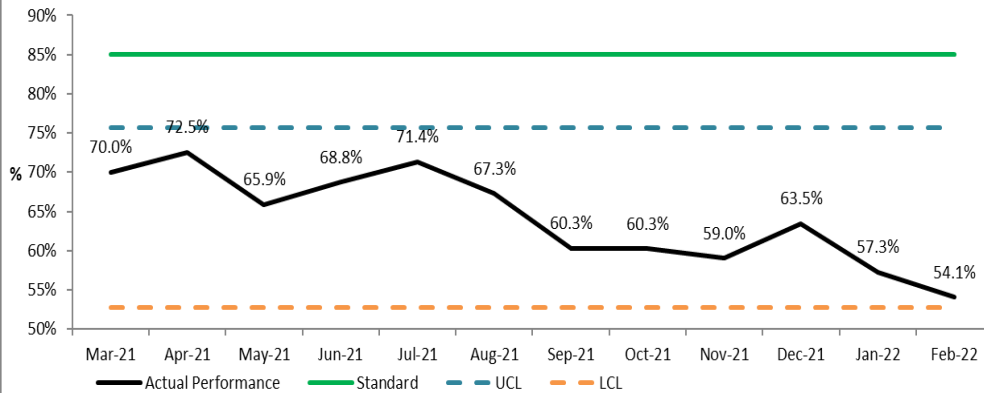
Cancer: 31 Day Wait (Subsequent Surgery)



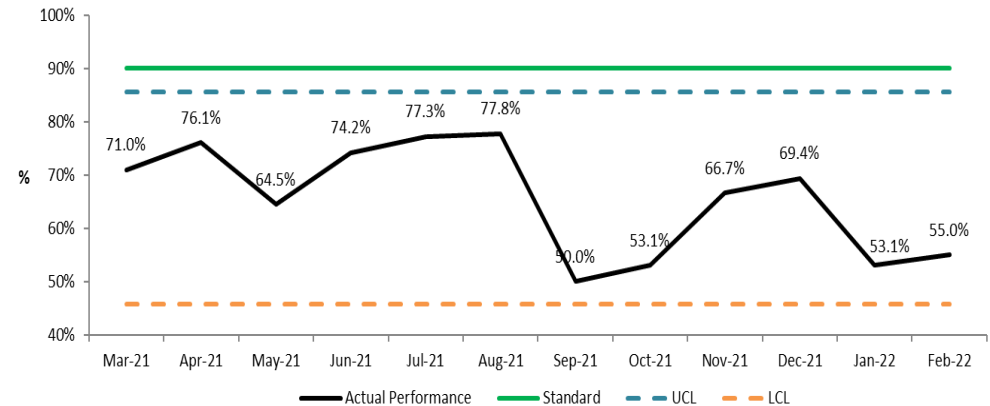
Cancer: 31 Day Wait (Subsequent Drug Treatments)



Cancer: 62 Day Wait (Urgent Referral)



Cancer: 62 Day Wait (Screening Referral)



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

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

Performance Analysis

CRH performance during January for first treatment within 62 days of urgent referral was 68.5% against the standard of 85%.

There were 73 accountable treatments with 50 of these within 62 days, with 23 breaches of the standard.

Of the 23 breaches:

- 11.5 were treated between days 63 to 90
- 6.5 treated between days 91 to 104
- 5 patients treated after 104 days

The tumour sites reporting the breaches include Breast (10), Lower GI (2), Lung (0.5), Upper GI (3) and Urology (7.5).

Current Issues

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

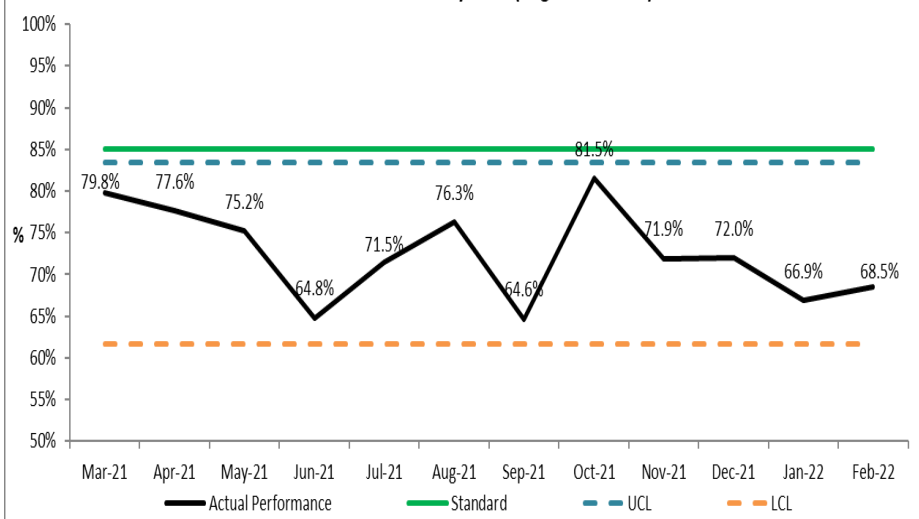
Actions Being Taken

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

What are the next steps

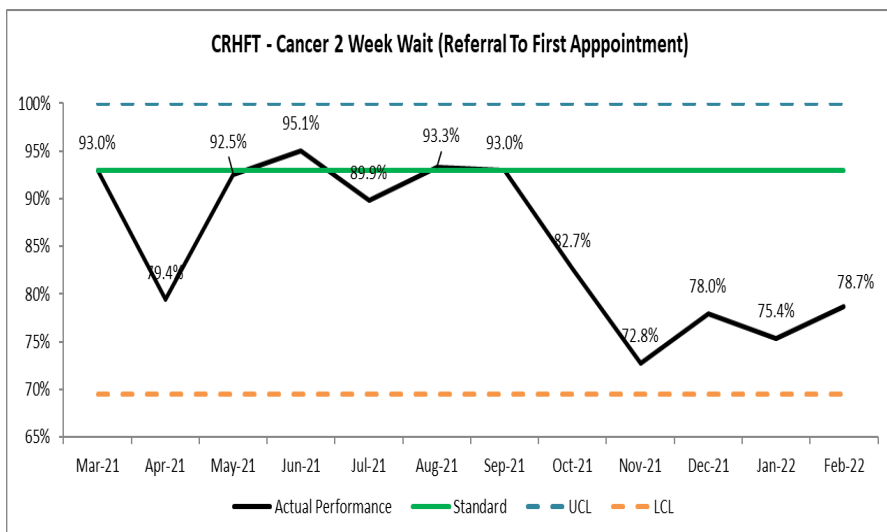
- Continued focus on those patients over 62 day and 104 day on the PTL.
- H2 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower as a system.

CRHFT - Cancer: 62 Day Wait (Urgent Referral)



Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	12	2	10	16.67%
Gynaecological	0.5	0.5	0	100.00%
Haematological (Excluding Acute Leukaemia)	2	2	0	100.00%
Lower Gastrointestinal	9	7	2	77.78%
Lung	3	2.5	0.5	83.33%
Other	1	1	0	100.00%
Sarcoma	1	1	0	100.00%
Skin	22	22	0	100.00%
Upper Gastrointestinal	6	3	3	50.00%
Urological (Excluding Testicular)	16.5	9	7.5	54.55%
Totals	73.0	50	23	68.49%

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



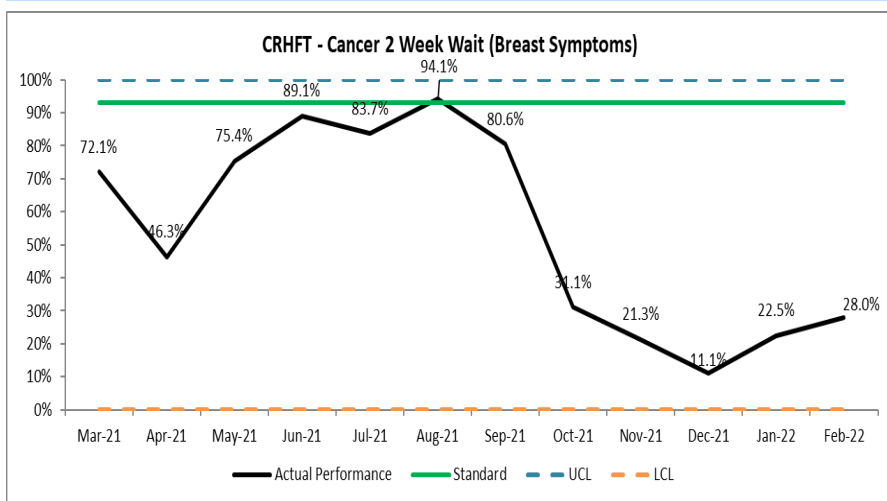
Performance Analysis

February performance at CRH has improved to 78.7%. The main challenges for 2ww performance this month has been associated with Breast which has continued to receive a high number of referrals and first appointments have been taking place outside the 14 day target.

Other than Breast, all other tumour sites were compliant, with only Gynaecology and Urology being non-compliant, however both achieved performance in the 90% range.

There were a total of 1,012 patients seen this month, which is an increase of 56 compared to January, and is above the trajectory submitted to NHSE as part of the H2 recovery plan. Of the 1,012 patients seen, 795 were seen within the 14 days resulting in 217 breaches with the vast majority of these being Breast appointments.

CRHFT - CANCER WAITING TIMES – Breast Symptomatic



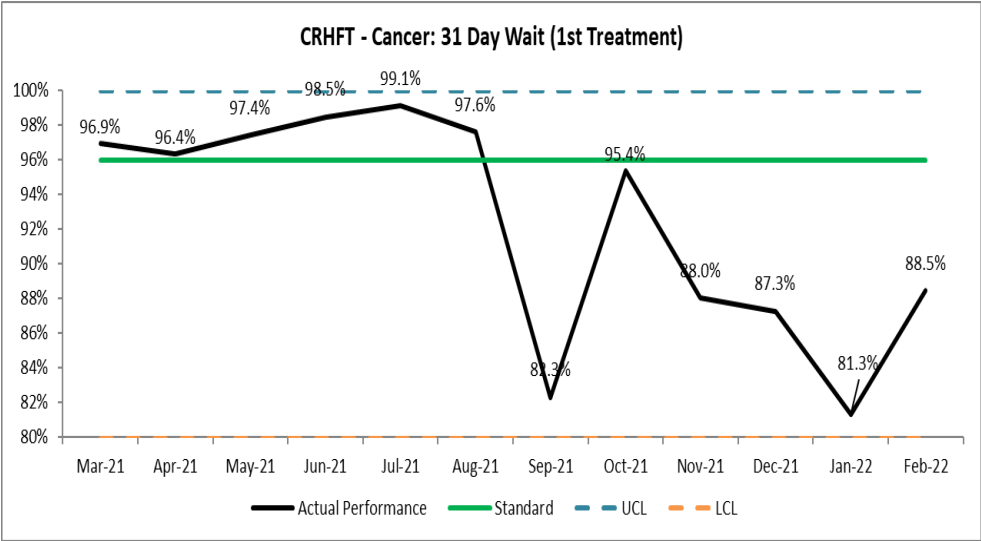
Performance Analysis

Performance in February at CRH for the Breast Symptomatic standard has improved to 28%.

There were 50 patients seen, an increase compared to January, of which 36 were breaches. Of these breaches, 26 patients were seen between 15 and 21 days with 10 being seen after day 21, reflecting inadequate out-patient capacity.

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

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



Performance Analysis

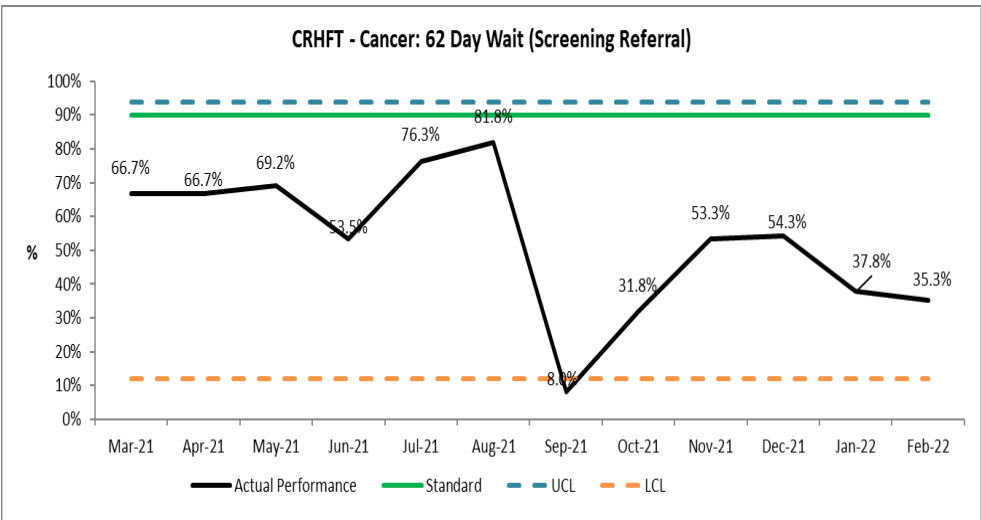
Performance in February at CRH for 31 day from diagnosis to first treatment was an improvement of 88.5% against the standard of 96%.

There were a total number of 130 patients through this part of the pathway, with 115 of them treated within 31 days resulting in 15 breaches. The tumour sites reporting the breaches are Breast (12), Lower GI (2) and Urology (1).

Out of the 15 breaches, 11 were treated between days 36 to 44, with 4 patients treated between days 52 to 70.

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

CRHFT - CANCER WAITING TIMES – 62 day Screening Referral



Performance Analysis

Performance in February for the 62 day screening standard was 35.3% against the standard of 90%.

The number of patients treated via screening referral was 25.5 with 9 of these within 62 days, resulting in 16.5 breaches relating to 17 patients.

Of the 16.5 breaches, 13 were referred through breast screening.

10 patients were treated between day 65 and 71 and 7 between day 78 to 96.

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

Performance Analysis

UHDB performance during February was 52.1% against the standard of 85%.

There were a total of 190 patients treated along this pathway in February with 99 of those patients being treated within the 62 day standard resulting in 91 breaches.

Out of the 91 breaches there were:

- 23 accountable treatments by day 76
- 29 between days 77 to 104
- 39 patients being treated after day 104, with 20 of these within Urology.

Current Issues

- Continued increase in referrals – Derbyshire currently receiving 115% more referrals than the same period in 2020 against a national average of 105-110%.
- Workforce issues – impacted upon by Covid and Isolation
- Limited workforce to schedule additional capacity.
- Capacity issues are particular high in lower GI

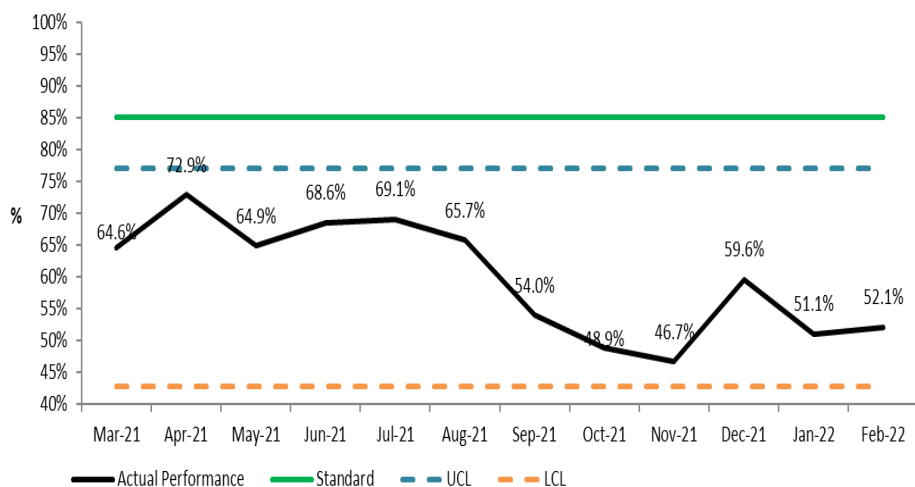
Actions Being Taken

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

What are the next steps

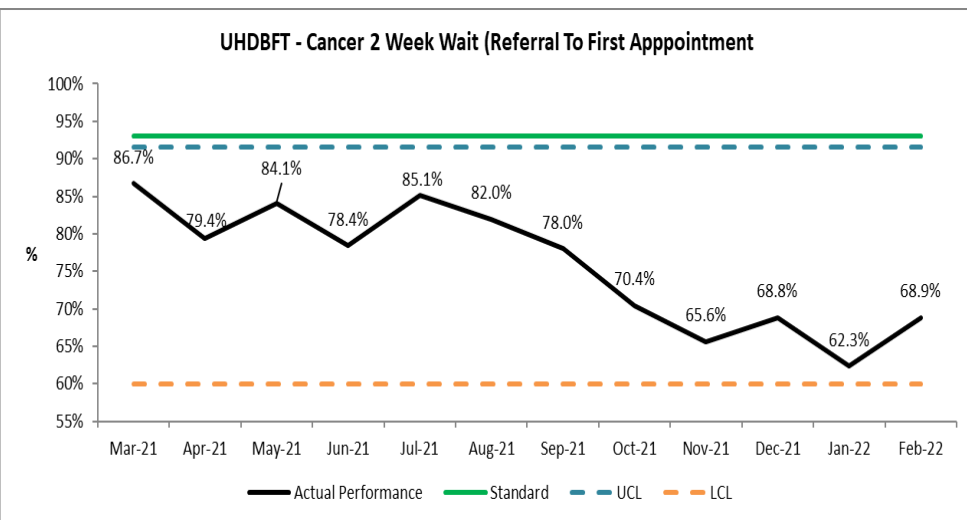
- Continued focus on those patients over 62 day and 104 day on the PTL.
- H2 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower.

UHDBFT - Cancer: 62 Day Wait (Urgent Referral)



Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Acute leukaemia	1	1	0	100.00%
Breast	30.5	14	16.5	45.90%
Gynaecological	9.5	2	7.5	21.05%
Haematological (Excluding Acute Leukaemia)	7	3	4	42.86%
Head and Neck	8	7	1	87.50%
Lower Gastrointestinal	12	3	9	25.00%
Lung	12	8	4	66.67%
Other	2	1	1	50.00%
Sarcoma	1	0	1	0.00%
Skin	39	36	3	92.31%
Testicular	2	2	0	100.00%
Upper Gastrointestinal	13	5	8	38.46%
Urological (Excluding Testicular)	53	17	36	32.08%
Totals	190.0	99	91	52.11%

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



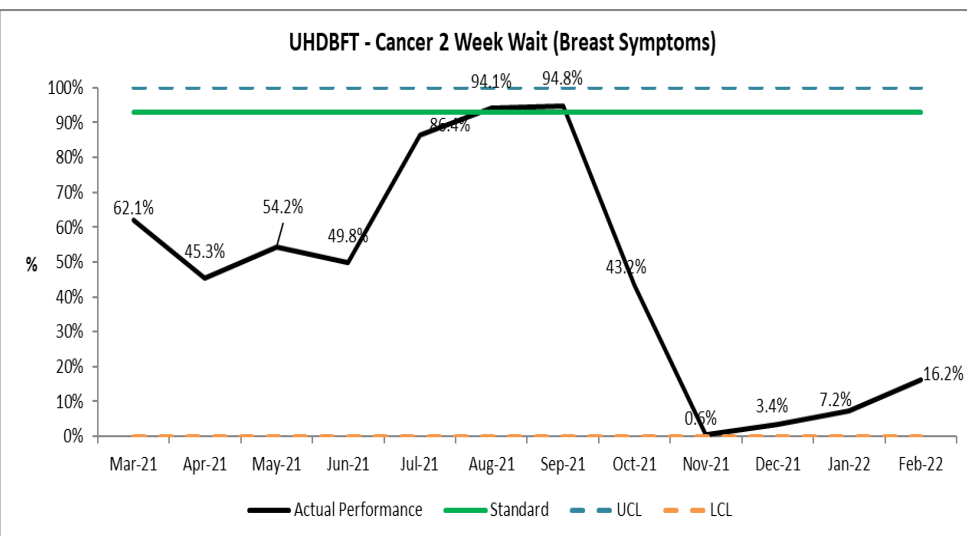
Performance Analysis

January performance at UHDB for 2 week wait improved to 68.9% against the standard of 93%.

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

There were a total of 3,305 patients seen in February which is above the number submitted as part of the H2 recovery trajectory.

UHDB - CANCER WAITING TIMES – Breast Symptomatic



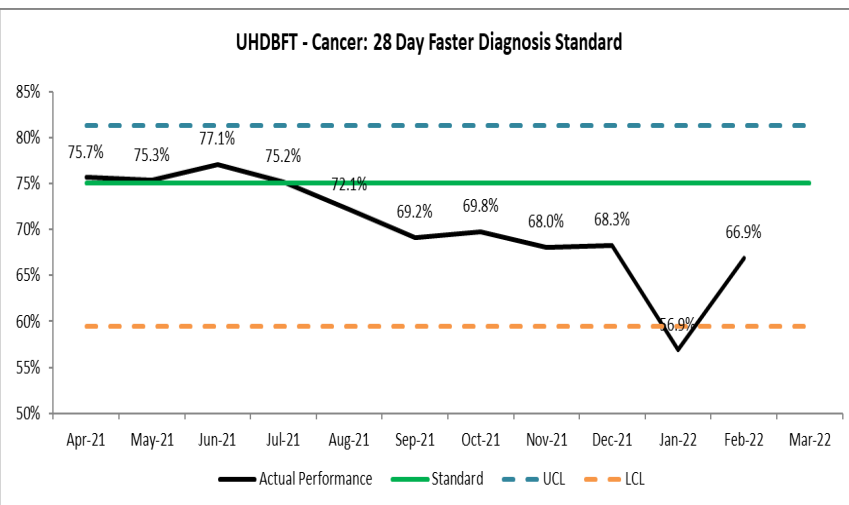
Performance Analysis

Although remaining below the 93% standard, performance in February at UHDB for the Breast Symptomatic standard has improved to 16.2% compared to the 7.2% reported in January.

There were 191 patients seen via the Breast Symptomatic pathway in January, an increase of 52 compared to January.

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

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



Performance Analysis

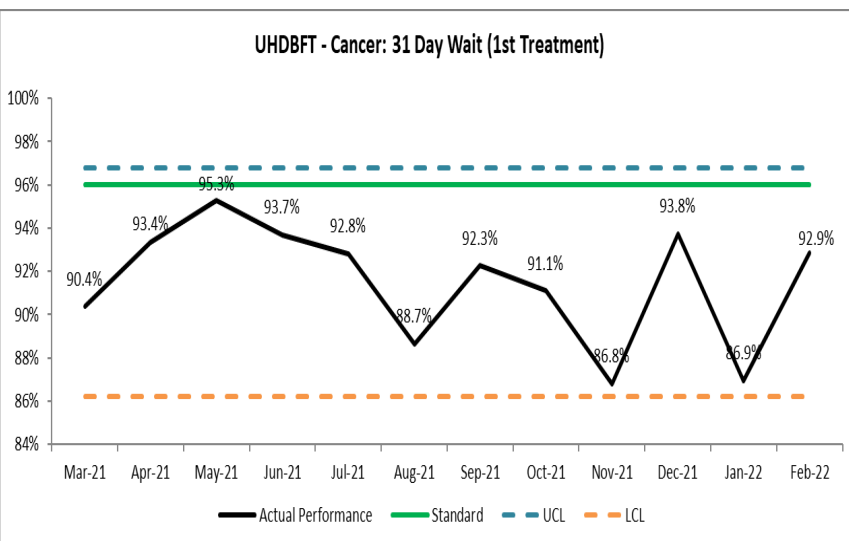
Performance in February at UHDB for the 28 day Faster Diagnostic Standard improved to 66.9% against the 75% standard.

There were a total of 3,288 patients through this part of the pathway in January, an increase on the 2,956 patients during January.

Of these, 2,200 patients were informed of a cancer diagnosis or told that they didn't have cancer during February, resulting in 1,088 breaches.

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

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



Performance Analysis

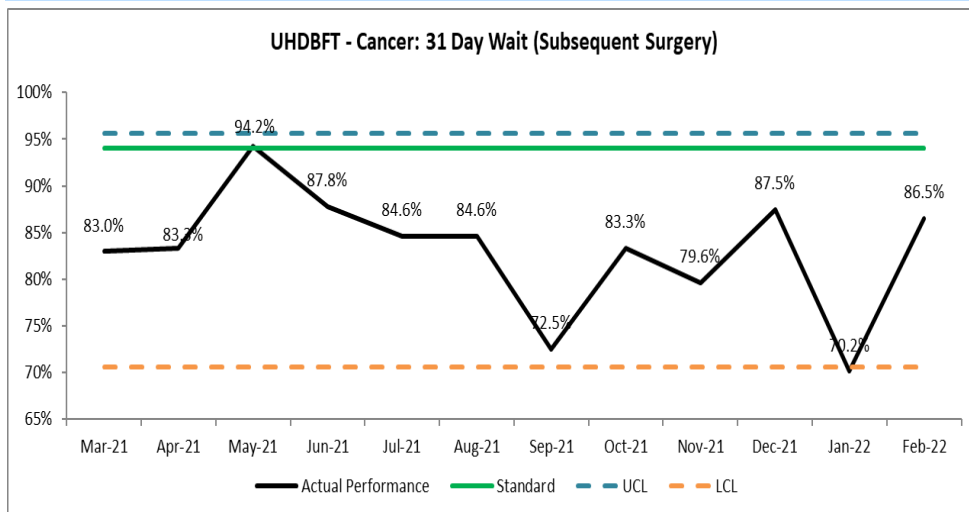
Performance in February at UHDB for 31 day from diagnosis to first treatment improved to 92.9% against the standard of 96%.

There were a total number of 393 patients treated in January along this pathway, remaining stable against the 383 patients seen during January, with 365 patients seen within the 31 day standard.

The tumour sites reporting the breaches include Breast (2), Gynaecology (5), Lower GI (4), Lung (1), Skin (5) and Urology (10).

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

UHDB - CANCER WAITING TIMES – 31day to Subsequent Surgery



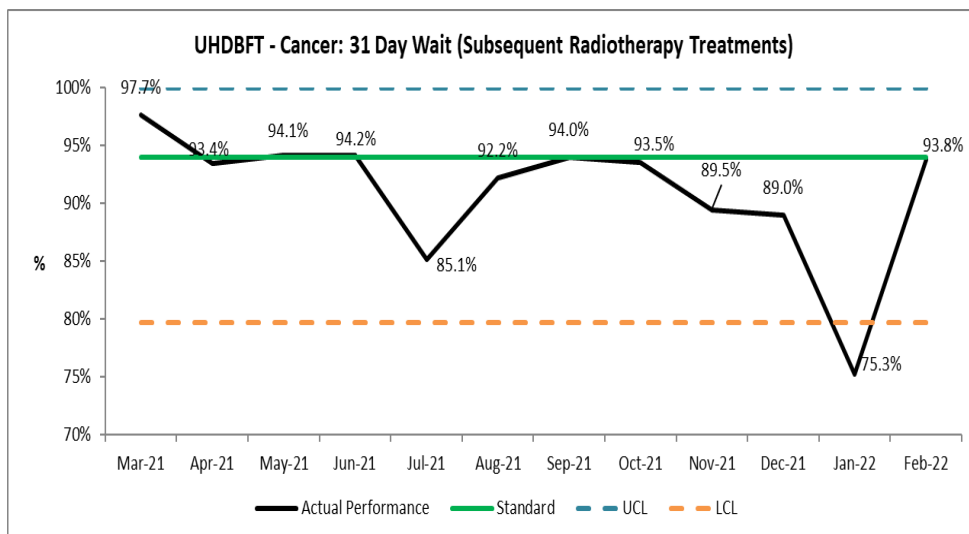
Performance Analysis

February performance for 31 day to subsequent surgery improved to 86.5% against the standard of 94%.

There were a total number of 52 patients treated along the subsequent surgery pathway in February with 45 of those patients being treated within the 31 day standard, resulting in 7 breaches.

Of the 7 breaches, 4 patients were treated between days 33 to 50 and the remaining 3 between days 60 to 90.

UHDB - CANCER WAITING TIMES – 31day Subsequent Radiotherapy Treatment



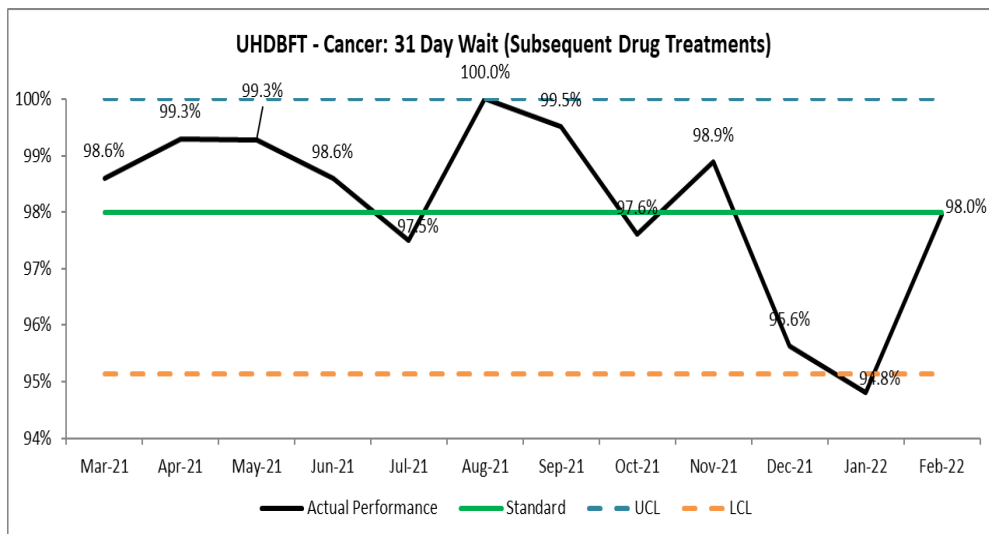
Performance Analysis

February performance for subsequent radiotherapy was 93.8%, just short of being compliant against the standard of 94%.

There were a total of 65 patients treated during December, with 61 of these receiving treatment before day 31.

Of the 4 breaches, 2 received their radiotherapy treatment between days 49 to 54 with the remaining 2 being treated between days 96 and 108 days.

UHDB - CANCER WAITING TIMES – 31 Day Subsequent Drugs treatment



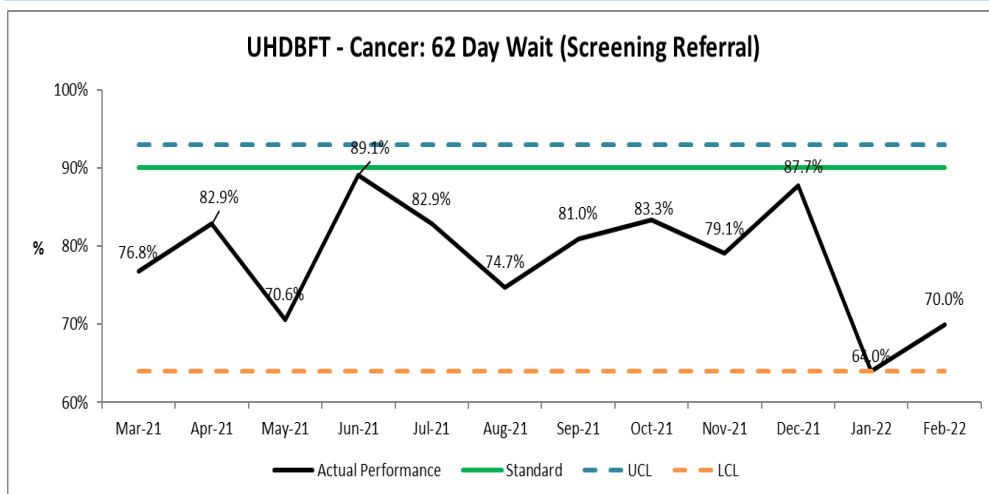
Performance Analysis

January performance for subsequent drugs treatment increased to 98%, being compliant against the standard.

There were a total of 147 patients treated during January, with 144 of these receiving treatment before day 31.

Of the 3 breaches, 1 patient received their radiotherapy treatment by day 32 and the remaining 2 patients on days 45 and 46.

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



Performance Analysis

Performance in February for screening referral improved to 70% against the 90% standard.

There were a total of 40 patients treated in February who were referred through via a screening referrals, with 28 being treated within 62 days (all breast screening referrals), resulting in 12 breaches.

Of the 12 breaches, 8 patients were seen between days 64 to 78, with the remaining 4 patients seen between days 80 to 137.

Appendix

PERFORMANCE OVERVIEW M11 – ASSOCIATE PROVIDER CONTRACTS

Provider Dashboard for NHS Constitution Indicators					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance
Urgent Care	Area	Indicator Name	Standard	Latest Period	East Cheshire Hospitals				Nottingham University Hospitals				Sheffield Teaching Hospitals FT				Sherwood Forest Hospitals FT				Stockport FT			
					↑	↓	↔	Value	↑	↓	↔	Value	↑	↓	↔	Value	↑	↓	↔	Value	↑	↓	↔	Value
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Mar-22	↑	54.5%	61.0%	45	A&E pilot site - not currently reporting 4 hour breaches				↓	70.9%	72.7%	71	↑	80.1%	85.6%	17	↑	62.6%	67.8%	22
		A&E 12 Hour Trolley Waits	0	Mar-22	↓	78	475	12	↓	611	2908	9	↓	7	65	13	↓	49	227	8	↓	11	88	8
Planned Care	Referral to Treatment for non-urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Feb-22	↑	63.8%	56.4%	54	↑	63.4%	66.4%	29	↓	73.4%	78.0%	25	↑	71.9%	70.2%	54	↑	52.0%	55.3%	49
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Feb-22	↓	389	3770	26	↓	3604	38561	23	↑	1431	10801	23	↓	622	10934	23	↓	3707	42212	46
	Diagnosics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Feb-22	↓	29.10%	53.82%	24	↓	43.19%	43.76%	24	↓	20.31%	18.37%	24	↓	27.53%	23.88%	26	↓	25.22%	39.95%	32
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Feb-22	↑	90.2%	90.1%	6	↑	75.9%	83.4%	11	↑	93.0%	83.5%	0	↑	88.5%	90.6%	9	↑	98.2%	97.8%	0
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Feb-22	↑	74.0%	76.4%	12	↔	0.0%	68.5%	4	↑	6.8%	22.7%	11	↑	92.6%	93.3%	3	↔	N/A	N/A	0
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Feb-22	↑	71.4%	64.1%	11	↑	81.5%	79.8%	0	↑	73.5%	67.3%	11	↑	81.7%	76.9%	0	↑	69.2%	60.2%	11
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Feb-22	↓	52.6%	92.1%	4	↑	87.4%	88.5%	35	↑	93.4%	91.1%	11	↑	87.7%	91.9%	9	↓	94.5%	97.7%	1
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Feb-22	↑	88.9%	92.3%	3	↑	72.9%	68.4%	46	↓	64.9%	73.0%	15	↑	100.0%	86.4%	0	↓	75.0%	94.3%	1
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Feb-22	↑	N/A	100.0%	0	↑	100.0%	98.7%	0	↑	98.4%	98.9%	0	↔	100.0%	92.1%	0	↔	100.0%	100.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Feb-22					↑	92.7%	93.7%	2	↓	62.4%	93.3%	1								
62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Feb-22	↑	42.0%	63.0%	29	↓	53.8%	65.6%	23	↑	56.6%	60.8%	78	↑	56.8%	64.9%	26	↑	70.2%	74.2%	34	
	First Treatment Administered - 10+ Day Waits	0	Feb-22	↓	3.5	32.0	18	↑	32.0	251.5	71	↑	24.0	208.0	71	↓	6.5	82.0	46	↓	2.5	28.5	34	
	First Treatment Administered Within 62 Days Of Screening Referral	90%	Feb-22	↓	42.1%	75.8%	15	↑	75.4%	74.0%	15	↑	62.0%	65.0%	15	↑	68.8%	73.7%	9	↑	N/A	35.3%	0	
	First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Feb-22	↑	100.0%	86.9%		↑	76.5%	74.9%		↓	71.0%	73.7%		↓	73.3%	77.2%		↓	87.9%	81.7%		
Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2021/22 Q3	↑	0.0%	0.0%		↑	11.7%	11.7%		↑	18.5%	18.5%		↑	9.4%	9.4%		↑	37.7%	37.7%		
Patient Safety	Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Feb-22	↓	62	332	5	↓	10	18	2	↑	0	3	0	↔	0	0	0	↔	0	0	0
	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Feb-22	↔	0	2	0	↑	0	1	0	↔	0	0	0	↓	1	2	1	↓	1	2	1
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Feb-22	↑		25		↓		110		↑		153		↔		73		↓		47	
			Actual	Feb-22		6	0			81	0			115	0			42	0				54	1
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Feb-22	↓	6	129		↑	50	625		↑	29	471		↑	12	290		↑	15	202	
Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Feb-22	↑	2	45		↓	18	232		↓	19	172		↑	3	78		↓	10	47			

Governing Body Meeting in Public

5th May 2022

Item No: 038

Report Title	CCG Risk Register Report at 30 th April 2022
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	Decision	x	Assurance	x	Discussion		Information
Assurance Report Signed off by Chair				N/A			
Which committee has the subject matter been through?				Governance Committee – 21.04.22 Engagement Committee – 26.04.22 Primary Care Commissioning Committee – 27.04.22 Quality and Performance Committee – 28.04.22 Finance Committee – 28.04.22			
Recommendations							
The Governing Body is requested to RECEIVE and NOTE : <ul style="list-style-type: none"> • The Risk Register Report; • Appendix 1 as a reflection of the risks facing the organisation as at 30th April 2022; • Appendix 2 which summarises the movement of all risks in April 2022. • The DECREASE in score for: <ul style="list-style-type: none"> ○ <u>Risk 09</u> relating to the threat of cyber-attack; ○ <u>Risk 17</u> relating to S117 package costs; ○ <u>Risk 42</u> relating to climate change. <p>APPROVE the CLOSURE of:</p> <ul style="list-style-type: none"> • <u>Risk 05</u> relating to excessive wait times for psychological therapies for adults and for children; • <u>Risk 06</u> relating to the demand for Psychiatric intensive Care Unit beds (PICU); • <u>Risk 26</u> relating to new mental health issues and deterioration of existing mental health conditions during COVID; • <u>Risk 27</u> relating to the increase in the number of safeguarding referrals linked to self-neglect related to those who are not in touch with services. <p>And APPROVE:</p> <ul style="list-style-type: none"> • NEW Risk 46 relating to the risk of the population continuing to wait in excess of NHS constitutional standards for mental health services. 							

Report Summary
<p>This report presented to the Governing Body is to highlight the areas of organisational risk that are recorded in the Derby and Derbyshire CCG Corporate Risk Register (RR) as at 30th April 2022.</p> <p>The RR is a live management document which enables the organisation to understand its comprehensive risk profile, and brings an awareness of the wider risk environment. All risks in the Risk Register are allocated to a Committee who review new and existing risks each month and agree removal of fully mitigated risks.</p>
Are there any Resource Implications (including Financial, Staffing etc.)?
<p>The Derby and Derbyshire CCG attaches great importance to the effective management of risks that may be faced by patients, members of the public, member practices and their partners and staff, CCG managers and staff, partners and other stakeholders, and by the CCG itself.</p> <p>All members of staff are accountable for their own working practice and have a responsibility to co-operate with managers in order to achieve the objectives of the CCG.</p>
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not applicable to this update.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not applicable to this update.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Not applicable to this update; however, addressing risks will impact positively across the organisation as a whole.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable to this update.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update.
Have any Conflicts of Interest been identified/ actions taken?
Not applicable to this update.
Governing Body Assurance Framework
The risks highlighted in this report are linked to the Derby and Derbyshire CCG Board Assurance Framework.
Identification of Key Risks
The paper provides a summary of the very high scoring risks as at 30 th April 2022 detailed in Appendix 1.

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEETING

RISK REPORT AS AT 30TH APRIL 2022

1. INTRODUCTION

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

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

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

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

2. RISK PROFILE – APRIL 2022

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

Risk Register as at 30th April 2022

Risk Profile	Very High (15-25)	High (8-12)	Moderate (4-6)	Low (1-3)	Total
Total number on Risk Register reported to GB for April 2022	6	13	5	0	24
New Risks	0	1	0	0	1
Increased Risks	0	0	0	0	0
Decreased Risks	1	2	0	0	3
Closed Risks	0	3	1	0	4

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

3. COMMITTEES – APRIL VERY HIGH RISKS OVERVIEW

3.1 Quality & Performance Committee

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

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

The current risk score is 20.

March performance:

- CRH reported 85.8% (YTD 90.3%) and UHDB reported 62.1% (YTD 68.3%).
 - CRH: The combined Type 1 and streamed attendances were high, with an average of 98 Type 1 attendances and 193 streamed attendances per day.
 - COVID 19 admissions and outbreaks remained high throughout the month, peaking at 88 positive inpatients. This added more pressure to a trust with an escalated critical care position.
 - UHDB: The volume of attendances is high, with an average of 487 attendances per day at Derby (Type 1 and co-located Urgent Treatment Centre) and 214 at Burton (Type 1 and Primary Care Streaming).
 - The acuity of the attendances was high, with Derby seeing an average of 14 Resuscitation patients and 195 Major patients per day and Burton seeing 124 Major/Resus patients per day.
 - Attendances at the Children's Emergency Department continue to be high, with concerns about Respiratory Syncytial Virus and Bronchiolitis being major factors. Children's Type 1 attendances at Derby averaged at 136 per day during March 2022.
2. Risk 03: *TCP Unable to maintain and sustain performance, pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated Green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.*

The current risk score is 20.

April update

Current bed position:

- CCG beds = 30 (Q1 2022/23 target 24)

- Adult Specialised Commissioning = 17 (Q1 2022/23 target 15)
 - Children and Young People (CYP) specialised commissioning = 5 (Q1 2022/23 target 3).
 - There are now only four Safe and Wellbeing reviews/ICS Panels to be discussed at the final ICS Panel which will take place on 21st April 2022. A researcher has been identified to commence gathering data from the reviews.
 - A cohort of 11 inpatients have been identified following a focused piece of work looking at Severe Mental Illness (SMI), type and setting of inpatient care and whether in or out of area. This will primarily be case managed by an identified Learning Disability and Autism (LDA) Case Manager who has been appointed and is currently working their notice period with their current employer.
 - The system has taken part in a Local Government Association (LGA) Peer Review from 29th March to 1st April 2022 following which there will be dissemination on the outcomes and actions following shortly after.
3. *Risk 33: There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.*

The current risk score is 16.

March/April update:

- Terms of reference, including monthly reporting process are currently being revised to better capture the focus of the group.
- The monthly reporting is based on the minimum standards and will provide improved Provider positions.

3.2 Primary Care Commissioning Committee – Very High Risks

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

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

the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.

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

- *Workforce - recruitment and retention of all staff groups*
- *COVID-19 potential practice closure due to outbreaks*
- *Recruitment of GP Partners*
- *Capacity and Demand*
- *Access*
- *Premises*
- *New contractual arrangements*
- *New Models of Care*
- *Delivery of COVID vaccination programme*

The current risk score is 16.

April update:

- Further to the letter received from NHSE/I on 27th January 2022 requesting that practices and Primary Care Networks (PCNs) focus on three key priority areas while continuing to use their professional judgement to clinically prioritise care: General Practice continues to deliver the three priorities whilst experiencing high levels of staff absence due to COVID infection.
2. Risk 04B: Quality: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.

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

- *Workforce - recruitment and retention of all staff groups*
- *COVID-19 potential practice closure due to outbreaks*
- *Recruitment of GP Partners*
- *Capacity and Demand*
- *Access*
- *Premises*
- *New contractual arrangements*
- *New Models of Care*
- *Delivery of COVID vaccination programme*

- *Restoration and Recovery*
- *2021/22 Flu Programme*
- *Becton Dickinson Blood Tube shortage*

The current risk score is 20.

April update:

- Capacity pressures remain within General Practice linked to the continued delivery of the vaccination programme and the impact of COVID on staff absence within practice and wider system.

3.3 Finance Committee – Very High Risks

One Finance Committee risk is rated as very high.

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

The current risk score is 16.

April update

March position:

- The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource.
- The CCG is working with system partners to establish a sustainable a long term financial position and deliver a balanced in-year position.
- As at Month 12 the CCG has delivered a small surplus against total resources available of £2,085.4m. However, the underlying recurrent position for both the CCG and the wider system remains very challenging and are some way from achieving a sustainable system financial position.
- The system moves into 2022/23 with an in-year panned deficit of £196.8m. Efficiency opportunities have been identified but there remains £89.9m forecast deficit plan to be agreed with NHSEI. This in year position is supported by a considerable amount of non-recurrent benefit.
- There will be a review of the current risk rating on the basis that the CCG/ICB and the wider system will not achieve an in year breakeven position and the Medium Term Financial plan will identify the size of the recurrent deficit.

4. DECREASED RISKS

Three risks have decreased in score:

1. Risk 09: *Sustainable digital performance for CCG and General Practice due to threat of cyber-attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.*

The risk score was decreased from a very high 16 (probability 4 x impact 4) to a high score of 8 (probability 2 x impact 4).

This was approved by Governance Committee at the meeting held on 21st April 2022.

April update:

- There are no residual risks from resulting from the migration onto NHS mail and hence this component has been removed from the risk score.
 - The reporting of cyber security risks has improved markedly and the CCG receives additional assurance through regular Contract Management Board reports which include details of attempted attacks and how these have been thwarted.
 - While there is an increased risk of attack due to current political unrest in other areas of the world, there is no evidence of any unintended consequences across the estate.
 - The recommendation was to reduce this risk to a high score of 8 which may be further reduced in the next report once the NCSC Web Check service has run for a further month.
2. Risk 17: *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.*

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

This was approved by Quality & Performance Committee at the meeting held on 28th April 2022.

The reason for the decrease is:

- Reviews have continued and the savings anticipated have been achieved and shared with the CCG.

3. **Risk 42:** *If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.*

The risk score was decreased from a high score of 12 (probability 4 x impact 3) to a high score of 9 (probability 3 x impact 3).

This was approved by Governance Committee at the meeting held on 21st April 2022.

April update:

- The Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022.
- The approved ICS Green Plan was submitted to NHSEI in March 2022 with confirmed Chief Executive Officer and Governing Body sign off on 7th April 2022.
- The risk score has been reduced to a high score of 9 following the approval of the ICS the Green Plan and the ICS Green Plan Action Plan priorities for delivery during 2022/23 are identified through the Derbyshire ICS Green Delivery Group.

5. **CLOSED RISKS**

Four risks are recommended to be closed. The four risks are owned by the Quality and Performance Committee and were approved for closure at the meeting held on 28th April 2022:

1. **Risk 05:** *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.*

The current risk score is a high 12 (probability 4 x impact 3).

- This risk is recommended to be closed, along with risk 26 and propose a new risk 46. This reflects the high workload pressures and performance impact of dealing with the COVID legacy.
- Both risk 05 and risk 26 are very similar in description and by closing these two risks and proposing a new risk which refines the risk description, this will encompass the elements of both risk 05 and 26 into the new risk 46.

2. Risk 06: *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.*

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

- This risk is recommended to be closed as regular mobilisation meetings are now in place with providers and internal work in DHcFT has enabled a significant reduction in demand.
- The risk has met the target score and is now completed.

3. Risk 26: *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.*

The current risk score is a high 12 (probability 4 x impact 3).

- As detailed earlier in the report, this risk is recommended to be closed, along with risk 05 and propose a new risk 46. This reflects the high workload pressures and performance impact of dealing with the COVID legacy.
- Both risk 05 and risk 26 are very similar in description and by closing these two risks and proposing a new risk which refines the risk description, this will encompass the elements of both risk 05 and 26 into the new risk 46.

4. Risk 27: *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.*

The current risk score is a high 9 (probability 3 x impact 3).

- The CCG is no longer seeing the number of referrals relating to COVID pressures or issues. We are therefore back to our pre-COVID position with 'business as usual'.
- Although there are system pressures these are not out of the ordinary and do not relate to safeguarding.
- Activity continues to be closely monitored via the Safeguarding Adult Boards and their respective Quality & Performance sub committees, both of which the Assistant Director of Safeguarding Chairs.

6. **NEW RISKS**

One new risk has been approved. This is owned by the Quality and Performance Committee and was approved at the meeting held on 28th April 2022.

1. Risk 46: *Risk of population continuing to wait in excess of NHS constitutional standards for Mental Health services - in particular waiting times for:*
 - * CAMHS services - average of 17 weeks against 4 week standard
 - * Adult community mental health services - average 21 weeks wait
 - * Autism Assessment services - average 59 weeks wait for adult assessment.

This new risk is scored at a high 9 (probability 3 x impact 3).

7. **RECOMMENDATION**

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

- The Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 30th April 2022;
- Appendix 2 which summarises the movement of all risks in April 2022.
- The **DECREASE** in score for:
 - Risk 09 relating to the threat of cyber-attack;
 - Risk 17 relating to S117 package costs;
 - Risk 42 relating to climate change.

APPROVE the **CLOSURE** of:

- Risk 05 relating to excessive wait times for psychological therapies for adults and for children;
- Risk 06 relating to the demand for Psychiatric intensive Care Unit beds (PICU);
- Risk 26 relating to new mental health issues and deterioration of existing mental health conditions during COVID;
- Risk 27 relating to the increase in the number of safeguarding referrals linked to self-neglect related to those who are not in touch with services.

APPROVE:

- **NEW** risk 46 relating to the risk of the population continuing to wait in excess of NHS constitutional standards for mental health services.

Risk Reference	Year	Risk Description	Response Category	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				Revised/Current Rating				Target Risk Rating	Task to be completed	Date Reviewed	Review Due Date	Executive Lead	Action Owner						
								Priority	Impact	Probability	Timing	Priority	Impact	Probability	Timing												
25	2022	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	4	Derbyshire-wide Condition Specific Boards continue to review information, guidance, evidence and resources to understand the repercussions e.g. NHSE After-care needs of patients 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 2022. 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. MDTs 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 postlong COVID symptoms. MDT approach to provide physical and psychological assessments, to ensure patients access the required service and treatment.	Review COVID inpatient data to identify pre-existing LTCs to proactively support patients. Derbyshire-wide Condition Specific Boards to amend/develop pathways through embedding new guidance and good practice to allow effective follow-up of patients. Keep virtual consultations on-line support (ambly). 12/11/21- Agreed to develop two rehab centres at CRH and Florence Nightingale. Recruitment to the workforce has commenced and system wide partners are dialogue to develop the patient pathway. 12/11/21- Concern over waiting lists and recruitment at the Assessment Clinic. Funding being utilised to recruit additional clinicians time to eradicate backlog by Dec 21. 10/12/21- Ongoing development of the rehab service, and DCHS are implementing a revised plan to reduce the assessment clinic waiting list. January- The North and South Long COVID rehab centres have appointed case managers and assistant practitioners. Aiming for a March launch of both centres. To support the Post COVID Syndrome backlog, DCHS are triaging referrals and have recruited bank staff to eradicate the 230 patient backlog by March 22. Feb 22- No update. Still aiming to launch the rehab centres in March/April 22. Mar 22- The North and South Rehab hubs are to undertake a soft launch in April 22. Majority of staff appointed appointed at both sites. Team currently working through referral process and developing communications for key stakeholders. The assessment clinic waiting list continues to reduce. April 22 update - a combined pathway from assessment to rehabilitation is now in place and 2 hubs have started taking patients.	12/11/21- Agreed to develop two rehab centres at CRH and Florence Nightingale. Recruitment to the workforce has commenced and system wide partners are dialogue to develop the patient pathway. 12/11/21- Concern over waiting lists and recruitment at the Assessment Clinic. Funding being utilised to recruit additional clinicians time to eradicate backlog by Dec 21. 10/12/21- Ongoing development of the rehab service, and DCHS are implementing a revised plan to reduce the assessment clinic waiting list. January- The North and South Long COVID rehab centres have appointed case managers and assistant practitioners. Aiming for a March launch of both centres. To support the Post COVID Syndrome backlog, DCHS are triaging referrals and have recruited bank staff to eradicate the 230 patient backlog by March 22. Feb 22- No update. Still aiming to launch the rehab centres in March/April 22. Mar 22- The North and South Rehab hubs are to undertake a soft launch in April 22. Majority of staff appointed appointed at both sites. Team currently working through referral process and developing communications for key stakeholders. The assessment clinic waiting list continues to reduce. April 22 update - a combined pathway from assessment to rehabilitation is now in place and 2 hubs have started taking patients.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
26	2022	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	3	a 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 exacerbated by Covid-19. Helpline is accessible via 111 warm transfer. b 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. c Working with Communications teams to ensure that information is disseminated effectively across all stakeholders and the system. d 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. e CYP services, targeted intervention predominantly online. CAMHS RAG rating and prioritising urgent cases. Digital offer Kooth and Owell upkill continue until March 21. Ongoing CYP communications strategy with partners to send information out across the system. f IAPT providers fully operational and accepting referrals g Attend Anywhere utilised across the trust for online consultations h 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 p Additional community based LD beds - there needs to be an agreed list of identified staff that can be called on this responsibility line with LA not CCG. Building needs to be furnished and cleared. q Re above - need to develop a training programme for staff working in the specialised units- being actioned via LD delivery group. r Need to finalise the LD & Mental Health All Age COVID Recovery Planning Group process to feed into LRF across providers. s Wellbeing in education training to all schools Sept - March to include local MH resources and pathways. Close monitoring of services demand to be prepared to respond to any anticipated surge in referrals now CYP returned to school t IAPT providers are funded on AQP basis so there is no cap on activity u Frontline staff vaccinations will support increase in face to face capacity and engagement in care and improve resilience of staff capacity reducing absences	November 21 - Additional CYP crisis staff starting to come in to post i.e. in CAMHS Eating Disorder urgent care team. Continued pressures on paediatric units and in community. Working up / reviewing opportunities for CYP short term accommodation. December update - Continuing to recruit to Crisis, Liaison and Intensive Home treatment team. Ongoing pressures affecting flow access in Ser 4, paediatric units and community January update - Emergence of Omicron and impact on workforce capacity has resulted in reduced access to services. Continued focus on planning for additional ventilation in crisis response offers. February update - Work force remains stretched, providers continuing to try to recruit to Crisis, Liaison and Intensive Home treatment team although some posts difficult to fill. March update - services across the pathway continue to report high levels of referrals and complexity of need. Planning focus on more integrated approaches / efficiency to get CYP to the right place, right time. School pathway toolkit launched to aid communication re offer. April Risk recommended to be closed, propose a new risk 4e. This reflects the high workload pressures and performance impact of dealing with the COVID legacy. No change this month.	4	3	4	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	
27	2022	Increase in the number of safeguarding referrals related 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	4	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. Stammering: Individuals are targeted due to their physical or cognitive vulnerability and persuaded and coaxed 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.	November - Safeguarding Adult Referrals have increased by 16% over the last Quarter. This was anticipated due to an easing of lockdown restrictions began to take effect. These referral rates and types are monitored through the Safeguarding Adult Boards and also via case file audit. There should be little doubt that systems and resources are stretched and challenged but at the time of writing there are no particular areas of concern requiring escalation. Suggest that we continue with the risk levels as they currently stand until completing a root and branch review during March 2022. December - No changes this month. January - This is currently under review. Update February/March. February - Both Derby & Derbyshire Safeguarding Adult Boards (SABs) have development days this month and will review and revise the register accordingly. March: As Covid pressures ease and lockdown restrictions are lifted then work has been undertaken to assist those adults most at risk from harm. Self-neglect, hoarding, domestic abuse, and scamming remain the main areas of activity. Both the Safeguarding Adult Boards have received assurance that referrals are being actioned although concerns remain about the sheer numbers and levels of operational activity. The CCG continues to seek assurance from NHS providers that they are meeting their statutory duties. Compliance levels are positive. CCG safeguarding activity is reported via the G&P committee and the CCGs Safeguarding Committee. I would suggest that risks to the CCG have decreased in light of inter-agency working arrangements and the reduction in Covid mandates. April: Propose the safeguarding adults risk to be removed from the register. We are no longer seeing the number of referrals relating to Covid pressures or issues. We are therefore back to our pre-Covid position with "business as usual" Although there are system pressures these are not out of the ordinary and do not relate to safeguarding. Activity continues to be closely monitored via the SABs and their respective Quality & Performance sub committees both of which the Assistant Director of Safeguarding Adults Chairs.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
33	2022	There is a risk to patients on waiting lists as a result of their delays to treatment as a 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	4	• 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 waits and prioritising treatment accordingly.	• Monthly groups are in place with all 4 providers represented • Completion of assurance framework quarterly is undertaken by all providers and reports to PCDB quarterly, and to SGG • Identified harm is reported on STEIG and all providers are monitoring this • A risk stratification tool is being piloted by providers November: Nothing further to add this month. December: Provider Governance processes have been reviewed and strengthened regarding oversight. January/February: Focus on 104 day cancer waits with planned work to explore harm in more depth. March / April Update: Terms of reference, including monthly reporting process, currently being revised to better capture the focus of the group. The monthly reporting is based on the minimum standards and will provide improved Provider positions.	• Monthly groups are in place with all 4 providers represented • Completion of assurance framework quarterly is undertaken by all providers and reports to PCDB quarterly, and to SGG • Identified harm is reported on STEIG and all providers are monitoring this • A risk stratification tool is being piloted by providers November: Nothing further to add this month. December: Provider Governance processes have been reviewed and strengthened regarding oversight. January/February: Focus on 104 day cancer waits with planned work to explore harm in more depth. March / April Update: Terms of reference, including monthly reporting process, currently being revised to better capture the focus of the group. The monthly reporting is based on the minimum standards and will provide improved Provider positions.	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
37	2022	The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHT and therefore to service provision for the population of North Derbyshire.	Quality & Performance	4	Short term work has been undertaken and assurance re the safety of services has been provided by the Medical and Nursing Director at CRHT, however the long term sustainability of the service now needs to be addressed. March update: CRH Stroke Service Contingency Plan has been implemented, with sign-off from impacted surrounding trusts (Virga Mii, Halamshire, UNDB, and Stepping Hill). Short term mitigations in place to support service continuity, reducing the risk of service suspension and patient divert.	• Liaison Consultant cover is in place • Clinical Leadership support is being provided by Liverpool Consultant • Trust to roll out for patient to recruit new Stroke Lead consultant & work being done to make advert attractive • CCG, NHSE & System working with Trust Medical Director to contact other organisations and the Stroke Network for support. • Trust reviewing staff daily and escalating as per staff staffing policy as required, including red flag acute reporting • CRHT and Integrated Stroke Delivery Network (ISDN) leads to develop service contingency plan to understand internal measures, medical aid options, and patient divert impact. • SOP to operationalise the contingency plan • A task and finish group to commence a service review of the HASU, including options appraisal. All options to be reviewed with the aim of providing a sustainable service.	12/11/21- Independent Panel is now due to meet virtually 13th December. The recommendations identified by the independent panel will be required to be presented to CCG, CRH and wider governance committees throughout Jan 2022. 10/12/21 HASU workshop was delivered on 29/11/21 and all customer information has been written up in preparation for the independent panel on 13th December. For each service option the panel is required to provide recommendations as to whether the option will be shortlisted, discounted, or could proceed for further review subject to consent. The Clinical Senate has also been approached to undertake a risk to review of the process and outputs. 14/12/21 - Independent panel recruitment - exploring the options of strengthening the HASU service by redesign. The working group will focus on the workforce challenges and consider all possible workforce models and good practice, taking learning from independent panel members. Support will also be sought from the East Midlands and South Yorkshire and Baseline Integrated Stroke Delivery Networks. The working group will be required to develop a plan and provide detail of the service redesign for option 2. The independent panel will then be requested to reconvene and assess the fully worked-up option before the commencement of the implementation phase in March 2022. Feb 22: Stakeholder workshop to be held in Feb/March to gain consensus on the agreed service redesign option. The service option is to be worked up by April 22 for consideration by relevant Boards before full costed model is presented in September 22. Mar 22: Workshop to be held end of March 2022. No further update. Timescales for implementation of new redesign put back to March 2023 to allow partners to plan, develop and implement changes. April 22 update - a further workshop has taken place with summarising models in order to further develop the options around staffing models and utilising telemedicine, consultants from other trusts on a rotational basis. Options to be shared with clinical senate for review in the next few weeks.	12/11/21- Independent Panel is now due to meet virtually 13th December. The recommendations identified by the independent panel will be required to be presented to CCG, CRH and wider governance committees throughout Jan 2022. 10/12/21 HASU workshop was delivered on 29/11/21 and all customer information has been written up in preparation for the independent panel on 13th December. For each service option the panel is required to provide recommendations as to whether the option will be shortlisted, discounted, or could proceed for further review subject to consent. 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40	2022	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended or expiry rather than reprocured. The CCG is advised by Adam & GEM CCG on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	Governance	4	All healthcare contract extensions or renewals are reviewed via SLT, Execs, CLCC and then Governing Body for larger contracts. Any procurement issues and risks are highlighted as part of that process and the risk is accepted when agreement is given to proceed with the extension. Risks of challenge are small in most markets and the size of the risk will have been factored in to decision-making. Healthcare contracts expiring within 12 months are reviewed at Commissioning Ops Directorate SMT to ensure that timely action is taken before expiry. Where any challenge occurred from a provider, if the challenge were valid the risk could usually be mitigated by including the provider in future stages of procurement. Legislation is currently going through parliament to remove the requirement for NHS bodies to comply with the Public Sector Procurement Regulations for the procurement of healthcare services. This requirement will be replaced with a Provider Selection Regime which requires adherence to a decision-making framework but removes the right of legal challenge from providers except by judicial review.	A monthly meeting has been established between AGEM and the contracting team to review the procurement report and ensure that any issues around risk, progress or lack of engagement are escalated appropriately. The redesign of the procurement report has reduced the number of contracts of concern.	December: The CCG contracting team continues to monitor and manage all contracts due for expiry including plans to extend or reprocure. The risk score cannot be decreased until the Provider Selection Regime comes into force. January: The new provider selection regime has not yet come into force. February: Risk remains the same because the new procurement regulations are not yet in force and the mitigations are the same - contract options regularly discussed through SLT. March/April: No change to this for March/April update.	2	3	4	2	3	4	2	3	4	2	3	4	2	3	4	2	3			
42	2022	If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	Governance	4	Helen Dillstone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and meets monthly Derbyshire ICS Greener Delivery Board established and meets monthly NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plan approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Trust Green Plan approved by the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSE end March 2022 and confirmed CEO and GB sign off 7th April 2022.	Helen Dillstone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plan approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Trust Green Plan approved by the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Derbyshire ICS Trust Green Plan approved by the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSE end March 2022 and confirmed CEO and GB sign off 7th April 2022. Risk score aimed to be reduced in April when the Green Plan is approved and in place.	Derbyshire Provider Trust Green Plan approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Greener Delivery Board established and meets monthly NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Board established and meets monthly NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plan approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Trust Green Plan approved by the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Derbyshire ICS Trust Green Plan approved by the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSE end March 2022 and confirmed CEO and GB sign off 7th April 2022. Risk score aimed to be reduced in April when the Green Plan is approved and in place.	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3	4	3		
NEW RISK 46	2022	Risk of population continuing to wait in excess of NHS constitutional standards for Mental Health services - in particular waiting lists for: • CAMHS services - average of 17 weeks against weeks standard • Adult community mental health services - average 21 weeks wait • Adult Assessment services - average 59 weeks wait for adult assessment	Quality & Performance	4	A program of transformation work is in place across Derbyshire in line with the requirements of the NHS Long Term Plan and associated additional funding. This includes the following: • Additional investment into CAMHS teams which will support achievement of 4week standard in 2022/23 • Co-production and redesign of the community mental health offer to include greater capacity in low level prevention support offers through VCSE alongside MDT approach to case management and care provision. New model rolled out across High Peak and Derby City. Plans to roll out round rest of county in 2023 and 2024. • Co-design of neurodevelopmental pathway starting with CYP services but progressing to ensure all adult provision considered.	• Assurance and performance monitoring is undertaken at provider level, and JACD system delivery board and workstreams • Workstreams plan required to ensure recruitment and retention of key staff. Dedicated workforce planning group in place and plans in development	• A program of transformation work is in place across Derbyshire in line with the requirements of the NHS Long Term Plan and associated additional funding. • Assurance and performance monitoring is undertaken at provider level, and JACD system delivery board and workstreams	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3					

Appendix 2 - Movement during April 2022

Risk Reference	Year	Risk Description	Previous Rating		Residual/ Current Risk		Movement	Reason	Executive Lead	Responsible Committee	Action Owner		
			Probability	Impact	Probability	Impact						Rating	
01	21/22	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the Derby and Derbyshire CCGs constitutional standards and quality statutory duties.	5	4	20	5	4	20	↔	The volume of attendances is high.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carille Catherine Bainbridge, Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager
02	21/22	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the CCG	3	4	12	3	4	12	↔	Draft Code of Practice and Regulations are being reviewed	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
03	21/22	TCP unable to maintain and sustain performance, Pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.	5	4	20	5	4	20	↔	As a system, have taken part in an LGA Peer Review from March 29 to April 1.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A	21/22	<u>Contracting:</u> Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi-faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme	4	4	16	4	4	16	↔	General Practice continues to deliver the three priorities above whilst experiencing high levels of staff absence due to COVID infection.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
04B	21/22	<u>Quality:</u> Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme *Restoration and Recovery +C30	4	5	20	4	5	20	↔	Capacity pressures remain within General Practice linked to the continued delivery of the vaccination programme and the impact of COVID on staff absence within practice and wider system.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Judy Derricott, Head of Primary Care Quality

05	21/22	Wait times for psychological therapies for adults and for children are excessive. For children there are growing waits from assessment to psychological treatment. All services in third sector and in NHS are experiencing significantly higher demand in the context of 75% unmet need (right Care). COVID 19 restrictions in face to face treatment has worsened the position.	4	3	12	4	3	12	RISK RECOMMENDED FOR CLOSURE.	New risk 46 proposed. This reflects the high workload pressures and performance impact of dealing with the COVID legacy.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
06	21/22	Demand for Psychiatric intensive Care Unit beds (PICU) has grown substantially over the last five years. This has a significant impact financially with budget forecast overspend, in terms of poor patient experience, Quality and Governance arrangements for uncommissioned independent sector beds. The CCG cannot currently meet the KPI from the Five year forward view which require no out of area beds to be used from 2021.	2	3	6	2	3	6	RISK RECOMMENDED FOR CLOSURE.	Regular mobilisation meetings are now in place with providers and internal work in DHcFT has enabled a significant reduction in demand.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
09	21/22	Sustainable digital performance for CCG and General Practice due to threat of cyber attack and network outages. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	4	4	16	2	4	8	↓	There are no residual risks from migration onto NHSmail and hence this component has been removed from the risk score.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	21/22	If the CCG does not review and update existing business continuity contingency plans and processes, strengthen its emergency preparedness and engage with the wider health economy and other key stakeholders then this will impact on the known and unknown risks to the Derby and Derbyshire CCG, which may lead to an ineffective response to local and national pressures.	2	4	8	2	4	8	↔	The score has been reviewed and remains the same as there are additional demands on the system due to winter pressures and the effects of COVID.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager
11	21/22	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	4	4	16	4	4	16	↔	The CCG is working with system partners to establish a sustainable a long term financial position and deliver a balanced in-Year position.	Richard Chapman, Chief Finance Officer	Finance	Darran Green- Assistant Chief Finance Officer
12	21/22	Inability to deliver current service provision due to impact of service review. The CCG has initiated a review of NHS provided Short Breaks respite service for people with learning disabilities in the north of the county without recourse to eligibility criteria laid down in the Care Act. Depending on the subsequent actions taken by the CCG fewer people may have access to the same hours of respite, delivered in the same way as previously. There is a risk of significant distress that may be caused to individuals including carers, both during the process of engagement and afterwards depending on the subsequent commissioning decisions made in relation to this issue. There is a risk of organisational reputation damage and the process needs to be as thorough as possible. There is a risk of reduced service provision due to provider inability to retain and recruit staff. There is a an associated but yet unquantified risk of increased admissions – this picture will be informed by the review.	3	3	9	3	3	9	↔	Refresh of communications required to update service users and families on programme plan.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning, Helen Hipkiss, Deputy Director of Quality /Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
16	21/22	Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S1422 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development, including restoration and recovery work arising from the COVID-19 pandemic.	2	3	6	2	3	6	↔	Engagement Committee agreed that this risk could be closed in May if there were no further issues.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement
17	21/22	S117 package costs continue to be a source of high expenditure which could be positively influenced with resourced oversight, this growth across the system, if unchecked, will continue to outstrip available budget	3	3	9	2	3	6	↓	Reviews have continued and the savings anticipated have been achieved and shared with the CCG.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance

20	21/22	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	3	3	9	3	3	9	↔	The Covid restrictions and resource availability continue to impact on the review of the HR files.	Beverley Smith, Director of Corporate Strategy & Development	Governance	James Lunn, Head of People and Organisational Development
22	21/22	The mental health of CCG staff and delivery of CCG priorities could be affected by remote working and physical staff isolation from colleagues.	2	3	6	2	3	6	↔	Although sickness absence levels have increased slightly over the last 12 months to 2.58%, they remain below pre-pandemic levels.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	21/22	CCG Staff capacity compromised due to illness or other reasons. Increased numbers of CCG staff potentially unable to work due to COVID 19 symptoms / Self isolation.	3	4	12	3	4	12	↔	Sickness absence is below pre-pandemic levels within the CCG, albeit an increase in sickness absence related to infectious diseases.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
25	21/22	Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.	3	3	9	3	3	9	↔	A combined pathway from assessment to rehabilitation is now in place and 2 hubs have started taking patients.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
26	21/22	New mental health issues and deterioration of existing mental health conditions for adults, young people and children due to isolation and social distancing measures implemented during COVID 19.	4	3	12	4	3	12		Risk recommended to be closed, propose a new risk 46. This reflects the high workload pressures and performance impact of dealing with the COVID legacy.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Mick Burrows, Director of Commissioning for MH, LD, ASD, and CYP Helen O'Higgins, Head of All Age Mental Health Tracy Lee, Head of Mental Health Clinical Lead
27	21/22	Increase in the number of safeguarding referrals linked to self neglect related to those who are not in touch with services. These initially increased immediately following COVID lockdown. The adult safeguarding processes and policy are able to respond to this type of enquiry once an adult at risk has been identified. Numbers are difficult to predict but numbers are predicted to increase as COVID restrictions ease.	3	3	9	3	3	9		Risk recommended to be closed. No longer seeing the number of referrals relating to Covid pressures or issues.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
33	21/22	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	4	4	16	4	4	16	↔	Terms of reference, including monthly reporting process, currently being revised to better capture the focus of the group.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Alison Cargill, Assistant Director of Quality
37	21/22	The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHFT and therefore to service provision for the population of North Derbyshire.	3	4	12	3	4	12	↔	A further workshop has taken place with surrounding trusts in order to further develop the options around staffing models and utilising telemedicine, consultants from other trusts on a rotational basis.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
40	21/22	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	2	3	6	2	3	6	↔	Risk remains the same because the new procurement regulations are not yet in force. The contract expires regularly discussed through SLT.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery

42	21/22	If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.	4	3	12	3	3	9		Risk score reduced to a 3 x 3 =9 high risk following approval of the ICS the Green Plan.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Suzanne Pickering - Head of Governance
NEW RISK 46	21/22	Risk of population continuing to wait in excess of NHS constitutional standards for Mental Health services - in particular waiting times for:- > CAMHS services - average of 17 weeks against 4weeks standard > Adult community mental health services - average 21 weeks wait > Autism Assessment services - average 59 weeks wait for adult assessment	3	3	9	3	3	9	NEW RISK	NEW RISK	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Jennifer Stothard, Assistant Director of Adult Mental Health, Learning Disabilities and Autism Commissioning

Governing Body Meeting in Public

5th May 2022

Item No: 039

Report Title	2022/23 Operational Plan – final submission
Author(s)	Helen Wilson, Deputy Director of Contracting and Performance
Sponsor (Director)	Zara Jones, Executive Director of Commissioning Operations

Paper for:	Decision	Assurance	Discussion	Information	x
Assurance Report Signed off by Chair			N/A		
Which committee has the subject matter been through?			Joined Up Care Derbyshire Senior Leadership Team		
Recommendations					
The Governing Body is requested to NOTE the final operational plan submitted to NHS England (NHSE) in March and NOTE the current gaps in compliance with NHSE targets and further work required before the final submission.					
Report Summary					
<p>This paper provides a summary of the 22/23 operational planning submission. The main points of the submission are as follows:</p> <ul style="list-style-type: none"> • Compliance with Elective activity requirements – whilst significant work has been undertaken by elective teams to plan additional activity and to incorporate the benefits of the relaxation of the IPC controls and expected lower levels of COVID, overall we are still below the requirement for 104% cost-weighted activity. However, we are planning to eliminate 104 week waits to target and reduce 78 week waits to 0 by year end. • Compliance with Diagnostic activity requirements – the activity submitted falls short of planning requirements even after some remodelling from the draft plan. The introduction of Community Diagnostic Centres during the year will support later improvement of the position. The target is to achieve 120% of 19/20 activity and the system plan is at 99.5%. However, the target is exceeded in some modalities. • Outpatient Follow-up reduction – the system plan is currently not compliant but good progress has been made in some areas. Work is continuing on outpatient transformation to support this requirement. • The Mental Health targets have been shared with NHSEI and targets worked through and the submitted plan is now compliant except in LD&A. • Financial plan - The system is currently planning for a deficit position due to a reduction in non-recurrent income as a result of changes to COVID funding, as well as in year cost pressures. 					

- Workforce plan - The system is currently planning for an overall increase in its substantive workforce by 4%. This will be carefully managed by increasing recruitment, retention and growing our own workforce incentives. The plan is reduction in bank and agency staffing to ensure we deliver the growth required within the financial envelope. We plan to increase our nursing workforce by over 4%, supporting the achievement of the national target for growth in this workforce and ensuring safer staffing levels are achieved. It should be noted that whilst the overall plan is on target, there are pressured areas within the overall workforce that may impact on delivery of specific areas of the plan.

DDCCG Governing Body are asked to NOTE the content of the submission and the system position.

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

This report supports the CCG's Strategic Objective of 'delivering the commitments made in response to the Operating Plan, with a focus on reducing health inequalities and improving outcomes for the people of Derbyshire, and continuing to support the system during transition to maintain a strategic focus on overall health outcomes / health inequalities'.

Identification of Key Risks

N/A

2022/23 Planning Priorities

Final Plan Update – DDCCG Governing Body –
Public Meeting – 28.4.22

Date	Requirement
24 December	Planning guidance published
w/c 14 January	Detailed Planning Guidance released
w/c 4 January	Summary presentations to System Planning and Co-ordination Group and CCG SLT
w/c 17 January	Individual meetings with submission leads began
21 January	Gap Analysis for SODB
w/c 24 January	System Planning Task and Finish Group meetings begin
28 February	First narrative and metric returns to Planning team
3 March	NHSE draft plan discussion at System Planning and Coordination Group
4 March	Acute narrative and metric returns to Planning team
11 March	JUCD SLT draft plan review
8-17 March	Circulations to Delivery Boards by Programme Leads
17 March	Draft plan submission – Activity and Performance, Workforce, Finance, Narrative plan
7 April	CCG Governing Body – draft plan review
26 April	JUCD SLT final plan approval
28 April	Final plan - Activity and Performance, Workforce, MH Workforce draft, Finance, Narrative
5 May	CCG Governing Body – final plan review
16 June	ICB Board – final plan presentation
23 June	Final MH workforce submission

22/23 Planning – Final Submission

- Compliance with Elective activity requirements – whilst significant work has been undertaken by elective teams to plan additional activity and to incorporate the benefits of the relaxation of the IPC controls and expected lower levels of COVID, overall we are still below the requirement for 104% cost-weighted activity. However, we are planning to eliminate 104 week waits to target and reduce 78 week waits to 0 by year end.
- Compliance with Diagnostic activity requirements – the activity submitted falls short of planning requirements even after some remodelling from the draft plan. The introduction of Community Diagnostic Centres during the year will support later improvement of the position. The target is to achieve 120% of 19/20 activity and the system plan is at 99.5%. However, the target is exceeded in some modalities.
- Outpatient Follow-up reduction – the system plan is currently not compliant but good progress has been made in some areas. Work is continuing on outpatient transformation to support this requirement.
- The Mental Health targets have been shared with NHSEI and targets worked through and the submitted plan is now compliant except in LD&A.
- Financial plan - The system is currently planning for a deficit position, due to a reduction in non-recurrent income as a result of changes to COVID funding, as well as in year cost pressures.
- Workforce plan - The system is currently planning for an overall increase in its substantive workforce by 4%. This will be carefully managed by increasing recruitment, retention and growing our own workforce incentives. The plan is reduction in bank and agency staffing to ensure we deliver the growth required within the financial envelope. We plan to increase our nursing workforce by over 4%, supporting the achievement of the national target for growth in this workforce and ensuring safer staffing levels are achieved. It should be noted that whilst the overall plan is on target, there are pressured areas within the overall workforce that may impact on delivery of specific areas of the plan.

22/23 Planning – Submission Requirements

Priority	Narrative Required	Metrics Required
A. Invest in our workforce	Yes	Full workforce plan and separate MH workforce including narrative
B. Respond to COVID-19 effectively	No	None
C. Deliver more elective care	Yes, not Maternity	GP referrals, OP activity, Diagnostic activity, EL/DC activity, A&G, PIFU, NFTF, RTT admitted and non-admitted, New RTT, Waiting List, 52ww+, 78ww+, 104ww+, Cancer 28 days to diagnosis, First definitive treatment, 62+ day pathways, non-specific referrals
D. Improve UEC responsiveness and build community capacity	Yes	NEL activity, A&E activity, Ambulance C1-6, LoS, G&A beds, ACC, 111 to SDEC 2-hr community, community waiting lists, hospital discharge pathways, virtual wards
E. Improve timely access to primary care	No	GP appointments, extended access utilisation
F. Improve MH services and LDA services	No	AHCs, Inpatient LD&A, IAPT access, Dementia diagnosis, first psychosis, CYP access, ED RTT, OOA, SMI PHC, Perinatal, IPS, MHSDS DQMI, CMH access, Discharge FU
G. Continue to develop approach to PHM, prevent ill health and address inequalities	Yes, Introduction	PHBs, Social prescribing, PCSP Children's wheelchair access
H. Exploit the potential of digital tech	No	None
I. Make the most effective use of our resources	No	Financial plan submission
J. Establish ICBs and collaborative working	No	None

22/23 Planning

Planning Requirements
Deliver >104% of 19/20 activity
Since the draft plan submission, significant work has been undertaken to improve the position but the system is still not compliant with the NHSE target. This is due to: Waiting List Initiatives in 19/20 having inflated activity; reduced productivity across the patient pathway due to changing patient behaviours and staff absences; and gaps in workforce.
104 week wait elimination and maintenance of zero
Modelling at this time suggests that we will eliminate 104ww (excluding patient choice) by 1 July 2022. There have been ongoing challenges with securing options for treatment for the bariatric cohort of patients but plans are in place and progressing.
Reduction of 78 week wait
The system is working towards an elimination of 78ww by end of March 2023 and is forecasting achievement based on the following assumptions: staff absence rate is stable, no increases in demand above that modelled, no significant equipment failure beyond planned downtime, elective cancellations due to increased NEL activity not going beyond that modelled and a reduction in delayed transfers of care
OPFU reduction at least 25%
We have improved our position on this since the draft submission but our planned reduction is still not compliant with the national target. Increased referral activity in 21/22 will likely increase the number of follow up appointments in the short term. The system is working on out-patient transformation as a priority to baseline the opportunity from delivering RAS, the next phase of PIFU and introducing a full A&G service across more specialties before committing to delivery of this requirement.
PIFU 5% and referral optimisation expansion
The system is working towards meeting this requirement. The current YTD achievement is 3.5% and the plan modelling now achieves 4.2% which is not yet compliant with the target. However, significant work is ongoing to achieve further improvements in this area.
Deliver 16 specialist A&G requests per 100 OPFA
Our position has improved since the draft submission from 16 to 17.9 and is fully compliant.

22/23 Planning

Planning Requirements

25% NFTF

The system currently achieves 23% NFTF YTD. Work since the draft plan has improved our position to 24.6% across the system - however there is a risk of delivery based upon changes to case mix from the impact of advice and guidance which may cause a smaller cohort of patients who are suitable for NFTF. Ongoing clinical engagement is taking place to understand the scope to deliver against this.

Cancer 62 day PTL return to Feb 20 level

The system is aiming to hold the cancer waiting list position below the February 2020 position – assumptions and risks apply to delivery of this (no increased activity above that modelled, no further covid waves, no unplanned workforce challenges etc).

Improvement against all cancer standards – 62 day

Breast Screening recovery and ongoing issues with capacity will potentially impact on performance for 62 day screening. Plans are in place to achieve the required improvements but there is some risk around delivery.

Improvement against all cancer standards – 28 day Faster Diagnosis Standard

The system anticipates achieving this requirement and has already made good progress against it in 21/22.

Improvement against all cancer standards – 31 day to treatment

The system has recently exceeded the trajectory for the 31 day standard and we expect to maintain this upward trajectory and achieve the targets.

Diagnostics at 120% pre-pandemic levels

MRI, CT & Endoscopy are achieving on average over 100% of 2019/20 activity levels, capacity is being reviewed to increase this to 120%, this will also be reliant on the mobile scanner being on site. Ultrasound and echo capacity & performance require more work to understand workforce challenges and demand profiles. All modalities are suffering with short term and longer term workforce challenges plus the IP&C impact reduces capacity. We have a CDC and CDH plan with full engagement across the system.

22/23 Planning

Planning Requirements

12hr waits reduced to zero and no more than 2%

Improvement against ambulance handover standards (0>60m, 95% <30m, 65% <15m)

Improvement against Ambulance Response Standards

Expand Urgent Treatment Centre provision

The system has a clear road map for delivering each of the above planning targets but we have variation in delivery across the sector with system delivery against 3 of the key performance metrics currently non-compliant. The following are the key messages of the plan:

- Streaming and redirect implementation. Commissioning of co-located acute UTC model at 3 acute sites. Stable ED workforce
- Reinvigorated Operational Escalation and system wide risk management mitigation plan for Ambulance Cat B activity
- Digital solution for system transparency of ambulance queue / activity
- Enhanced SDEC pathways increasing proportion of on the day discharges
- Frailty at Front door enhanced model integrated with Community Rapid response UCR
- Direct booking from EMAS and 111 to SDEC and ED services (including co-lo UTC).
- Non ED alternative pathway development for EMAS referral including updated DoS and digital direct booking
- Targeted reduction in acute Length of Stay esp >14 and >21 day
- Enhanced Discharge Assessment units on 3 acute sites

22/23 Planning

Planning Requirements

Urgent Community Response (UCR) – achieve targeted coverage

UCR:

Our current service delivery consists of a system wide UCR (including 2 hours) Community Nursing and Therapy service with a single access point, operating 8-6:30 pm, 7 days a week and achieving 53% against the 2hr target. Our service fully delivers against 7 of the 9 identified clinical conditions (not currently carer breakdown nor the enhanced requirement around Level 1 & 2 falls recovery). Additionally, Derbyshire Health United will provide a 2-hr response to patients from 6.30pm-8pm from April 22.

Current service funding has been agreed for workforce expansion of community rapid response and care response team and elements of urgent social care and a detailed workforce plan will be completed by the end of Q1. Detailed capacity and demand modelling will inform service extension and workforce requirements. Our UCR service is compliant with national CSDS requirements and CSDS data quality improvement will be continued into 22/23.

Virtual ward development

The planning Expectation to meet a trajectory of 685 VW beds, it is anticipated that Derbyshire will be at the lower end of the trajectory (548/685) as part of demand/capacity modelling by 23/24. There is a planned target of 400 VW beds by end of Q4 22/23.

As detailed in the clinical guidance, there is a minimum requirement to develop VWs for Acute Respiratory infection and Frailty, these developments will support delivery to stretch the target to 648 and provide additional VW beds for Derbyshire patients.

Current stocktake identifies that there are approximately 346 patients in a VW/remote monitoring setting (figures vary on a weekly basis).

D2A

The national targets are for 95% acute discharges to be to place patient calls home (P0 or P1) (current JUCD achievement 96%), for 4% acute discharges to be to short term reablement (P2) (current JUCD achievement 3%) and 1% acute discharges to be to care home (P3) (current JUCD achievement 1%). The 22/23 plan is compliant with expectations.

22/23 Planning

Planning Requirements

Workforce Expansion Targets

Additional Roles Reimbursement Scheme PCNs have recruited a total of 354.04 WTE during 2021/22 - 268.34 WTE are permanent staff and 85.71 WTE were temporary posts. PCNs are on track to continue to meet the ARRS WTE target for 2022/23.

General Practitioners All nationally recommended recruitment and retention schemes are in place and running alongside additional health and wellbeing schemes. We expect to retain our numbers of GPs throughout 2022/23 (530 WTE).

Access Targets

Access All practices are following national guidance (27.1.22) to restore routine services where these have been paused during the pandemic and work towards ensuring access to appointments are back to pre-pandemic levels.

Average in hours appointments per month:

- Pre-pandemic (19/20) = 502236
- 2021/2022 (Not including Mar 22) = 516879

February Access Data 492,542 appointments delivered (3.8% up on Feb 20) 212,749 of those were same day appointments (13.3% increase on Feb 20).

Derby & Derbyshire General Practice Quality Improvement Programme Interventions to improve quality/ prevent failure across a full spectrum e.g., from interventions when a practice is failing or close to failing through to interventions to ensure that practices already delivering high quality care continue to improve

22/23 Planning

Planning Requirements

CYP under 18 supported through MH Services

Plan assumes an increase of 350/quarter and is compliant with the NHSE growth expectation. Significant progress with MHST, crisis support and the graduated offer has been made.

CYP ED treatment - Routine

The ED routine performance is currently shown at 86% of target, but the overall performance targets should be met by year end, and team and ladle resources as needed to achieve a balance if clinically indicated /safe/ needed. So we are planning to hit the target and submit a compliant plan prediction. We are working with the providers to look at improvements possible. Baseline funding since 2020 £125k also goes to 2 organisations for FREED and younger people which helps activity.

CYP ED treatment – Urgent

ED urgent is achieving Target and forecasted to continue. There has been a surge of activity under lockdown, urgents have been prioritised for clinical safety, we will balance activity if Routines go out of tolerance

22/23 Planning

Planning Requirements
Access to Perinatal Mental Health Services
This is currently off target but a recovery plan was agreed with NHSEI. Perinatal has had correctional in year investment made – service now nearly fully staffed and confident they will catch up by year end and therefore a compliant plan submitted to hit target by year end.
Total Access to IAPT services
The plan is compliant with the expectation of increased access and reflects the annual modelling undertaken. Well invested service so reduced investment to analytical tool. Activity tracking above LTP. Recovery and 2 nd wait activity has now normalised.
First Episode Psychosis Referrals seen within 2 weeks
The plan is above target levels with 80% of packages of care received within 2 weeks against a target of 60%.
Dementia Diagnosis Rates
The trajectory assumes an increase in referral rates from 21/22, following low levels of primary care referrals in that year. There are in year assumptions made about increased patient confidence, a delivery plan in place & the target could be hit so a compliant plan has been submitted
Contacts from CMHS for Adults and Older Adults with an SMI
The plan is in line with the average per quarter in prior years but did fall short of ambition tool. This is an area of risk however the programme leads for Community and CMHF feel that in year this can be corrected and the VCSE procurement will help. A compliant plan has been submitted
Annual Health Checks for Patients with a Serious Mental Illness
Whilst the SMI plan is not compliant with the planning requirement, the trajectory submitted was agreed with NHSEI in Q3 21/22. Fully invested to LTP Activity and will go to vaccination outreach pilot and MECC, risk stratify Qrisk score, create SMI peer support network in VCSE (part of CMHF).
Number of People Accessing IPS Services
Whilst the SMI plan is not compliant with the planning requirement, the trajectory submitted was agreed with NHSEI in Q3 21/22. Fully invested to LTP Activity and will go to vaccination outreach pilot and MECC, risk stratify Qrisk score, create SMI peer support network in VCSE (part of CMHF).
Out of Area Placements
OOAPS - Demand very high currently and nationally PICU and AMH beds at full. compliance carries risk, susceptible to covid and the Ukraine situation

22/23 Planning

Planning Requirements
Annual Health Checks for people with LD (age 14+)
The draft plan (at 72%) was not compliant with the NHSEI expectation of 75% but a revised trajectory has been agreed with 1care and further work will be undertaken in year to improve data capture and sharing of GP registers
Reliance on inpatient care for people with LD or A - CCG commissioned (age 18+)
The submission is not compliant with the NHSE requirement but an improvement trajectory has been agreed with NHSE.
Reliance on inpatient care for people with LD or A - NHSE/Provider Collaborative commissioned (age 18+)
The submission is not compliant with the NHSE requirement but an improvement trajectory has been agreed with NHSE.
Reliance on inpatient care for people with LD or A - NHSE/Provider Collaborative commissioned (under age 18)
The submission is compliant with the NHSE requirement and an improvement trajectory has been agreed with NHSE.

Whilst the mental health and LD metrics are being submitted as part of the full operational planning submission, a separate narrative, financial and workforce submission is being managed through the Mental Health Delivery Board to NHSE.

22/23 Planning

Planning Requirements

Improved data collection and reporting will drive a better understanding of local health inequalities in access to, experience of & outcomes from healthcare services.

This is happening in part, it remains a development area for JUCD, and to deliver this systematically is dependent on the implementation on planned changes to how we deliver on System Intelligence. Interdependencies include the Population Health Management Programme and the Place Development Programme, updates to the JSNA, improving our baseline understanding of Core 20+ groups. Support required includes space and time to co-ordinate the outputs from these development activities in early 22/23 into a coherent strategic approach from Q2 onwards.

Renew focus on reducing inequalities in access to and outcomes from NHS public health screening and immunisation services

We have a well established multi-agency Vaccine Inequalities Group which has co-ordinated our COVID-19 vaccination (inequalities) response. This group will extend to include the full immunisation schedule in scope from April 22, supported by a dedicated team in the CCG and LA public health (est. Feb 22). This group will identify priority quality improvement actions for immunisation uptake as part of a strategic review in Q1 22/23.

We have a well established Cancer Alliance which has agreed to actions to reduce inequalities in screening working across partners. Both these programmes have a community engagement component working with the LA and VCSE leads.

Continue to adopt culturally competent approaches to increase vaccination uptake in groups that have a lower than overall average uptake as of March 2022.

As above this will be factored into Strategic planning for vaccine inequalities. Derby City has received investment from the DLUH Vaccine Champions programme which will facilitate improvement in our engagement activity (via community connectors and small grant funded projects), improve our use of insight to inform vaccination promotion and communications, and strengthen the influence of community voice in NHS planning.

22/23 Planning

Planning Requirements

Demonstrate how the ICS is developing PHM, preventing ill-health & addressing health inequalities

Population Health Management Programme and Place Development Programme:

The Population Health Management Development Programme is led by the Director of Public Health in Derbyshire County Council and delivered by Optum (for NHSE). It will run from March - June 2022 and has three aims: to develop and build PHM capacity and capability across our workforce; to advance our PHM infrastructure; and to support efficient and effective use of our resources. The cornerstone of the PHM approach is the use of linked data providing insights across individuals and communities rather than just activity across organisations or points in time. This will give us better insight into the complexity of need and service use enabling holistic and impactful interventions for individuals, cohorts and communities.

The ICS Place Development Programme:

Will work at Place level with clinical and care leaders, analysts, primary and secondary care, local government, social and community services, and the voluntary and charity sector. It will provide practical support to give us with the tools, techniques and approaches to enable us to deliver effective Population Health Management (PHM). The two programmes are fully complementary and will embed a consistent approach to PHM building up the skills and infrastructure we need to improve population health. They will both support prioritisation of actions to reduce health inequalities from Summer 2022 onwards.

Have personalised care approaches been considered in the development of your Core20PLUS5?

Joined Up Care Derbyshire has a Personalisation Delivery Board which has a key focus on integrating Personalisation across the system to ensure it is 'everybody's business'. The Board have recently agreed a draft Plan on a Page which focusses on giving people choice and control over the way their care is planned and delivered based on 'what matters' to them and their individual strengths, needs and preferences. The Personalisation board fully endorse the Quality Conversations approach outlined below.

Quality Conversations Programme:

The JUCD Quality Conversations programme, established in 2018 is our local health coaching and MECC programme, supporting personalised care. It has recently secured permanent substantive funding to allow expansion and growth of the many component elements in the next few years.

Actions in 2022/23 include:

Targeting Quality Conversation interventions to 'long waiters' in the CORE20+ demographic to support a personalised approach to self-care.

22/23 Planning

Planning Requirements
Bottom line of breakeven or surplus
The system is currently planning for a deficit position as a system, due to a reduction in non-recurrent income as a result of changes to COVID funding, as well as in year cost pressures. Mitigation has reduced this deficit and it includes some potentially 'allowable' deficit due to COVID costs, out of system deficit for EMAS and excess inflation.
Deliverable plans
The above reduction relies on the development and implementation of plans to deliver cost efficiencies and financial and technical mitigations.
Underlying financial position
The system continues to have a significant underlying deficit as described above due to core business costs being higher than core allocations, with the system reporting reliance on COVID non-recurrent allocations.
Efficiency Programme
3% cost efficiencies are being planned for, an increase of 1.9% on the draft plan, however these do not cover the full system gap.

Further information on the financial plan is provided in a separate paper.

Contact Details

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Governing Body Public Session

5th May 2022

Item No: 040

Report Title	2022/23 Financial Planning
Author(s)	Donna Johnson, Acting Assistant CFO
Sponsor (Director)	Richard Chapman, CFO

Paper for:	Decision	Assurance	Discussion	Information	x
Assurance Report Signed off by Chair			N/A		
Which committee has the subject matter been through?			<p>The JUCD Plan has been through each partner organisation's governance process and JUCD SLT and SFEC</p> <p>The CCG Plan was presented to CCG Finance Committee April 25th and Governing Body April 27th.</p>		
Recommendations					
<p>The Governing Body is requested to NOTE:</p> <ul style="list-style-type: none"> • the submission of the CCG's financial plan as a constituent element of the JUCD financial plan for the 2022/23 financial year • the deterioration in the system and organisational position • the resultant JUCD unmitigated 'gap' of £196.6m • the draft mitigations schedule, which mitigates the system deficit to £65.9m • the assumptions made for the CCG plan 					
Report Summary					
<p>Planning guidance for the 2022/23 financial year was published on December 23rd and has since been developed iteratively. Considerable work has been undertaken to assess the financial implications of the guidance for the system, and to develop a financial plan for the 2022/23 financial year.</p> <p>It is usual for the financial plan to be presented to Governing Body for approval prior to the 31st March, however this is not possible due to the national timelines. This paper presents the submitted financial plan for 2022/23 for both JUCD and the CCG/ICB.</p>					

Are there any Resource Implications (including Financial, Staffing etc)?
The document is the financial plan.
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
Risks highlighted will be linked to the Derby and Derbyshire CCG Board Assurance Framework.
Identification of Key Risks
Noted as above

DDCCG Governing Body 22/23 Financial Plan

5th May 2022



Context & Governance

- The CCG is not required to submit a plan. Rather, the CCG / ICB plan is inherent in the submitted system plan.
- National guidance is to reflect the assumptions which were extant at the time the NHS settlement was agreed with government. This includes:
 - Minimal levels of covid prevalence with associated relaxation in IPC, pathway segregation and other adjustments to pre-pandemic levels
 - Inflation at 1.7% net of an implicit 1.1% efficiency requirement
- Statutory governance remains organisational. The system plan was approved in line with each organisation's required process prior to submission.

Key messages

- Pre-mitigated system deficit at draft plan stage was £196.6m
- Ongoing work since has reduced this deficit to £65.9m
- That reduction relies on the development and implementation of plans to deliver:
 - £70.8m cost efficiency (3% + £10m prescribing)
 - £43.6m financial & technical mitigations including:
 - £8.7m ERF funding
 - £4.9m SDF slippage
 - £30m NR / balance sheet flex
- £40.7m of the £66.9m deficit is potentially “allowable” deficit in that:
 - £12.9m is covid costs M1&2 or FYE for private ambulance service & vaccine operations cell.
 - £8m is 80% of EMAS deficit generated outside of Derbyshire
 - £19.8m is excess inflation
- The plan assumes £8.9m ERF funding of a potential £37.8m which could be earned through elective recovery
- The cost base which gives rise to the deficit excludes a net £33.3m estimated likely cost of covid in line with planning guidance
- Although the plan currently shows a CCG surplus, it is likely that a realignment will be undertaken with the objective of optimising the system cash position as the year progresses

JUCD Expenditure Bridge

	JUCD Expenditure						
	CRH £'m	DCHS £'m	DHcFT £'m	EMAS £'m	UHDB £'m	CCG £'m	JUCD £'m
JUCD Income Allocation	305.0	195.3	181.7	233.1	972.6	990.9	2,878.6
21/22 Expenditure FOT at Month 11	(320.6)	(202.1)	(178.9)	(246.9)	(1,018.0)	(873.4)	(2,839.9)
Less COVID	8.5	1.4	8.4	13.2	28.2	15.0	74.6
Less Vaccine	0.0	10.1	0.2	0.0	0.0	0.0	10.3
Less ERF	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NR Adjustments	1.5	(1.5)	(1.9)	4.5	(3.5)	41.8	40.9
FYE Investments	(6.8)	(3.6)	(10.5)	(7.3)	(4.4)	(9.3)	(41.9)
21/22 BAU FOT	(317.4)	(195.7)	(182.7)	(236.5)	(997.7)	(825.9)	(2,756.0)
2022/23 Planning Movements							
Planned Inflation	(6.5)	(4.8)	(3.9)	(6.4)	(28.0)	(14.2)	(63.9)
Excess Inflation	(2.0)	(1.3)	(1.3)	(1.6)	(4.2)	(9.5)	(19.8)
Efficiency in tariff	3.1	2.1	2.2	2.8	11.5	10.6	32.2
Investments (Cost Pressure)	(2.0)	(0.9)	0.0	(1.1)	(25.6)	(59.2)	(88.8)
22/23 COVID	(1.1)	(0.1)	(0.6)	(5.4)	(4.6)	(1.1)	(12.9)
Other Agreed adjustments	(0.0)	(1.1)	0.0	0.0	(0.0)	0.0	(1.1)
Increased Efficiency to 3%	5.4	3.5	3.9	4.8	19.9	15.7	53.2
System Efficiency						0.0	0.0
Glossop						(52.8)	(52.8)
ERF						(34.6)	(34.6)
Mitigated 2022/23 Planned Expenditu	(320.5)	(198.4)	(182.4)	(243.4)	(1,028.8)	(971.0)	(2,944.5)
Surplus/Deficit Final Submission	(15.5)	(3.1)	(0.7)	(10.3)	(56.2)	19.9	(65.9)

CCG Plan Analysis		JUCD Expenditure	
1.7% growth	14.2	Planned inflation	14.2
FYE Investments	9.3	FYE Investments	9.3
Excess Inflation	9.5	Excess Inflation	9.5
Covid	1.1	Covid	1.1
Investments per planning guidance	22.3	Investments (Cost Pressure)	59.2
Investments per national guidance	71.5	ERF	34.6
Cost Base Change	127.9		127.9

- Cost base growth is largely driven by investment required under planning and national guidance
- ERF drives £34.6m of cost base growth, to neutralise benefit from income
- Bottom line 22/23 cost includes an additional £52.8m reflecting the Glossop boundary change.

CCG Plan Analysis

	£m
Investments in line with Planning Guidance	7.0 Acute Associate, LVA & IS 1.7%
	0.9 MH Associate, LVA & IS 1.7%
	0.1 Community Associate, LVA & IS 1.7%
	2.6 IS to the higher of 19/20 OT or 21/22 FOT
	8.0 SDF - GP Transformation
	0.4 SDF - LD & Autisum
	0.7 SDF - Maternity Transformation
	0.2 SDF - System Transformation
	1.0 SDF - 111
	3.7 SDF - Virtual Wards
	0.2 SDF - Resilience funding
	0.5 SDF - Tobacco Prevention
	2.2 SDF - Uncommitted
	0.9 SDF - Ageing Well
	8.5 SDF - MH
	34.6 ERF
	<u>71.5</u>

	£m
1.7% Growth	<u>14.2</u>
	<u>14.2</u>

	£m
Investments as a result of Covid	0.5 CHC D2A (6 Weeks)
	0.4 Voc Team
	0.2 Hospice sustainability
	<u>1.1</u>

Cost Base Change	
Excludes Efficiencies	
Excludes Glossop Boundary Change	
1.7% Planning Growth	£14.2m
LVA & IS	£10.6m
ERF	£34.6m
SDF	£26.3m
Investments Already Committed	£9.3m
Investments as a result of Covid	£1.1m
Investments in line with National Guidar	22.3m
Growth above 1.7%	£9.5m
	£127.9m

	£m
Investments already Committed	1.9 FYE MH Investments
	1.0 FYE Care Homes
	3.0 FYE Ageing Well
	1.2 FYE CHC
	2.7 FYE Enhanced Services Contract Change *
	- 3.2 FYE Enhanced Services Contract Change *
	0.2 Community Non JUCD
	1.3 Primary Care List Size Growth
	0.3 NHS111 New contract
	0.9 Primary Care Ophthalmology Service via Acute
	<u>9.3</u>

	£m
Investments in line with National Guidance	1.5 Audio, Physio, Hospice, PHB & DUTC activity back to 2019/20 levels
	2.1 BCF in line with National guidance
	11.4 ARRS 22/23 Requirement
	0.4 Running Costs
	1.2 FNC
	2.8 PCCC
	0.3 Acute Non JUCD
	0.3 £0.3m IAPT
	0.2 £0.2m Brain Injury
	1.8 £1.8m S117
	0.3 £0.3m MH Rehab
	<u>22.3</u>

	£m
Growth above 1.7%	4.9 CHC
	4.6 Prescribing
	- 0.7 Efficiencies
	0.7 M&LCSU Contract
	<u>9.5</u>

CCG Plan Analysis		JUCD Expenditure	
1.7% growth	14.2	Planned inflation	14.2
FYE Investments	9.3	FYE Investments	9.3
Excess Inflation	9.5	Excess Inflation	9.5
Covid	1.1	Covid	1.1
Investments per planning guidance	22.3	Investments (Cost Pressure)	59.2
Investments per national guidance	71.5	ERF	34.6
Cost Base Change	127.9		127.9



Derby and Derbyshire
Clinical Commissioning Group

CCG Financial Plan 2022/23

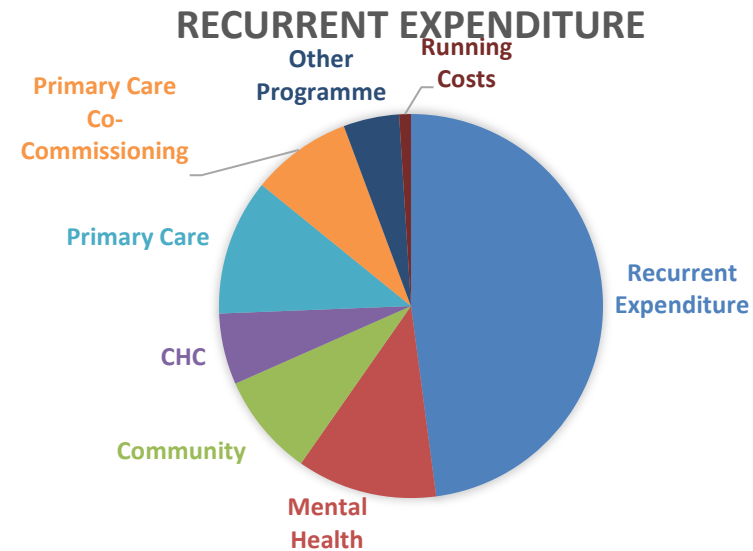
ICB / CCG Allocations 2022/23

	£m		£m
Programme (Inc Ockenden & Health Inequalities)	£1,812.1	2021/22 Allocations	£2,106.0
Primary Care	£173.2	Non-Recurrent Allocations	<u>(£219.3)</u>
Running Costs	20.5	Opening Recurrent Allocations	£1,886.7
COVID	£45.3	Base Growth 4.05%	£71.2
ERF	£34.7	Convergence Adjustment	<u>(£20.7)</u>
SDF	£31.0		£1,937.2
	<u>£2,116.8</u>	Additional Recurrent Allocations	
		Primary Care Medical	£10.7
		Maternity	£1.5
		SDF	<u>£31.0</u>
		2022/23 Recurrent Allocations	£1,980.4
		Additional Recurrent Allocations	
		Health Inequalities	£3.7
		COVID	£45.3
		Indicative ERF	<u>£34.6</u>
			£2,064.0
		Glossop Boundary Change	<u>£52.8</u>
			<u>£2,116.8</u>

CCG/ICB Financial Plan 2022/23

2021/22 Recurrent and Non Recurrent Expenditure

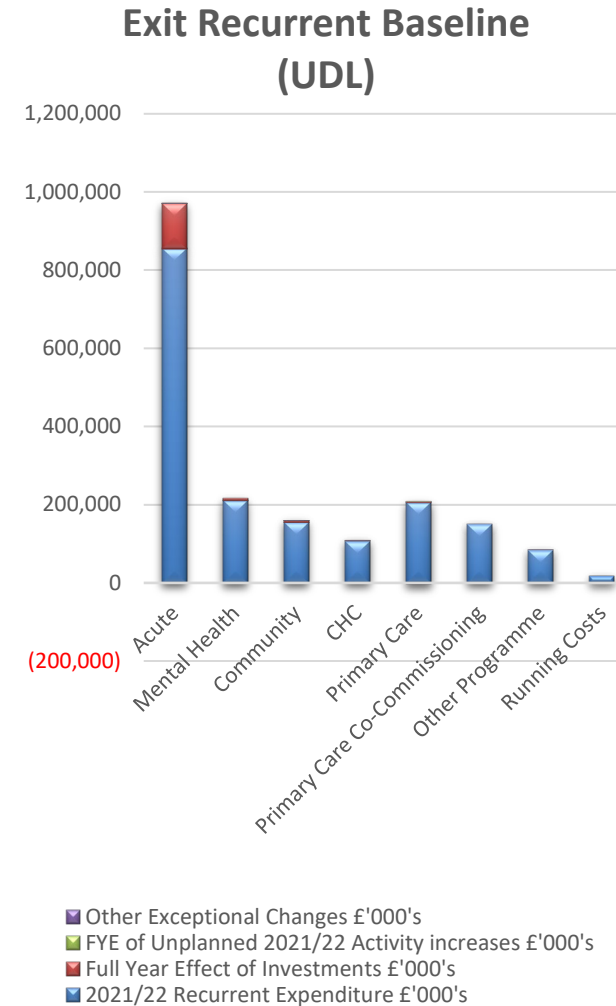
	Month 12 Forecast as at Month 9	Non- Recurrent Expenditure	Recurrent Expenditure
	£'000's	£'000's	£'000's
Acute	1,092,374	236,744	855,630
Mental Health	239,318	28,381	210,937
Community	159,973	5,138	154,836
CHC	117,313	10,212	107,101
Primary Care	212,925	7,918	205,007
Primary Care Co- Commissioning	168,861	17,722	151,139
Other Programme	90,810	6,949	83,861
Running Costs	18,028	319	17,708
	<u>2,099,603</u>	<u>313,383</u>	<u>1,786,220</u>



CCG/ICB Financial Plan 2022/23

2021/22 Exit Recurrent Expenditure Baseline

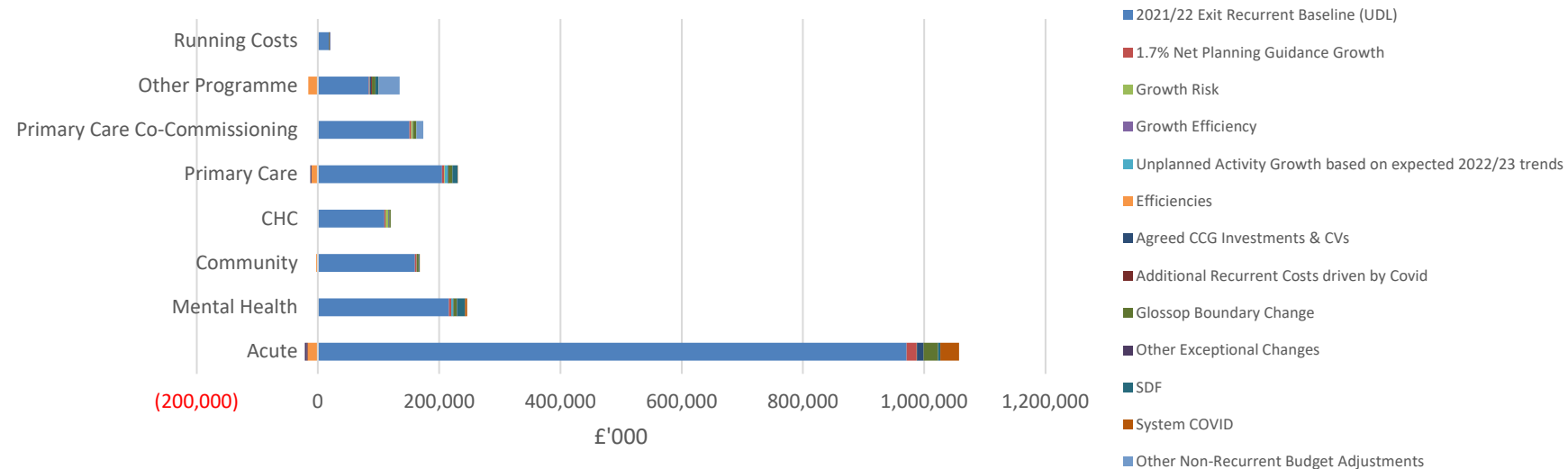
	2021/22 Recurrent Expenditure	Full Year Effect of Investments	FYE of Unplanned 2021/22 Activity increases	Other Exceptional Changes	2021/22 Exit Recurrent Baseline (UDL)
	£'000's	£'000's	£'000's	£'000's	£'000's
Acute	855,630	114,232	0	1,393	971,255
Mental Health	210,937	5,399	(19)	0	216,317
Community	154,836	4,046	0	1,347	160,229
CHC	107,101	1,226	0	1,219	109,547
Primary Care	205,007	3,074	51	(3,334)	204,798
Primary Care Co-Commissioning	151,139	0	0	0	151,139
Other Programme	83,861	0	0	100	83,961
Running Costs	17,708	0	0	(29)	17,680
	1,786,220	127,978	33	696	1,914,927



CCG/ICB Financial Plan 2022/23

2022/23 Financial Plan

	2021/22 Exit Recurrent Baseline (UDL)	1.7% Net Planning Guidance Growth	Growth Risk	Growth Efficiency	Unplanned Activity Growth based on expected 2022/23 trends	Efficiencies	Agreed CCG Investments & CVs	Additional Recurrent Costs driven by Covid	Glossop Boundary Change	Other Exceptional Changes	SDF	System COVID	Other Non-Recurrent Budget Adjustments	Total 2022/23 Budget Contract
	£'000's	£'000	£'000	£'000	£'000	£'000	£'000	£'000's	£'000	£'000	£'000	£'000	£'000	£'000
Acute	971,255	16,511	314	(1)	71	(17,019)	11,017	(1,464)	23,776	(3,088)	3,734	31,062	0	1,036,169
Mental Health	216,317	3,677	3	(123)	2,618	(500)	1,041	0	5,298	595	12,982	3,345	0	245,253
Community	160,229	2,724	224	3	20	(3,216)	146	167	2,589	0	1,381	800	0	165,067
CHC	109,547	1,862	4,949	(71)	0	0	748	484	2,584	0	0	0	0	120,104
Primary Care	204,798	3,482	1,289	(413)	4,452	(10,148)	980	17	6,945	(2,192)	8,195	48	0	217,453
Primary Care Co-Commissioning	151,139	2,569	2,368	(149)	788	0	0	0	5,379	(253)	0	0	11,350	173,191
Other Programme	83,961	1,427	37	0	288	(15,675)	2,128	1,552	5,656	0	4,755	366	34,636	119,132
Running Costs	17,680	301	29	(0)	0	0	0	0	573	1,433	0	0	532	20,548
	1,914,927	32,554	9,214	(754)	8,238	(46,558)	16,060	756	52,800	(3,505)	31,048	35,622	46,519	2,096,918



CCG/ICB Financial Plan 2022/23

	Total 2022/23 Budget	Budget Holder
	£000's	
Acute	1,036,169	Executive Director of Commissioning Operations
Mental Health	245,253	Executive Director of Commissioning Operations
Community	165,067	Executive Director of Commissioning Operations
CHC	120,104	Chief Nursing Officer
Primary Care	217,453	Chief Medical Officer
Primary Care Co-Commissioning	173,191	Chief Medical Officer
Other Programme	119,132	
Programmes (BCF,111, PTS, Maternity)	79,889	Executive Director of Commissioning Operations
Medical Directorate	9,692	Chief Medical Officer
Nursing & Quality Directorate	3,233	Chief Nursing Officer
Safeguarding	110	Chief Nursing Officer
Premises	1,401	Executive Director of Corporate Strategy and Delivery
CCG and System Efficiencies	(15,675)	Chief Finance Officer
Other	40,481	Chief Finance Officer
Running Costs	20,548	
Safeguarding	205	Chief Nursing Officer
Board and Non Exec Directorate	1,627	Executive Director of Corporate Strategy and Delivery
CS&D Directorate	4,564	Executive Director of Corporate Strategy and Delivery
Commissioning Directorate	7,076	Executive Director of Commissioning Operations
Finance Directorate	2,397	Chief Finance Officer
JUCD Directorate	1,222	Chief Finance Officer
Procurement & Premises	2,389	Executive Director of Corporate Strategy and Delivery
IT & Digital	553	Chief Medical Officer
Hosting of EMAS/111	(508)	Executive Director of Commissioning Operations
Other (Glossop, Reserve, Depreciation)	1,022	Chief Finance Officer
	2,096,918	

**MINUTES OF DERBY AND DERBYSHIRE CCG AUDIT COMMITTEE
HELD ON 17 MARCH 2022**

VIA MS TEAMS AT 9.30AM

Present:

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

In Attendance:

Richard Chapman	Chief Finance Officer
Andrew Cardoza	Director, KPMG
Christopher Dean	Audit Manager, KPMG
Debbie Donaldson	EA to Chief Finance Officer (minute taker)
Chloe Foreman	Acting Senior Finance Manager - Financial Control
Darran Green	Acting Operational Director of Finance
Chlinder Jandu	Corporate Administration Manager (Observer)
Donna Johnson	Head of Finance
Ian Morris	Anti-Crime Specialist, 360 Assurance
Glynis Onley	Assistant Director, 360 Assurance
Suzanne Pickering	Head of Governance
Sue Sunderland	ICB Audit Chair Designate
Kevin Watkins	Business Associate, 360 Assurance

Apologies:

Helen Dillistone	Executive Director of Corporate Strategy and Delivery
Frances Palmer	Corporate Governance Manager
Chrissy Tucker	Director of Corporate Delivery

Item No	Item	Action
AC/2021/471	Welcome and Apologies The Chair welcomed members to the Derby and Derbyshire Audit Committee. Apologies were received from Frances Palmer, Helen Dillistone and Chrissy Tucker.	
AC/2021/472	Declarations of Interest The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG.	

	<p>Declarations made by members of the Derby and Derbyshire Audit Committee were listed in the CCG's Register of Interests and included with the meeting papers. The Register was also available either via the Corporate Secretary to the Governing Body or the CCG's website at the following link:</p> <p>www.derbyandderbyshireccg.nhs.uk</p> <p><u>Declarations of interest from today's meeting</u></p> <p>There were no declarations of interest made.</p> <p>The Chair declared that the meeting was quorate.</p>	
AC/2021/473	<p>Minutes of the Derby and Derbyshire Audit Committee held on Thursday 20 January 2022</p> <p>The Minutes of the Derby and Derbyshire Audit Committee held on Thursday 20 January 2022 were presented.</p> <p>The Minutes from the Derby and Derbyshire Audit Committee held on Thursday 20 January 2022 were agreed and signed by the Chair.</p>	
AC/2021/474	<p>Matters Arising Matrix</p> <p>The Matters Arising Matrix was reviewed and updated.</p> <p>There were no further matters arising.</p>	
AC/2021/475	<p>KPMG - Value for Money Risk Assessment</p> <p>Andrew Cardoza presented KPMG's Value for Money Risk Assessment and highlighted that the following two significant risks had been identified:</p> <p>Financial Sustainability: Due to the underlying deficit at both the CCG and Integrated Care System (ICS) level, as well as uncertainty surrounding future funding arrangements, there was a risk that the CCG did not have in place adequate arrangements to achieve financial sustainability in the medium term.</p> <p>Governance: With the anticipated dissolution of the CCG and creation of an Integrated Care Board (ICB) from 1 July 2022 (subject to legislation), which included the boundary change (resulting in the Glossop element of NHS Tameside & Glossop CCG joining the Derbyshire ICB), there was a risk that the CCG did not have in place adequate governance arrangements concerning this process.</p> <p>It was noted that regarding Improving Economy, Efficiency and Effectiveness, no Significant Risks had been identified.</p> <p>Andrew Cardoza set out the procedures that KPMG intended to perform in order to respond to the two risks:</p>	

	<p>Financial Sustainability: KPMG would review the process followed to finalise the 2022/23 financial plan for both the CCG and the ICS, together with arrangements in place to establish the required efficiency programme central to achievement of the 2022/23 plan.</p> <p>Governance: KPMG would review the process followed by management and the Governing Body to prepare for the dissolution of the CCG, the transfer of services to the ICB, and closer working with Glossop in the run up to these changes taking place.</p> <p>It was noted that Andrew Cardoza would report on KPMG's conclusion from these procedures as part of their year-end report to the Audit Committee.</p> <p>The Audit Chair reported that regarding financial sustainability, we had had some assurances in the past that there was a System approach to managing future imbalances (UDL). He asked Richard Chapman whether he could reassure Committee that there was a proposal or plan to assist the System in developing a response to that risk?</p> <p>Richard Chapman highlighted the following:</p> <ul style="list-style-type: none"> • We were moving into an integrated care world where at a regulatory level we would be managed to assist the bottom line. • We would have no option than to move to a System level transformation programme; we had such a programme in place, it was developing as opposed to developed due mainly to the focus required on the pandemic. • As a result of the pandemic, it had been difficult to get the Provider Trusts to engage with this; this was also true within the CCG. • The CCG had been heavily engaged in the vaccination programme. • Regarding CHC we had been very heavily engaged in constant continuity of patient flow out of hospitals in order to free up beds. • The focus on financial efficiency was not as it should have been due to the pandemic. • We were today submitting our first draft plan for 2022-23 financial year that would state that the System started with a £200m deficit, and we had either identified or were in the process of identifying, savings that would bring that deficit down to just short of £90m for the System. • It was noted that in a national and regional context, that was not out of line with other Systems. We were not the worst in the Midlands, and the Midlands was not the worst in the country. There were comparatively sized Systems elsewhere who had larger initial starting points and had finished with larger mitigated deficits for this first draft submission. • Within that savings target, of £110m we had identified £40m that we could rag rate as green that currently we believed we 	
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	<p>could deliver. There was probably £10-20m that we could rag rate as Amber, and currently there was probably £50m to find.</p> <ul style="list-style-type: none"> • That £50m to find essentially was in organisational technical efficiency savings, eg lower use of agency staff, procurement savings and what used to be called regular day-to-day business of financial control. • But also, in that £50-60m, lies the System transformation or efficiency programme realisation, and there was a big question there about the route of monetisation for that programme. • The initial deficit included no contribution from the Elective Recovery Fund. The mitigated deficit included a 25% contribution; there was therefore about £26m worth of additional resource to the System that we could go for by using transformational measures to do more elective activity by utilising capacity that was broadly paid for, or already planning to pay for next year. • There was a clear route to monetisation for about half of that £50-60m that we were seeking to save next year. This had to be managed on a System basis. • By accelerating the transformational efforts at PLACE in the Community, we reduce the demand for beds for urgent emergency care, particularly frailty and respiratory conditions. • If we free those beds up, then we would be able to utilise those beds for elective. We would then be able to drive the theatres, that we were already paying for, in a more efficient way, which would mean that we could deliver more elective activity, which meant we could monetise that opportunity through earning Elective Recovery Fund; this had to be done on a System wide basis. • This would run from Social Care and Primary Care interventions at PLACE through to urgent emergency care. <p>Andrew Middleton highlighted the following:</p> <ul style="list-style-type: none"> • KPMG were right to flag up the financial sustainability risk. • Covid money would cease on 31 March 2022 and we would have to return to the old disciplines and efficiency focus, plus cope with backlog (which we did not know how this was to be funded). • This would be a massive debate for the ICB Board and its Lay Members. • We were probably looking at a deficit of £150m+ and that was before the extra Mental Health and Social Care demand. • We had been flagging the CHC concern for some time; this would be a System challenge. • The CCG was normally outstanding on delivering pharmacy savings in normal years, but the team had been siphoned away to the Covid Vaccination Cell. Andrew Middleton and Richard Chapman had been lobbying for their return for a quite few month. • The CCG in terms of finance systems, had a very high standard on this, and we paid 100% of invoices on time; there were not many public sector providers that could boast this, but also 	
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	<p>against the ISFE shared business services assessment we had reached fourth out of 109 CCGs.</p> <ul style="list-style-type: none"> • Richard Chapman had put in place three critical infrastructure components, namely Craig Cook heading up the Data and Business Intelligence Unit, Maria Riley had reinvigorated the efficiencies target, and Richard Chapman had started work on a comparative value mechanism. • All those things were now in place, but what we could not do for the ICB was decide on their prioritisation strategy on where they were going to spend their scarce resource. <p>The Chair felt that the Value for Money Risk Assessment was a solid piece of work, and both he and Audit Committee members understood how KPMG had concluded that there were two significant risks, namely Financial Sustainability and Governance.</p> <p>Audit Committee NOTED the Value for Money Risk Assessment presented by KPMG.</p>	
AC/2021/476	<p>360 Assurance</p> <p>Progress Report:</p> <p>Kevin Watkins reported that since the last Committee, 360 Assurance had:</p> <ul style="list-style-type: none"> • Issued the Interim Head of Internal Audit Opinion following completion of Stage 3 work • Issued the report summarising the review of the CCG's compliance with a sample of the Data Security Standards • Issued a report summarising the review of arrangements the CCG had implemented in respect of the financial closedown of the CCG, including actions being taken to incorporate Glossop and the surrounding area in the Derby and Derbyshire ICB • Commenced fieldwork on a review of financial decision making during the pandemic. No concerns had been raised at either of these groups' meetings in respect of the completion of necessary tasks relating to the closedown of the CCG and establishment of the ICB. Following the announcement of the delay in creation of ICBs to the beginning of July 2022, emphasis had been placed on the revision of timetables and plans for completion of tasks. • 360 had completed its review of arrangements the CCG had implemented to ensure that the financial management tasks in the NHSE/I CCG disestablishment Due Diligence Checklist were being undertaken appropriately. • The exercise also considered arrangements that the CCG had agreed with NHSE Tameside and Glossop CCG to manage the financial implications of the boundary change which would see Glossop incorporated into the Derby and Derbyshire ICB. • The review confirmed that appropriate arrangements were in place. 	

- 360 had reviewed correspondence received by the CCG from NHSE/I following submission of the Readiness to Operate Statement in December 2021, which confirmed that in overall terms NHSE/I considered that good progress was being made within Derbyshire in respect of establishing the ICB.
- 360 had agreed with the Executive Director of Corporate Strategy and Delivery and the Director of Corporate Delivery that they would attend future meetings of the ICS Transition Working Group to broaden their understanding of the operation of the governance structure which was overseeing the transition process.
- Undertaken follow-up work in response to updates provided by Management in respect of the implementation of actions.
- 2022/23 Audit Planning: 360 had held some preliminary discussions with the Executive Director of Corporate Strategy and Delivery and the Interim Operational Director of Finance regarding the required Internal Audit Plan for 2022/23. Planning for next year would be a challenge.
- For the next three months of the CCG, 360 would be looking to maintain what was necessary, with contingency to respond to any issues that arise.
- Appendix A Internal Audit Plan Outputs Summary was highlighted which detailed status of reports undertaken/planned.
- A generic Audit Plan for 2022/23 would be drawn up for the ICB by 360, the Chief Finance Officer, Executive Director of Corporate Strategy and Delivery and the Interim Operational Director of Finance, which would be brought back to this Committee in the final quarter for review. It was noted that Kevin Watkins was also in conversation with Sue Sunderland, Audit Chair Designate for the ICB.
- It was noted that there would be a shadow ICB Board sitting between now and the beginning of July, and the proposed Audit Plan could be presented to them to obtain their views. The Audit Plan would need to be flexible for this first year.
- The PHB report had been put on hold and Kevin Watkins had now got a meeting arranged with Brigid Stacey to get agreement to recommence this work in the first quarter of next year.

Audit Committee:

- **Noted the key messages and progress made against the Internal Audit Plan since the last meeting.**
- **Received the information and guidance papers produced by 360 Assurance.**

Interim Head of Internal Audit Opinion:

Kevin Watkins reported that the Head of Internal Audit Opinion (HOIAO) had been delivered to the CCG in time for submission by 11 March 2022.

It was noted that 360 Assurance were providing an interim opinion of Significant Assurance that there was a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls were generally being applied consistently. This opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated.

The Chair reported that it was credit to those working in Finance and Governance teams as to how they had made sure that we had not lost any focus during this last year. He went on to add that this was one of the strongest summaries that the CCG had seen in a very long time and was a mark of the progress made during the development of the CCG.

Audit Committee NOTED the Interim Head of Internal Audit Opinion provided.

Data Security Standards Review Report:

Kevin Watkins presented the Data Security Standards Review Report and highlighted the following:

- The data security standards report had been a lighter touch this year.
- The scope had been reduced to not create a massive burden on the CCG.
- The CCG had a good track record in the area of information governance and data security, and as a result 360 Assurance had not had to carry out the same level of testing.

It was noted that as a result of this audit engagement, 360 Assurance had concluded that the risk management activities and controls were suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review: Significant Assurance.

Audit Committee NOTED the assurance given on the Data Security Standards Review Report.

ICS Transition Financial Arrangements:

Kevin Watkins presented the ICS Transition Financial Arrangements Report and highlighted the following:

- It had been agreed that rather than do the key financial systems element of the Integrity and Ledger and key financial systems piece of work, it was felt that it would be better to focus on the riskier area of the transition, together with the challenge of bringing Glossop in.
- 360 Assurance had looked at this in more detail and reported on it separately. It was noted that this was an assurance that

	<p>could be added to what members were already being advised by officers about the transition process.</p> <ul style="list-style-type: none"> • It was noted that 360 Assurance did not have any recommendations that it needed to make. <p>The Chair referred to the Terms of Reference for Financial Governance, which 360 had provided, and which concerned the procurement arrangements during the pandemic. This Committee was charged with noting, the extent to which single tender waivers were in use. There had been quite a growth in the use of single tender waivers for practical reasons. The Chair asked whether 360 Assurance could review these as part of their sample; it was not referred to in the Terms of Reference, and he wanted to make sure that this was covered. Kevin Watkins agreed to ensure that this area was covered.</p> <p>It was noted that there were no fundamental issues to report with regards Glossop's impending merger with Derbyshire. Jill Dentith asked about the S75 referred to in the report and asked whether we were on track with the changes to contracts etc?</p> <p>Donna Johnson reported that we had now identified the contract lead for the S75 Better Care Fund Contract, and they were taking it forward to the next BCF Board later this month; this had now moved to Amber.</p> <p>Audit Committee NOTED the ongoing work on Transition Arrangements.</p> <p>Counter Fraud Report:</p> <p>Ian Morris presented the Counter Fraud Report and highlighted the following:</p> <ul style="list-style-type: none"> • Planning for 2022-23 was being undertaken with Richard Chapman and Darran Green. • The first three months would consist of core work that needed to be done in terms of the functional return and Annual Accounts. • There was no formal plan in place yet. • In terms of the functional standards, progress was being made towards full compliance. A lot of the standards had been brand new, and as a result, we had initially to mark ourselves as red. • From the graph shown in the report, it showed a continuing improvement in relation to component three that was originally red due to us having to use a government functional methodology to rate risks. This had meant every organisation was on red, but 360 Assurance were continuing to do work in this area, reviewing fraud risks. • It was noted that Ian Morris had had some great assistance from people within the CCG in order to move this forward; it was currently on Amber. 	KW
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	<ul style="list-style-type: none"> • It was noted that if we carried on at the rate that we were, there should be no issue with the CCG progressing to green by the time we had to do the standard return in May. • 360 Assurance were in the process of doing a mock phishing exercise across all staff within the CCG. In light of what was happening in the world at the moment, and the increased threat of a cyber-attack for public sector organisations, 360 Assurance had been trying to raise awareness across all staff about not opening any suspicious emails or attachments. A phishing email would be sent out to see how many people click on links and naturally open attachments to assess the susceptibility of staff to social engineering attacks by email. • It was noted that Richard Chapman had been in full agreement with this exercise, which would be carried out in the next week. • Ian Morris highlighted the proactive work that Counter Fraud were undertaking on pages 5-9 of his report. • It was noted that 360 Assurance had completed a fraud prevention notice exercise on behalf of the CCG. • They had also conducted an International Fraud Awareness Week in conjunction with the Counter Fraud Authority. <p>Jill Dentith felt that this had been a helpful report and was pleased to see the progress that had been made. She reported that she sat on PCCC and she knew that colleagues in this arena, and particularly Primary Care, really appreciated the work that Counter Fraud had put in to supporting the organisation. There had been some positive feedback received in terms of some of the interventions made regarding the Primary Care position.</p> <p>Ian Morris reported various activities undertaken in terms of serious incidents, patient safety and information governance. The Chair asked Ian Morris for assurance that there were no current ongoing investigations of fraud of a material nature. It was noted that there were none.</p> <p>Ian Morris reported that he had regular conversations with Richard Chapman and there was nothing that needed to be brought to the attention of Audit Committee. Regarding reactive work, there were currently no open investigations.</p> <p>The Functional Standard was currently being populated and the return was due to be submitted by 31 May 2022. Ian Morris hoped to meet with Richard Chapman, Darran Green and Donna Johnson mid-May to discuss the proposal. A meeting would then be confirmed with the Audit Chair to have oversight of the work and ensure agreement prior to the submission.</p> <p>Audit Committee NOTED the Counter Fraud Progress Report and the current status in relation to ongoing work.</p>	
AC/2021/477	<p>Finance Report</p> <p>Richard Chapman gave a verbal Finance update highlighting the following:</p>	

	<ul style="list-style-type: none"> • Allocations have been received for the full year at £2.097bn • The YTD reported underspend at M10 was £0.140m • Retrospective allocations received for H1 Covid spend on the Hospital Discharge Programme and vaccination inequalities were £5.498m, further funding was expected of £3.057m relating to M7-10. • Additional anticipated funding includes: <ul style="list-style-type: none"> ▪ Elective Recovery Fund reimbursed £0.713m for April to January with an additional £0.107m received for M10-11 the expectation was this would be returned to NHSE as we do not anticipate the activity. ▪ Winter Access fund £0.248m YTD and forecast to spend and reimbursed £2.471m ▪ Additional Roles Reimbursement Scheme £0.235m YTD and forecast to spend and receive £5.759m • The year-end position was forecast at £0.468m underspent. • Figures reported estimated 350 beds during February (across the System) were occupied by patients who essentially no longer needed to be in those beds from a clinical perspective. • CHC pressures would result from that. • As we moved forward and the external funding for the hospital discharge programme was withdrawn, both from the NHS and Social Care, this would be a real challenge for the System to maintain patient flow. • The other real pressure area we had seen over the last 12 months was in primary care prescribing. It was not generally a price pressure; it was a volume of prescriptions pressure. There was a hypothesis that it partly resulted from remote consultations with primary care clinicians. Despite the headlines, primary care clinicians were carrying out more consultations than they ever previously did. When we had the Medicines Management team back from the vaccination programme, this would be a first port of call for managing those System pressures. • Regarding 2022-23 efficiency challenge and the challenge in accelerating the efficiency programme across the System, the first draft plan was due to be submitted today. It was signed off at a meeting by the Chief Executives last night. • It was noted that the System first principle was starting to cause pause for thought and perhaps a bit of nervousness amongst some in the Chief Executive community, particularly those who had not previously been in material deficit positions. • The Chief Executives all needed to understand the System first principle and understand the regulatory duty to work as part of a System to break the System even. Some had not been in a position before where their organisation was putting forward a deficit plan, and where they also had a statute duty to their organisation and then needing to explain that to their Board. • Richard Chapman reported that alongside the revenue plan, the capital plan's first cut was being submitted today. There was a materially larger number than our System CDEL allowed. It was driven in part by 'must do' mental health developments for which we had received significant external capital, however, not all the 	
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	<p>potential cost was covered by external capital; there was additional work to do on that.</p> <ul style="list-style-type: none"> • It was noted that we often struggled to spend our CDEL in the end. We always reported that we needed more than we get and then struggle to commit it in year. There was additional work to do on what the value would be, because there were things around VAT for those big mental health bills, which may reduce the amount that we need. Richard Chapman reported that there was currently a gap on the capital side for next year as well. <p>The Chair referred to the conversation at Governing Body where Richard Chapman had produced a paper seeking Governing Body support for topping up the Section 75 funding; we had also had a conversation with the External Auditors about this. He asked for clarification on the accounting basis for this and a note that this conversation had taken place, and he sought assurances that we did not foresee any issues in relation to the accounting treatment of that top up?</p> <p>Richard Chapman reported that he had had a conversation with Andrew Cardoza (KPMG) regarding the CCG paying a higher proportion of the Better Care Fund with Derbyshire County Council for the current financial year. By the CCG paying for services received in year, that allowed the County Council essentially to top up their reserves by the amount that we paid. The County Council would fund a new Section 75 agreement that was being developed for a jointly controlled fund to accelerate transformation at PLACE. Regarding the accounting treatment, the CCG was paying for services received in year.</p> <p>Andrew Cardoza confirmed that a conversation had taken place, and KPMG were happy that it was for services that had already been delivered. KPMG would make sure that was how it had been spent and had been accounted for correctly.</p> <p>Andrew Middleton reported that the Finance Committee were keen to have a deep dive into the whole governance of the Better Care Fund to ensure that we were sighted on it and we were sure they were delivering best value for money in the context of System benefit.</p> <p>Andrew Middleton was intrigued by the discussion at the Chief Executives Meeting last night. He asked Richard Chapman whether the discussion at that meeting extended to how we were going to do transformational designer pathways, with clinicians leading the debate, such that we could deliver an episode of treatment at lower cost?</p> <p>Richard Chapman reported that the discussion last night did not get that far, but the answer to that question needed to be an immediate next step. It was noted that we needed to accelerate fundamental System reforms, such that we avoid the need for health interventions wherever we could, and deliver those health interventions in the least resource intensive way, if they became necessary.</p>	
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	Audit Committee NOTED the Finance Update given by Richard Chapman.	
AC/2021/478	<p>IFRS16 Update</p> <p>Chloe Foreman presented the IFRS16 Update and highlighted the following:</p> <ul style="list-style-type: none"> • The implementation date of IFRS16 was 1 April 2022. • Key deadline in our IFRS16 readiness was the preparation of an impact forecast which supported HMT's capital budget for the following financial year. • In advance of this submission, finance control had been working towards ensuring a complete and accurate lease register which could be used to drive the accurate measurement of the forecast impact of the new statement. • As part of this process, the CCG contract managers had all undergone IFRS16 training. Since then, they had all returned and completed IFRS16 review forms to confirm that they had reviewed their contract portfolio for any potential review assets, and then subsequently held decisions with financial control to discuss whether we had appropriately recognised these contracts. • Alongside this, financial control had performed an independent review of our contract database to challenge contracts which may contain a right of use asset but had not been reported by the contract managers. Chloe Foreman was pleased to report that no such contracts were identified. • With the assistance of the Director of Corporate Delivery, we had drafted a IFRS16 impact statement, and this had been reviewed internally by the Head of Finance and the Associate Chief Finance Officer, and discussed extensively with local counterparts and IFRS16 specialists, Lincoln CCG. • We had gone over both of our four impact forecasts, which had been helpful reassurance that we were on the same page. • The final forecast was submitted to NHSE ahead of the January 12th deadline. • Alongside this, financial control had been working to complete a lessor and lessee statement as part of a DHSC intra-group agreement of leases exercise. This work had been reviewed internally and discussed with colleagues across the Midlands and was ahead of the deadline. • The financial control team had undertaken training on a new lease module for our finance system which we would be using going forward to ensure that accurate accounting for IFRS16 leases takes place from 1st of April. • Further training would be provided to new joiners to the contract team on an ad hoc basis, as well as providing any advice to contract managers reviewing new contracts for a potential IFRS16 exposure. • It was noted that we had drafted an asset management IFRS16 policy, which was under review now and would be brought to Finance Committee in the coming months. 	

	<p>The Chair thanked Cloe Foreman for a terrific piece of work, which gave a huge amount of assurance on how IFRS16 would work. He went on to ask if there had been any big judgment calls that she felt we have had to make and whether we have had to use some discretion?</p> <ul style="list-style-type: none"> • Chloe Foreman reported that assumptions had been discussed in detail with Christopher Dean (KPMG), and Donna Johnson. • It was noted that we did not hold formal lease agreements for our NHS Property Services properties. • Chloe Foreman reported that it had been a challenge to estimate the length of those lease arrangements (even if those lease arrangements fell within IFRS16 recognition), we have had to estimate the actual value of leases because the invoices received from Property Services tended to vary in what their values were. • We have also had to look at inflation and see whether we expect those leases to increase or decrease in value. • We had made some assessments on lease lengths that were in line with the length of time that we would expect to occupy properties, which was in line with the advice that was given by NHSE in the supporting documents to these returns that we had made. We had based our values on average values from the previous four quarters, again if inflated by the values ask given centrally. • It was noted that a lot of the NHS property services properties we had assessed did not contain leases under IFRS16 due to them not meeting the control element required from the standard. We did not have control over the use of these properties and therefore just because you pay for them, did not mean that we have a right of use asset. • There had been plenty of assumptions, and we awaited feedback from our returns as to what the central position would be. <p>The Chair reported that he understood that this was an area where there was room for debate. A good accounting principle that we could all operate to, was if you can't be right be consistent.</p> <p>Andrew Cardoza reported that the work that Christopher Dean had done with Chloe Foreman had been positive. The work had been really focused and had been comprehensive nature. He had been pleased at the way that Chloe Foreman and the CCG had gone about this to ensure that it was accurate and complete, it had not been an easy test to give an organisation.</p> <p>Audit Committee NOTED the contents of this report for assurance.</p>	
AC/2021/479	<p>Single Tender Waivers</p> <p>Donna Johnson reported that as per the DDCCG's Scheme of Delegation, the approval of Single Tender Waivers was to be monitored by the Audit Committee.</p>	

	<p>This paper included a report for the STWs received and approved following those reported at the January Audit Committee up to 7th March 2021. It was noted that the paper now included the governance route of each of those direct awards as requested by this Committee.</p> <ul style="list-style-type: none"> • One item on the report had been highlighted in yellow - accuRx contract totalling £491k. This was initially an NHSE procured contract under emergency procurement regulations at the height of the pandemic. • It was an extension to the NHSE/I procured contract which had been a direct award above the threshold of £213k and did not fall under the light touch regime within procurement regulations. • As a result, AGEM CSU procurement advised the CCG to seek legal advice, which was undertaken with Capsticks on 9th March 2022. • Following this advice, the CCG would now seek a procurement through the G-Cloud Framework to be contracted from 1st April 2022, and thus prevent the CCG from any further challenge. • It demonstrated that the finance team were robustly challenging these single tender waivers as they were submitted. Single Tender Waivers were not sent to the Chief Finance Officer for signature if the finance team were not content with them. <p>The Audit Chair asked about the lessons learned from the accuRx Contract. Donna Johnson reported that we absolutely needed to seek advice before we go ahead with the contract and that was what had happened in this case. This had been a retrospective single tender waiver; the finance team needed to push ahead and ensure the organisation was aware of getting a single tender waiver signed before we go ahead with a contract.</p> <p>The Audit Chair requested that a communication be put out to the organisation to ensure that they were aware of this. Donna Johnson agreed to take this forward.</p> <p>The Audit Chair was pleased to see that the governance route had been included on the single tender waiver forms.</p> <p>Donna Johnson reported that she would follow this issue up and move quickly on the re-procurement contract. It would go on to our public procurement register, as a result it was noted that the CCG was at risk of being challenged. Donna Johnson reported that when we initially looked at the G-Cloud 12 framework with Capsticks, there were four suppliers on there that could have provided this service.</p> <p>The Audit Chair thanked Donna Johnson for highlighting this issue to Audit Committee.</p> <p>Andrew Cardoza reported that as part of the Audit, KPMG would be reviewing this area with Donna Johnson, given this issue had now been highlighted.</p>	<p>DJ</p>
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	Audit Committee NOTED the report of Single Tender Waivers approved by the Chief Finance Officer.	
AC/2021/480	<p>Aged Debt Report</p> <p>Donna Johnson presented the Aged Debt Report as at 28 February 2022; the report identified the total outstanding debt owed to the CCG in both accounts receivables and payables.</p> <p>Donna Johnson highlighted the following:</p> <ul style="list-style-type: none"> • There had been a significant reduction in aged debt over 90 days to just £2,200, thanks to the continued hard work of the financial control team. • This balance was mainly attributed to NHS organisations, and there was a small balance with an individual who was on a repayment plan due to a salary overpayment. • Credit notes sat within accounts payable over 90 days - nearly all would clear with invoices received or refunds being agreed. There was just one small amount to take forward and we were in a great position for year end and for the CCG close down. <p>The Audit Chair asked that Committees thanks be passed to the Financial Control Team for their hard work; the CCG was now in a much better position than that of last year.</p> <p>Audit Committee NOTED the report contents regarding the level of debt owed to the CCG and the number of days this had been outstanding.</p>	
AC/2021/481	<p>Update on Accounting Policies</p> <p>Donna Johnson gave an update on Accounting Policies and highlighted the following:</p> <ul style="list-style-type: none"> • The CCG was part of the NHSE group accounts, and our accounting policies were guided by those set nationally. • Usually in the March meeting Accounting Policies would be put forward to the Committee for approval, including any local variations. To date the national policies had not yet been released by our colleagues at NHSE. Hence, we were not able to present a clear set of policies. • It was proposed that Donna Johnson would prepare a paper and submit it virtually to members once the national guidance was available. • IFRS16 had not been formally adopted; it would come into effect from 1 April 2022. However, it was noted that we would disclose the future impact of IFRS16 in this year's accounts. <p>The Audit Chair reported that we had an unusual situation in that the CCG would be demising part way through a year. It would be a normal audit in terms of the CCG until end of March 2022, but then we were going into the first three months of next year as the CCG and the remainder of the year as a separate account for the</p>	

	<p>ICB for audit purposes. He asked whether there was any requirement for Q1 for the CCG, and whether the Accountable Officer needed to meet their allotment of funds for Q1 which we would be tested upon for regularity?</p> <p>Donna Johnson reported that allocations were provided for the whole of next year, and we had not yet received national guidance as to how they wanted us to disclose that period. The national indication was that Q1 would be audited at the same time as the ICB accounts.</p> <p>The Audit Chair felt this left Governing Bodies for three months expending substantial amounts of funding with no test of their performance against parliamentary statute, nor against their duty of compliance or regularity. It was noted that this would be a risk for everybody.</p> <p>Andrew Cardoza reported that there was not enough guidance out yet. Where KPMG sees good practice, they would share with the CCG and others. It was noted that Christopher Dean and Andrew Cardoza would go through the spending plans to look at what the CCG was doing to make sure that it was in line with the ICB plans going forward; there would be reconciliation between the two. This would ensure that not everything was spent in Q1 with nothing left for Q2-4.</p> <p>Andrew Middleton hoped that the CCG would be cautiously prudent and that we would not leave our successors a big problem by front loading expenditure for instance. He was assured that KPMG would hold the CCG to account.</p> <p>Sue Sunderland reported that the mitigation against that risk was that the staff, in the main, were transferring across to the ICB; the Chair and Chief Executive were consistent across the two organisations. She believed that the CCG would leave in the best position it could as it was handed over to the ICB. The System Finance Committee was working jointly with the CCG Finance Committee, so processes were in place that would mitigate against anything going wrong in the first three months of next year.</p> <p>The Audit Chair reported that it was an odd situation, in that in normal terms a statutory body would be required to provide some statement of its final affairs and hand over a properly prepared set of accounts.</p> <p>Darran Green reported that the first draft plan submitted today was over an ICB footprint, and for the 12-month period, it included the Glossop transfer. That plan would ultimately end up as budgets, so we would have a first quarter plan. We would have a first quarter budget and Finance Committee/SFEC would review that plan or the various iterations of that plan as it moved along. The CCG Finance Committee, and ultimately if required, Audit Committee would be able to see performance against that first quarter plan and that should give the assurance that we were not spending more than we ever planned, or were required to in that first quarter.</p>	
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	<p>Darran Green reported on a conversation he had had with Helen Dillistone earlier this week, where he had asked whether we were intending to produce an Annual Report for Q1. It was noted that a lot of financial information went into an annual report, that did not actually go in the Annual Accounts. If we did not report that in some form of Annual Report, would that information then not get reported for Q1, or would it get somehow incorporated into an appendix to the nine months annual report for the ICB? These were all questions that we were still waiting for national guidance on.</p> <p>Sue Sunderland reported that one of the bigger challenges was how we would deal with commissioning decisions that needed to be made between now and when the ICB comes into effect, which might need further investment. Given our knowledge of the underlying deficit position, and the financial pressures across the system; how would that be managed - that would be a challenge, particularly if we could see a good clinical need for some of the decisions and managing that and involving the System, to some extent, was perhaps something else that needed to be teased out, particularly in this interim phase.</p> <p>Richard Chapman reported that part of the conversation last night at Chief Executives, was about next year's current financial plan, and how we would rapidly implement governance that allowed for System sign off of material increases to the cost base. It was noted that in Stafford they had a triple lock mechanism, where the organisation spending the money needed the sign off from the System Chief Executive and the Regulator to agree any such material increase. Richard Chapman reported that he would be recommending to Chief Executives that we implement a similar system, but without Regulatory involvement, such that no organisation commissioning or otherwise could materially increase the cost base without a full System sign off to that increase.</p> <p>The Audit Chair felt that this was an important piece of work to get us to a point of shared accountability; there needed to be something in place that would give us that assurance.</p> <p>Audit Committee thanked Donna Johnson for this update on Accounting Policies and welcomed a further update at next month's meeting.</p>	
<p>AC/2021/482</p>	<p>Financial Transition Update</p> <p>Donna Johnson reported that this paper had been provided to Audit Committee to give assurance on the progress of the financial transition project as we move to the ICB.</p> <p>The paper gave an update on the progress and assurance of governance arrangements, systems project, and banking arrangements, which largely aligned with that presented by Internal Audit colleagues earlier in the meeting.</p> <p>Donna Johnson drew members attention to the risks identified:</p>	

	<ul style="list-style-type: none"> • Payment to Providers - we were dependent on SBS to transfer the data, and any delays could hold up payments to our health care providers. We would continue to work closely with SBS to mitigate that risk. • The second risk was around the Audit of the final CCG Annual Report and Accounts - national indications told us that these would be audited in April-May 2023. However, this had not been confirmed, so there was a potential risk of our Auditors being unavailable over the summer if we were not to be audited within the usual time frames. <p>The Audit Chair thanked Donna Johnson for this report and requested a further update at the next Audit Committee in April.</p> <p>Audit Committee NOTED:</p> <ul style="list-style-type: none"> • The revised transition date of 1st July 2022, and the impact of this on the financial transition project. • The actions taken to date, and the progress of the project, to ensure the smooth transition of financial systems and banking arrangements. 	DJ
AC/2021/483	<p>Freedom to Speak Up Report</p> <p>Jill Dentith presented the Freedom to Speak Up Report and highlighted the following:</p> <ul style="list-style-type: none"> • Jill Dentith had attended a follow up meeting with the Freedom to Speak up Guardians (FTSUG); they had requested to be involved in staff exit interviews. The HR team were currently reviewing the exit interview process. It was noted that Helen Dillistone would be requested to give an update at the next Committee meeting as to whether this had been arranged. • The Guardians continued to meet as a small group and found the sharing experience helpful. • No new issues had been raised with FTSUG; this was a little concerning, and as part of the People's Matter e-Newsletter yesterday, there was a reminder that the Guardians were available to support people with a listening ear. • It was noted that the staff induction process was also being reviewed to see if a specific section could be included to highlight the facility of the Guardians, their role and how they might be able to support people. • Louisa Bear was now our key contact in HR, and Jill Dentith wanted to thank Rachel Brentnall for the work she had done in getting the Guardians up and running. • Andrew Middleton reported on his interest in workforce issues. He felt that there were too many discussions around workforce recruitment, there was little discussion about workforce retention. He highlighted a report from NHS Employers produced on improving staff retention in the NHSE – it was an easy read with lots of practical examples and case studies of how small things done by leadership teams had had a marked impact on retention of NHS staff. 	HD

	<ul style="list-style-type: none"> • A lot of work was being done System wide not only on retention but also recruiting across the whole patch including health and social care. • Jill Dentith reported on a recent recruitment fair in Buxton where a local college was trying to recruit into the NHS and Social Care system. • It was noted that a System HR Executive Director had now been appointed. <p>Audit Committee thanked Jill Dentith for her update.</p>	
AC/2021/484	<p>Draft Annual Report and Annual Governance Update</p> <p>Suzanne Pickering gave an Annual Report and Annual Governance update and highlighted the following:</p> <ul style="list-style-type: none"> • Work on the full Annual Report was well under way in terms of the narrative. • The Governance Statement covered the financial year 2021-22 and was in line and in accordance with the guidance as directed by NHSE. • Areas highlighted in yellow were still to be populated but it was hoped that this would be completed to present to the Chief Executive Officer by Easter. • It would be finalised as a first draft to go to the Auditors and NHSE by the 26th of April 2022. • It was noted that the Head of Internal Audit Opinion interim report had been submitted a day ahead of the deadline. • Audit Committee were asked to receive the report for assurance and information and were invited to make comments and give feedback via email to either Frances Palmer or Suzanne Pickering by 14 April 2022. • It was noted that Jill Dentith had a few comments and minor amendments which she would email to Suzanne Pickering after this meeting. Andrew Middleton had already provided updates, which had been gratefully received. <p>Audit Committee:</p> <ul style="list-style-type: none"> • RECEIVED the initial draft Annual Governance Statement for information; and • PROVIDED comments and feedback to the Corporate Governance Team. 	
AC/2021/485	<p>Risk Report</p> <p>The Chair highlighted the work regarding the Due Diligence Checklist; the submission dates had changed due to the ICB transition date being extended. Suzanne Pickering reported that the next submission, Readiness to Operate Statement, was due by 31 March 2022; there was no need for Audit Committee to review it prior to that. He asked when Audit Committee would be expected to review the Due Diligence Checklist. Suzanne Pickering reported that the next submission date for the Due Diligence Checklist was</p>	

	<p>around 17 May; an Extraordinary Audit Committee was to be called to review the Checklist prior to the submission.</p> <p>Suzanne Pickering presented the Risk Report to the Audit Committee to highlight the areas of organisational risk that were recorded in the Derby and Derbyshire CCG Corporate Risk Register (RR) as at 28th February 2022.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> • The report highlighted the key very high risks for the CCG Committees, namely, Quality and Performance Committee, Primary Care Commissioning Committee, Finance Committee and Governance Committee. • One risk, (Risk 16), had been decreased during February. This was decreased from a high risk 8 to a moderate 6. • Risk 32 was closed. This was recommended to be closed due to upgrades and removal of unsupported devices from NECs. • This paper had also been presented to Governing Body on the 3rd of March 2022. • The Chair highlighted the table on p134 which sets out the risk profile; no changes in movement had been recorded, and he asked whether this was a timing issue? Suzanne Pickering reported that it was, the table should have showed the decrease and the closed item highlighted above. • Sue Sunderland asked whether we had a dashboard that helped identify risks around quality for individual GP practices? • Suzanne Pickering reported that we did and was kept within the Primary Care Team. Suzanne reported that if Sue Sunderland wanted to see that, she would request the dashboard from Judy Derricott. • Sue Sunderland referred to Risk 16, she felt that the supporting evidence from the Engagement Committee regarding their justification for decreasing this risk was a little vague. She went on to ask whether the Audit Committee had the responsibility of approving the changes to the risk scores. • Suzanne Pickering explained that the respective responsible CCG Committees had been assigned their own risks; they in turn made the approvals to increase or decrease these risks together with Governing Body. The decisions were then reported to Audit Committee for assurance purposes. • The Chair reported that Audit Committee's view was more on the process and the extent to which the risk assessment was being managed effectively in the same way that the Audit Committee did not, for example, measure and assess the Governing Body Assurance Framework. He added that we looked to make sure that it was effective, and we then tested whether it gave us the assurance that we wanted. The Chair asked Suzanne Pickering if she would circulate the justification from the Engagement Committee for the change to Risk 16 via email, copying Sue Sunderland into it. • Jill Dentith confirmed that Primary Care Commissioning Committee had detailed discussions monthly regarding the risks that it was responsible for. She confirmed that members 	<p>SP</p>
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	<p>applied some rigour in those discussions, not only in terms of the quality aspects, but also considering the impact in terms of delivery and the abilities of the GPs to respond to some of the issues.</p> <ul style="list-style-type: none"> • Andrew Middleton reported that regarding Risk 16, he did not feel that it correctly scored the challenge that we had on effective engagement. As a result, he reported he would raise this question at next Governing Body. • Sue Sunderland referred to Risk 40 which was around procurement, where the risk was relatively quite low. She understood that the new procurement regime was being delayed and would not necessarily be in place when the new System started; she asked whether the current risk might be increasing in this area, particularly considering the Single Tender Waiver issue that we had discussed earlier in the agenda? • Suzanne Pickering reported that the risks were updated monthly, and this would be reflected in Risk 40 then, and would probably be increased as a result. • The Chair reported that there had been quite a growth in the number of Single Tender Waivers that this Committee has had to note. A lot of this was because of the uncertainty in planning, but also in terms of what the strategic intent was now in some of the contracts that we were letting. • The Chair reported that the Clinical and Lay Commissioning Committee (CLCC) were looking at how best it could work alongside the System to make sure that we had got the right decisions in this area. • The Chair noted the point raised by Sue Sunderland and supported by Andrew Middleton, regarding Risk 16 and how we would hand over from one organisation to another (the risk status), and how that would be understood by the incoming Board • Jill Dentith reported that there had been several emails regarding how we introduce new ICB colleagues into the transition work being done by the CCG. As part of this work, Chairs of the various Committees would be asked to complete a template (which Frances Palmer was working on) which would be populated with the closure and transfer of risks for individual CCG Committees, actions and any ongoing matters which needed to be taken forward. Suzanne Pickering reported that this would also be covered in the induction which would be given to our new colleagues. <p>Audit Committee RECEIVED and NOTED:</p> <ul style="list-style-type: none"> • The Risk Register report • Appendix 1 as a reflection of the risks facing the organisation as at 28th February 2022 • The decrease in risk score for: <ul style="list-style-type: none"> • <u>Risk 16</u> relating to lack of standardised process in CCG commissioning arrangements. 	
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	<ul style="list-style-type: none"> • Closure of risk 32 relating to the risk of exploitation by malevolent third parties if vulnerability is identified within any of the Microsoft Office 2010 applications after 14th October 2020. 	
AC/2021/486	<p>Committee Meeting Business Log</p> <p>Suzanne Pickering reported that the Committee Meeting Logs summarised discussions and approved items at the following NHS Derby and Derbyshire CCG's committees, that had been formally ratified and not yet presented to the Audit Committee:</p> <ul style="list-style-type: none"> • Clinical & Lay Commissioning Committee • Finance Committee (including Joint CCG Finance and System Finance and Estates Subcommittee) • Governance Committee (Confidential & Public) • Primary Care Commissioning Committee (Confidential & Public) • Quality & Performance Committee (Confidential & Public) <p>The Derbyshire Engagement Committee log would be presented at the next Audit Committee meeting once the minutes from January 2022 had been ratified at the next meeting.</p> <p>Audit Committee NOTED the NHS Derby and Derbyshire CCG's Committee Meeting Logs.</p>	
AC/2021/487	<p>Conflicts of Interest Update</p> <p>Suzanne Pickering presented the Conflicts of Interest (COI) Update and highlighted the following:</p> <ul style="list-style-type: none"> • The report detailed how we had managed conflicts of interest since the last report to Audit Committee in January 2022. • A forward planner had now been included for 2021-22 into 2022-23. • There had been no conflicts of interest breaches since the last meeting. • For COI Level 1, 90% of staff had completed their training in January, which was in line with the 90% compliance figure recommended by NHSE. As at 8 March 2022, the compliance had reduced to 84%. Employees were being reminded that their training should be completed as soon as possible and before the end of March. • Jill Dentith asked how managers were supporting staff regarding encouraging them to complete the training before end of March? • Suzanne Pickering reported that line managers were being chased by email to ensure that their staff had completed their COI training by the required timeline. It was noted that there were no issues with Governing Body members not having completed their COI training this year. • It was noted that Related Parties Declaration forms had been sent out and needed completing on or after 31st March 2022 	

	<p>to state whether you have/had any related parties during the year 1 April 2021 to 31 March 2022. These needed to be completed and returned to chloe.foreman@nhs.net by April 8th, 2022.</p> <p>Audit Committee NOTED the Conflicts of Interest Update Report.</p>	All
AC/2021/488	<p>Any Other Business</p> <p>There was no further business.</p>	
AC/2021/489	<p>Forward Planner</p> <p>Audit Committee NOTED the Forward Planner.</p>	
AC/2021/490	<p>Assurance Questions</p> <p>1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance processes?</p> <p>Yes.</p> <p>2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate a detailed report with sufficient factual information and clear recommendations?</p> <p>Yes.</p> <p>3. Were papers that have already been reported on at another committee presented to you in a summary form?</p> <p>Some were.</p> <p>4. Was the content of the papers suitable and appropriate for the public domain?</p> <p>Not entirely.</p> <p>5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow Committee members to review the papers for assurance purposes?</p> <p>Yes.</p> <p>6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting?</p> <p>No.</p>	

	<p>7. What recommendations does the Committee want to make to the Governing Body following the assurance process at today's Committee meeting?</p> <p>Governing Body would be supplied with a standard Assurance Report from the meeting today.</p>	IG
AC/2021/491	<p>Date of Next Meeting: Tuesday 26 April 2022 at 1.00pm</p> <p>Future Meetings:</p> <p>Tuesday 24 May 2022 at 1.00pm</p>	

Signed: Dated:
 (Chair)

**MINUTES OF GOVERNANCE COMMITTEE MEETING HELD ON
10 February 2022 AS A VIRTUAL MEETING VIA MICROSOFT TEAMS
AT 13:00 TO 15:00**

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

Item	Subject	Action
GC/2122/101	<p>WELCOME, APOLOGIES & QUORACY</p> <p>JED welcomed members to the meeting and confirmed the meeting to be quorate.</p> <p>Apologies received: Ian Gibbard, Helen Dillistone</p>	
GC/2122/102	<p>DECLARATIONS OF INTEREST</p> <p>JED reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the Governance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p><u>From today's meeting:</u> JED informed members of a change due to her work with Sheffield Teaching Hospitals, her interest had no impact on today's agenda.</p>	

GC/2122/103	<p>DERBY AND DERBYSHIRE CCG PROCUREMENT HIGHLIGHT REPORT</p> <p>LI presented the procurement highlight report giving an update as follows:</p> <p>Historic Proof of Concept for Derby Initial Accommodation Centres (IAC): A meeting with Commissioners had taken place. There were complications due to reductions in funding and a proposed new model. Papers with a proposal to extend the contingency by up to 12 months and support the IAC Service Centre with a request for quotation process are to be submitted to the next Primary Care Commissioning Committee (PCCC).</p> <p>Vasectomy Services: Flagged as potential medium to high risk with a contract expiry of 31 May 2022. LI advised there had been no contact with Commissioners in terms of next steps following the Clinical and Lay Commissioning Committee's (CLCC's) rejection of a competitive process or going to market in November 2021.</p> <p>Occupational Therapy Service: Contracts have been extended to 2023 and will form part of the Joined-Up Care Derbyshire (JUCD) Community Programme and MSK Outpatient Intervention Scheme.</p> <p>The One Medical Derby Urgent Treatment Centre has now been aligned to the 111 service and has been extended to 2023.</p> <p>Governance Committee provided the following comments and questions:</p> <ul style="list-style-type: none"> • JED asked if there would be any impact now the CCG disestablishment was 30 June 2022. LI advised there would be no impact and contracts would be novated at the relevant time from the CCG to the Integrated Care Board (ICB) as per national guidance. • JED asked if any deadlines for re-procurements or procurement processes fell in the three months April to June 2022 which may give concern. LI highlighted the vasectomy contract as discussed earlier. <p>Governance Committee RECEIVED the report for Derby and Derbyshire CCG and NOTED the status of the projects.</p> <p>LI left the meeting.</p>	
GC/2122/104	<p>CORPORATE POLICIES AND PROCEDURES</p> <p>Health and Safety Policy:</p> <p>SP informed Committee that the annual review of the Health and Safety Policy had taken place by the CCG and Peninsula. There were no material changes or updates except an update of the version control to show it has been reviewed. The Health and Safety Statement will be signed by the Chief Executive Officer.</p> <p>Governance Committee APPROVED the NHS Derby and Derbyshire CCG's Health and Safety Policy NOTING no change.</p>	

GC/2122/105	<p>RATIFICATION OF VIRTUAL APPROVAL DECISIONS DURING DECEMBER 2021 AND JANUARY 2022</p> <p>SP presented this paper which detailed the four decisions that had been made virtually by Governance Committee members and now requesting formal ratification from members:</p> <ul style="list-style-type: none"> • Escalation to red status following work from home announcement • Derbyshire Shared Business Services • Governance Committee Risk Register and GBAF Quarter 3 • De-escalation back from red to amber status <p>Governance Committee APPROVED and provided formal RATIFICATION following virtual approval.</p>	
GC/2122/106	<p>PROCUREMENT DECISIONS IN ICS TRANSITION</p> <p>CT presented the report which outlined decisions made by System Delivery Boards. Meetings that had taken place since the last Governance Committee were highlighted in green and the report detailed any decisions taken. There were no conflicts of interest identified during the meetings.</p> <p>Governance Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • EP questioned who would be overseeing commissioning decisions within the new ICB. CT explained that this was being reviewed as part of the development of the ICB Committee structure. <p>Governance Committee RECEIVED the report.</p>	
GC/2122/107	<p>CONTRACTS OVERSIGHT GROUP - UPDATE</p> <p>SP presented a verbal update advising that it had been confirmed that contracts would novate over from the CCG to the ICB on 1st July 2022, subject to legislation. The technical instrument will also automatically transfer over, this will be included in the due diligence information which will be reported to Audit Committee in May.</p> <p>Work has commenced on the Data Security Protection toolkit audit. One element relating to value for money of contracts moving into the ICB is being addressed. All information from last year is still relevant and will apply.</p> <p>The contracts database, which had been put on hold due to Covid, has now been reinstated. At the end of February all contracts will be moved over to one single database except the Primary Care contracts, due to their size they will be kept as a separate master.</p> <p>Governance Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • JED advised members that HD notified the Transition Working Group that the decision on the transfer of Glossop had now been confirmed as the 1st July 2022. 	

	<ul style="list-style-type: none"> In relation to Glossop GS asked how many practices were involved. It was confirmed that there were six practices and 30,000 patients. It was also confirmed that there were no hospitals located in that area. <p>Governance Committee NOTED the verbal update.</p>	
GC/2122/108	<p>CCG Estates Update</p> <p>CT provided an estates update and began by thanking the Committee for approving the request to move back to hybrid working, utilising office space as part of the amber status. Hygiene procedures will continue along with the one-way systems, social distancing and mask wearing at all times at Cardinal Square, unless working in an office alone. It was noted that there were more individual offices at Scarsdale and staff were opting to work there as they did not have to wear masks in these areas. Data is being collated via the booking app.</p> <p>Teams are being asked to discuss how they might use the premises when they return. Infection rates will be monitored, and a discussion with Governance Committee will take place when the CCG begins to look to move to the green status.</p> <p>Estates are working with NHS Property Services on a Memorandum of Occupation (MoO) which is currently with solicitors due to issues within the contract. The name on the agreements will be changed to the ICB at an appropriate time as part of the due diligence.</p> <p>Governance Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> EP highlighted the possibility of abandoning all Covid measures and asked about the CCG's approach and whether this had been discussed. CT felt a formal conversation would be required with all staff. <p>Governance Committee RECEIVED the report and NOTED the comments for information and assurance.</p>	
GC/2122/109	<p>2021/22 Q3 FREEDOM OF INFORMATION REPORT</p> <p>SP presented the Freedom of Information (FOI) Quarter 3 Report. There had been a total of 42 FOI requests made in Quarter 3, compared to 46 in Quarter 2, with all being responded to individually. Topics included Commissioning and Procurement, Meds Management and Continuing Healthcare (CHC). There is a standard relating to response times. Under legislation this is 20 working days. It was noted that two responses had not been issued within the 20 days. This had occurred over the Christmas period due to admin errors whilst staff were covering for the FOI officer. Extra steps have now been added to the process to ensure that this does not occur again.</p> <p>There were 6 exemptions applied during the quarter.</p> <p>Governance Committee offered the following comment and questions:</p>	

	<ul style="list-style-type: none"> Regarding the two not responded to in the required time period JED asked if apologies had been made. SP gave assurance they had been managed appropriately. JED queried whether the FOIs were cross referenced with complaints to establish if common themes were emerging. LB explained data given for a complaint could only be used for that purpose so they would not usually be cross referenced. <p>Governance Committee RECEIVED the report.</p>	
<p>GC/2122/110</p>	<p>2021/22 Q3 COMPLAINTS REPORT</p> <p>LB presented the Quarter 3 Complaints Report highlighting key points.</p> <p>Activity increased overall and was up on the same period last year. It was noted that complaints relating to CCG services were not at the same level as some of the commissioned services. In terms of response times all were within statutory time frames with no reopened complaints. The main areas of complaint were CHC with concerns around process and communication, Medicines Order Line (MOL) access and process, the Cosmetic Assessment Service around a decision and Commissioning for Mental Health Services in relation to the right to choose providers.</p> <p>Of the closed cases two thirds were fully or partially upheld. LB had included more detail around these complaints within the report providing some assurance and some narrative on the learning taken from the complaints upheld.</p> <p>Governance Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> JED noted an increase in complaints relating to Primary Care. EP suggested that this could be linked to large waiting lists for secondary care and the increased number of primary care staff who were off sick. It was also noted that some patients are unclear of the appointment options available. Comms are currently working with teams around these issues. <p>ACTION: CT to check the status and frequency of comms.</p> <p>Governance Committee NOTED the report.</p>	<p>CT</p>
<p>GC/2122/111</p>	<p>POLICIES FOR DERBY AND DERBYSHIRE ICB ESTABLISHMENT</p> <p>CT presented this assurance paper, advising that the CCG are looking at policies that may be needed on the establishment of the ICB. The table in the report shows these policies. It also shows those policies suitable for developing once the ICB is established. CT advised the list had been presented to the Transition Assurance Committee and the team were working on amending the policies, so they were in place for the ICB at its launch.</p> <p>Governance Committee provided the following comments and questions:</p> <ul style="list-style-type: none"> JED requested review dates to be included in the Committee's forward planner to ensure that action was taken. 	

	<ul style="list-style-type: none"> • EP asked for clarification on the timescale. CT confirmed this was now the 1st July 2022, subject to legislation. <p>Governance Committee RECEIVED assurance and NOTED the report.</p>	
GC/2122/112	<p>BUSINESS CONTINUITY, EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR) UPDATE</p> <p>RH presented and began by advising CCG business continuity level remains at Level 4.</p> <p>RH was working through Business Continuity policy plans and action cards for the transition to the ICB which was detailed in the report.</p> <p>RH reported substantial assurance had been received with regard to CCG submission of the national core standards which had been confirmed by NHSE. The overall position for Derbyshire was also substantial assurance. This position can now be incorporated officially within documents and into the annual report.</p> <p>The Health Emergency Planning Officers' Group (HEPOG), which had not met for a while, has been re-established with the aim of collaborative future working and a new system wide risk register is being established.</p> <p>On-call rotas for the system were now being hosted on the CCG Teams platform. The change was made prior to Christmas and found very useful therefore the decision was made to continue.</p> <p>Governance Committee NOTED the contents of the report.</p>	
GC/2122/113	<p>HEALTH AND SAFETY REPORT</p> <p>RH presented the paper informing members of continued work with estates to assist staff returning back to the office environment. A meeting has been arranged with Peninsula to carry out an overall risk assessment, which is one of the items on the action plan.</p> <p>Fire Warden training is taking place next week, six employees are undertaking formal training, details will then be published so all staff are aware who they are.</p> <p>Governance Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • JED noted that the Peninsula contract expires June 2022. This had been extended for an additional year. RH confirmed the contract was in place until June and there was flexibility to extend over a short period of time if required but understood that the CCG were looking at partners contributing. <p>ACTION: CT to provide update on status within next report.</p> <p>Governance Committee was ASSURED that Derby and Derbyshire CCG was coordinating work to meet its health and safety obligations to remain compliant with health and safety legislation.</p>	CT

GC/2122/114	<p>VIOLENCE, REDUCTION AND PREVENTION STANDARDS UPDATE</p> <p>RH provided an update highlighting work with 360 Assurance to review and identify posts across the CCG which could be deemed high-risk in relation to violence. The aim was to reduce or prevent this and address any subsequent training required.</p> <p>360 Assurance have been working with the Primary Care team providing training for staff due to concerns received around verbal abuse and aggression. Feedback has been good as they continue to work with the Primary Care team and will provide further sessions should any practices identify a need.</p> <p>Action: RH to provide EP with the necessary contact details.</p> <p>Governance Committee NOTED the verbal update.</p>	RH
GC/2122/115	<p>INFORMATION GOVERNANCE AND GDPR UPDATE REPORT</p> <p>RL presented the update report highlighting key points.</p> <p>Meetings had taken place with 360 Assurance with a focus on the audit of compliance and key areas of assurance as we move into the ICB.</p> <p>Confirmation had been received that the Control of Patient Information (COPI) notice will be extended to the end of June 2022.</p> <p>RL felt positive regarding IG activity which remained consistent and comparable to other financial years although a drop was expected due to changes across the system.</p> <p>IG training figures are at 60.37% of all staff trained therefore a paper will be taken to the Information Governance Forum to propose a 2-year compliance for CCG staff due to system pressures. Around 200 staff would need training between now and the end of June, but it is known that most staff complete their training at the end of the financial year.</p> <p>More engagement has taken place with GPs and the running of the GP IG Forum has provided positive contact with practices.</p> <p>Governance Committee RECEIVED and NOTED the update of actions and activities.</p>	
GC/2122/116	<p>DIGITAL DEVELOPMENT UPDATE</p> <p>GCT provided an update on current developments reporting on the Digital and Data Strategy. More regular meetings were taking place with the design authority. GCT is beginning to consider the structure for the ICB and ICS Digital Office, bringing together the Derbyshire Shared Care Record team, supported by some NECS funding. It has been agreed that there is a Digital Strategy however there is no one at ICS level to deliver the strategy, therefore GCT will be looking to one digital workforce and for someone to lead the programme along with admin support.</p> <p>There are still agreements to be made around how to work with shared structures regarding the Derbyshire Shared Care Records. The NHS structures</p>	

	<p>being different to the Local Authorities perspective and governance structures. The Clinical Safety Officer from UHDB is currently reviewing all reports and overseeing testing.</p> <p>Digital First Primary Care is progressing in terms of the procurement and GCT assured members that due process would be observed regarding procurement for the online video consultation systems.</p> <p>Electronic Eye Care is taking longer than envisaged due to infrastructure concerns prior to implementation. This is due to third party providers being asked to use their systems with concerns over their IT kit and infrastructure with no national funding available.</p> <p>Governance Committee provided the following comments and questions:</p> <ul style="list-style-type: none"> • EP enquire about the primary care records and access for colleagues. GCT explained access would be as in the Medical Interoperability Gateway (MIG) but moving towards GP Connect. • EP commented on the improvement of patient care once the whole record can be seen. JED mentioned the improvement in efficiency from an organisational perspective too. • JED queried KPMG's involvement in the digital audit act as they are also the CCG's external auditors. GCT advised the work came through the financial route. CT would review to consider possible conflicts of interest. ACTION: CT to look into KPMG's involvement in the Digital Audit Act <p>Governance Committee RECEIVED the report for information and assurance.</p>	CT
GC/2122/117	<p>RISK REGISTER EXCEPTION REPORT</p> <p>RW presented the Governance Committee Risk Report and to formalise the approval of the risk changes made virtually. These included: -</p> <p>Risk 32 - A decrease and then closure of the risk Risk 23 – An increase in score to a high 12 Risk 9 - An increase in score, this risk was now a very high-risk score of 16 Risk 42 - Approval of this new risk relating to climate change.</p> <p>Governance Committee NOTED the APPROVED virtual changes made.</p>	
GC/2122/118	<p>GOVERNANCE COMMITTEE GBAF RISKS REVIEW</p> <p>RW presented the Governing Body Assurance Framework (GBAF) for Quarter 3 for assurance. There were 2 changes in risk score.</p> <p>Risk 7 – An increase in risk score to a high 12 Risk 8 – A decrease in risk score to 10</p> <p>The Committee reviewed and scrutinised the Governance Committee GBAF Strategic risks</p>	

	Governance Committee RECEIVED the Quarter 3 Governing Body Assurance Framework and NOTED GBAF Risks 7 and 8 owned by the Governance Committee.	
GC/2122/119	NON-CLINICAL ADVERSE INCIDENTS CT reported there were no incidents.	
GC/2122/120	MINUTES OF THE MEETING HELD ON: 11 November 2021 Governance Committee APPROVED the minutes of the meeting held 11 November 2021 as a true and accurate record of the meeting.	
GC/2122/121	MATTERS ARISING No further matters were identified.	
GC/2122/122	ACTION LOG FROM THE MEETING HELD ON: 11 November 2021 Governance Committee REVIEWED the action log and noted that all actions were closed.	
GC/2122/123	GOVERNANCE COMMITTEE FORWARD PLANNER 2021/22 (FOR DISCUSSION/AGREEMENT) Governance Committee APPROVED the Forward Planner 2021/22 ACTION: Policies required prior to handover are entered on the planner.	LF
GC/2122/124	ANY OTHER BUSINESS DSTP Audit Report: RL asked for virtual approval for the above audit when issued. The report is due to be published in March with formal ratification at the next meeting. Governance Committee APPROVED use of the virtual approval process.	
GC/2122/125	FUTURE MEETINGS DATES Time: 13:00 – 15:00 <i><u>NB. The meetings will be held as virtual meetings until further notice.</u></i> Thursday 21 April 2022 Papers due: Tuesday 12 April 2022 Thursday 23 June 2022 Papers due: Tuesday 14 June 2022	
GC/2122/126	ASSURANCE QUESTIONS 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes	

	<ol style="list-style-type: none"> 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes – may be procurement issues 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? – No 7. What recommendations do the Committee want to make to Governing Body following the assurance process at today’s Committee meeting? General update to be provided to GB. 	
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**MINUTES OF DERBYSHIRE ENGAGEMENT COMMITTEE MEETING HELD ON
15 MARCH 2022 VIA MICROSOFT TEAMS
11:15 - 13:15**

Present:		
Simon McCandlish - Chair	SMc	Governing Body Lay Member DDCCG (Deputy Chair)
Chris Mitchell	CM	Governing Body Member Derbyshire Healthcare NHS Foundation Trust
Margaret Rotchell	MR	Public Governor CRH
Lynn Walshaw	LW	Deputy Lead Governor, Derbyshire Community Health Service
Beverley Smith	BSm	Director Corporate Strategy & Development DDCCG
Steven Bramley	SB	Lay Representative
Tim Peacock	TP	Lay Representative
Ian Shaw	IS	Lay Member for Primary Care Commissioning
Jocelyn Street	JS	Lay Representative
Peter Steedman	PS	Governor University Hospitals of Derby and Burton NHS Foundation Trust (Deputising for Maura Teager)
Kim Harper	KH	Chief Officer, Community Action Derby
Sen Sanjoy	SS	GP, Clifford House Medical Centre.
Vikki Taylor	VT	ICS Director Lead Joined Up Care Derbyshire
Sean Thornton	ST	Assistant Director Communications and Engagement DDCCG and Joined Up Care Derbyshire
Karen Lloyd	KL	Head of Engagement Joined Up Care Derbyshire
In Attendance:		
Lucinda Frearson	LF	Executive Assistant (Admin), DDCCG
Claire Haynes	CH	Engagement Manager DDCCG
Anita Cunningham	AC	Senior Commissioning Officer (Urgent & Emergency Care), DDCCG
Chlinder Jandu	CJ	Corporate Admin Manager, DDCCG
Apologies:		
Martin Whittle	MW	Governing Body Lay Member DDCCG
Harriet Nichol	HN	Engagement Involvement Manager Healthwatch
Maura Teager	MT	Lead Governor University Hospitals of Derby and Burton NHS Foundation Trust
Rebecca Johnson	RJ	Health Watch Derby
Helen Dillistone	HD	Executive Director Corporate Strategy and Delivery DDCCG

Item No.	Item	Action
EC/2122-146	WELCOME APOLOGIES AND QUORACY SM welcomed all to the meeting and agreed the meeting to be quorate. Apologies were noted as above.	
EC/2122-147	DECLARATIONS OF INTEREST SM reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG). Declarations declared by members of the Engagement Committee are listed in the CCG's Register of Interests and included with the meeting papers. The	

	<p>Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p>No declarations were made for today's meeting.</p>	
<p>EC/2122-148</p>	<p>OLDER PEOPLE'S MENTAL HEALTH SERVICES – CONSULATION REPORT</p> <p>CH presented the paper seeking approval to enable continuation of the programme. CH began by explaining there were 2 changes involved, a north and south element, linked in with the dormitory eradication programme. Some mental health services within Derbyshire were still using dormitory style rooms but there had been a drive for some time to try to eradicate, to try to make mental health services more individualised and for people to have their own spaces. To allow the changes to take place these have to be carried out in a phased process and this being one of the first phases, beginning with changing wards from London Road Community Hospital to the Kingsway Hospital site and in the north Chesterfield Royal to Walton.</p> <p>The consultation paper sets out how the public were involved, and the steps taken. CH pointed out that fewer responses we received than expected but felt this was positive as people were behind the changes.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • JS commented on the excellent consultation which covered all bases but was disappointed with so few responses received but understood the reasoning after hearing the explanation why. • IS felt this to be a good piece of engagement commenting on the difficulty with severe mental illness or degenerative conditions to get the patient's view so looking to patient advocates and this pulled this out well. IS thought the take up was low may be due to digital engagement but that had been explained and printed material was distributed by staff. • MR expressed her thanks as Governors of the Trusts had been kept informed throughout as requested, which was helpful. • SB agreed with all comments and felt overall the consultation was very thorough and highlighted the extensive list of stakeholders at the end of the paper. Overall SB felt this was a fantastic project and the engagement process could not have been done any differently. <p>Engagement Committee RECEIVED assurance and APPROVED the paper.</p>	
<p>EC/2122-149</p>	<p>EQUALITY DELIVERY SYSTEM</p> <p>CH presented the Equality Delivery System (EDS) report, advising the report was produced annually and a way for the CCG as a public sector organisation to report their equality duties. This year the report was being trialled in a new draft format.</p> <p>The report covers 3 sections:</p>	

	<p>1: Commissioned or provided services 2: Workforce Health and Wellbeing 3: Inclusive leadership</p> <p>CH identified section 1 as her main area of focus. The past few years have been very much about the pandemic therefore CH had chosen to reflect heavily the patient and public element of the pandemic and as a system the successful vaccination programme, working collaborative across the whole healthcare system and the good work in terms of vaccine inequalities. CH felt it was important this was reflected as one of the major pieces of work.</p> <p>It was also felt important to reflect the systems that had continued to be used such as the quality and equality panels where all impacts of changes within projects are reviewed.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • SB had been involved in a small group who meet regarding EDS, but which had not happened for a while. CH advised there was now a staff diversity and inclusion network highlighting that they were staff but having lived experience of services and went to them not as staff but as members of the public. They offered a lot of information and feedback. • SB commented that he could understand the approach but believed it could lead to questions as they were staff and there could be a conflict of interest even if they have lived experience and would still require some outside input. CH felt this was an area she would like to develop. • PS commented on the good piece of work in terms of the emphasis on the vaccine rollout, asking if there was any best practice that could be read across particularly from the way the vaccine rollout was managed and implemented and taken forward in other equality activities. ST explained that on delivering the NHSE vaccine process it was realised those links into the community were missing and these have now been strengthened as well as creating new links and benefiting from each other's experiences and will be a strength for the future. <p>Engagement Committee RECEIVED assurance and APPROVED the report.</p>	
<p>EC/2122-150</p>	<p>DORMITORY ERADICATION PROGRAMME UPDATE</p> <p>CH presented the paper highlighting the £80m investment from NHSE. The paper set out the proposal to change services from the dormitory style to single room ensuite, but more than that it looks at a new build for psychiatric intensive care to support people in Derbyshire that currently have to leave Derbyshire to receive those services. At this stage there was no assurance that the money would be received, and the outlined business case would be approved, so have to remain cautious but things were moving in the right direction and the public would be engaged at the appropriate stage.</p> <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • MR understood why the public were not yet being engaged but was aware that it was becoming public knowledge and asked if there was a process for dealing with misinformation. CH confirmed that there was process but wish to ensure approval before going to the public and 	

	<p>would deal with any false information but required more assurance before talking to the public.</p> <p>Engagement Committee RECEIVED the report for information and assurance.</p>	
<p>EC/2122-151</p>	<p>INTEGRATED CARE SYSTEM (ICS) COMMUNICATIONS AND ENGAGEMENT PLAN</p> <p>Updates were provided on:</p> <ul style="list-style-type: none"> ▪ Integration Index: KL updated members on the Integration Index which was progressing slowly. In the last update KL advised members on the setting up of a local integration measure called Team Op which assisted housebound patients to remain at home as much as possible, or if they did go into hospital they are discharged back home as quickly as possible. Wishing to measure the success of the operation and keen to set up an integration measure KL had been looking to establish a feasibility study. At the point of writing a service specification and finding an organisation to do the work an approach was made by NHSEI who asked if Derbyshire would like to be part of the national index work. Derbyshire has a good reputation for being involved in this work previously. It was agreed and now there is an overlap as both are focused on the frail population. Hope is to be part of the first cohort so data should be received around September. Surveys will possibly be put out every 6 months. ▪ Learning network: KL informed members the learning network was being set up to look at the interface of people in communities and the integrated care system. ▪ Communications ICS Developments: ST began by advising of the development of a new website for the ICS which was progressing well with a functional framework for the site and now developing content for. A demonstration of the website will be brought to a future meeting. ▪ Branding: ST explained why all were keen to keep Joined Up Care Derbyshire (JUCD) brand for the future as it was well established and recognised, however, Glossop needed to be implemented into the branding as they are to be part of the ICS from July. The colour will also be changed slightly as blue was not the best contrast colour. ▪ Integrated Care Board (ICB): NHSE have very prescriptive rules around what logos need to look like and are taking local decisions about colour schemes to use so there will be a new look for the ICB part of the website. ▪ ICS: There is a national campaign coming from NHSE detailing the ICS what it is about. ST would share the materials when received and would be interested in comments on design etc. <p>Engagement Committee offered the following comments and questions:</p> <ul style="list-style-type: none"> • SM asked when up and running how would we use the Integrated Index. KL explained it would show how programmes are working but can be used to measure against other systems, a statistical database of systems and show if the transformational programmes implemented are being felt on the ground. 	

	<ul style="list-style-type: none"> TP asked re the branding for JUCD and whether this was being used for the ICS. ST pointed out that there was the ICB which will be known as NHS Derby & Derbyshire ICB (DDICB) with permission to reduce to a public name which is NHS Joined Up Care Derby & Derbyshire (JUCDD). Next there is the Derby & Derbyshire Integrated Care Partnership (DDICP) which will be known as JUCD. TP asked if any were meant to be public facing and will there be any consultation with the public or is there going to be a publicity campaign. ST advised the ICB is the accountable body for the NHS for Derbyshire so will have to be public facing and the JUCD is the partnership of public health and social care in Derbyshire. It is difficult to lose the NHS logo as it is so widely known. Thinking how instead of having lots of logos we still make it recognisable. <p>The Engagement Committee NOTED the verbal update.</p>	
EC/2122-152	<p>INTEGRATED CARE SYSTEM ENGAGEMENT STRATEGY</p> <p>ST advised there was currently a live Integrated Care System Engagement Strategy for JUCD part of the establishment processes and guidance. For the new ICS and ICB an engagement strategy has to be submitted as part of the establishment process with a deadline of May. ST intends to bring a draft to the April meeting and a final version in May. There is a template from NHSE which proposes content via headings but there is a wish to go beyond that.</p> <p>The Engagement Committee NOTED the verbal update.</p>	ST
EC/2122-153	<p>UPDATE- URGENT TREATMENT CENTRES & LONGER – TERM URGENT CARE STRATEGY</p> <p>AC began by explaining, September post Covid the team had been tasked with carrying out a strategic review of the urgent treatment centres across Derbyshire. Part of the strategic review in line with the ICS arrangements and moving forward was to integrate with primary care and Place. This is not going to be achievable within the contract deadlines and so having to take a slightly different approach which has therefore made it difficult in terms of engagement.</p> <p>Due to legal deadlines and statutory requirements services are being looked at in an individual way. The long-term plan and the intention to have a broader strategic review is still there along with the need now to take Glossop into consideration, so will take longer. The contract rules are also changing in line with ICS arrangements which have been postponed until 1st July 2022. The A&E Board and CCG Senior Leadership Board have requested the 2 co-located UTCs, located within the hospitals, are prioritised. There will need to be some form of consultation and will have to meet the contract timetable of September 2023.</p> <p>The engagement team have been doing a lot of work in terms of engagement there was a survey which closed at the end of February with 437 responses, and 130 people that expressed interest to attend a focus group.</p> <p>The Engagement Committee NOTED the verbal update.</p>	
EC/2122-154	<p>ENGAGEMENT ON PATIENT RELUCTANCE TO ACCESS SERVICES</p> <p>ST informed members there had been no progress as Sandra Johal had left the organisation and Beth Soaker was now on maternity leave. Sandra's</p>	

	<p>replacement was due to join in April so work will begin then and be brought back to Committee in the Summer.</p> <p>The Engagement Committee NOTED the verbal update.</p>	
EC/2122-155	<p>DRAFT COMMUNICATIONS AND ENGAGEMENT PERFORMANCE FRAMEWORK</p> <p>This item was withdrawn from the agenda and deferred to May's meeting.</p>	ST
EC/2122-156	<p>S14Z2 LOG</p> <p>ST advised there was no update as no logs had been received. The engagement team have been discussing the process for the S14Z2 forms and their completion and how they interconnect with the equality impact assessment process in preparation for the transfer into the new system.</p> <p>Engagement Committee NOTED the verbal update.</p>	
EC/2122-157	<p>DDCCG Exception Risk Report</p> <p>Bsm advised there was one risk to report Risk No16: Strategic risk, it was agreed at the last Committee to reduce to a moderate risk score of 6 from a higher score of 8 to reflect the work done on governance infrastructure and delivery work. No further changes were being requested. Recommendation made was to close the risk off in May.</p> <p>The Engagement Committee RECEIVED the risks presented.</p>	
EC/2122-158	<p>GOVERNING BODY ASSURANCE FRAMEWORK – QUARTER 4 REVIEW</p> <p>Engagement Committee were asked to review update for Quarter 4. There was one risk, Strategic Risk 5: Derbyshire population was not sufficiently engaged to justify in terms of delivering the right services patients need.</p> <p>There is potential to change but at the moment no specific actions internally or externally that are substantial enough, it was recommended no change.</p> <p>Engagement Committee REVEIWED and DISCUSSED the risk and APPROVED the recommendation.</p>	
EC/2122-159	<p>IDENITFY RISKS FOR 2022/23</p> <p>ST prosed to continue with the development of the strategy and any risks should evolve from the strategy.</p> <p>Bsm informed Committee in terms of closure of Committees ready to move into the ICB she had been tasked to do an annual report which will come to the May committee looking at work done over the last 12 months and defining some of the risks.</p> <p>Engagement Committee NOTED the verbal updated.</p>	
EC/2122-160	<p>MINUTES OF THE MEETING HELD ON: 18 JANUARY 2022</p> <p>Engagement Committee ACCEPTED the Minutes of the previous meeting as a true and accurate record.</p>	

EC/2122/161	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EC/2122-162	<p>ACTION LOG FROM THE MEETING HELD ON: 18 JANUARY 2022</p> <p>Engagement Committee reviewed the action log and updated during the meeting.</p>	
EC/2122-163	<p>ENGAGEMENT COMMITTEE FORWARD PLANNER 2021/22 FOR REVIEW AND AGREEMENT.</p> <p>ST proposed a meeting be convened in April due to the number of topics that need to be brought to Committee.</p> <p>Action: ST to discuss with MW with 19th or 26th April proposed.</p> <p>Engagement Committee REVIEWED and AGREED the Forward Planner.</p>	ST
EC/2122-164	<p>ANY OTHER BUSINESS</p> <p>No further business raised.</p>	
EC/2122-165	<p>FUTURE MEETINGS IN 2022/23 Time: 11:15 – 13:15</p> <p><u>Meetings will be held as virtual meetings until further notice.</u></p> <p>Tuesday 17 May 2022</p>	
EC/2122-166	<p>ASSURANCE QUESTIONS</p> <ol style="list-style-type: none"> 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? More time required so additional meetings to be scheduled. 7. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None, there was felt to be no specific recommendation at this stage. 	
DATE AND TIME OF NEXT MEETING		
Date: Tuesday 26 April 2022		
Time: 11:15 – 13:15		

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

HELD ON

Wednesday 23rd March 2022

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

PRESENT

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

IN ATTENDANCE

Hannah Belcher	HB	AD GP Commissioning & Development, DDCCG
Ged Connolly-Thompson	GCT	Head of Digital Development, DDCCG
Ian Frankcom	IF	Member of the Public
Lucinda Frearson	LF	Executive Assistant, DDCCG (Admin)
Chlinder Jandu	CJ	Corporate Admin Manger (Observing)
Ben Milton	BM	GP, Medical Director for Derby & Derbyshire LMC
Clive Newman	CN	Director of GP Development, DDCCG
Jean Richards	JR	Primary Care Commissioning Manager, DDCCG

APOLOGIES

Judy Derricott	JDe	Head of Primary Care Quality, DDCCG
Simon McCandlish	SMc	Deputy Chair, Lay Member, DDCCG
Brigid Stacey	BS	Chief Nursing Officer, DDCCG

ITEM NO.	ITEM	ACTION
PCCC/2122/189	<p>WELCOME AND APOLOGIES</p> <p>Ian Shaw (IS) as Chair welcomed all to the meeting and confirming the meeting to be quorate. There was one member of the public present.</p> <p>Apologies were received and noted as above.</p>	
PCCC/2122/190	<p>DECLARATIONS OF INTEREST</p> <p>The Chair informed members of the public of the committee members' obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG).</p> <p>Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's Register of Interests and included within the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p>	

Declarations of interest from today's meeting

Jill Dentith (JeD) highlighted the register to be an older version however any changes did not conflict with today's agenda.

Ben Milton (BM) new to the meeting was not onto the register but noted no conflicts of interest.

FOR DECISION

Swadlincote Feasibility Study Report

Jean Richardson (JR) presented the report which summarised key findings, highlighting the significant housing development planned at Drakelow Power Station site. Further work was required to understand the impact of the development but in terms of patient flow the report identified the impact of those additional patients was likely to be felt in East Staffordshire. A further piece of work was to be undertaken with East Staffordshire. It had been agreed that we would fund and commission on their behalf, looking at their side of the border.

The conclusion of the report showed practices in the area collectively were around 1000 sq/m short of space, with expected planned housing developments in the coming years this would likely rise to 1500 sq/m.

The report recommended a list of long-term solutions and potential new builds with a need to undertake a post Project Initiation Document (PID) options appraisal or outline business case to narrow the list. There were also some short-term solutions to extend or reconfigure buildings with removal of medical records.

PCCC offered the following comments and questions: -

- JeD supported the paper but was unclear why Staffordshire were not funding the work. JR explained they were struggling for revenue funding and the work needed to happen to assist in concluding what needed to be taken forward in Swadlincote and as the money was public money it made sense to take forward at our timescale.
- BM asked if Section 106 funding was available. JR advised that some Section 106 funding was available for some of the smaller schemes in Swadlincote which was being used to fund practices to invest in existing buildings and an agreement had been made to provide a building on the site at a small rent or provide capital to build something offsite or an extension. Clive Newman (CN) explained to members the funding for putting together a feasibility study could only be used for that purpose and was time limited and as there was spare it felt sensible to finish the plan.
- Steven Lloyd (SL) questioned the timelines and the need to synchronise with East Staffordshire. JR was expecting a fee proposal and would be holding a meeting within the next couple of weeks. In the meantime, work was ongoing with the practice managers around what could be done with existing buildings.
- IS asked what the benefits were of not having medical information on site. JR clarified from an estates point of view the records would free up an amount of space, if moved off site, that was being funded.

Primary Care Commissioning Committee ACCEPTED the report.

FOR ASSURANCE

PCCC/2122/191

FINANCE UPDATE

Daran Green (DG) presented the finance report for Month 10 which he asked the Committee to note. The report had been presented at February's Governing Body (GB) meeting and showed the CCG's overall financial position.

The overall CCG position for the financial year would comfortably achieve a breakeven position, there will be financial risks for the CCG and the system going into 2022/23 with finance currently planning for this.

DG also shared a report focused on the primary care position, this report would be presented on a more regular basis and showed: -

- For overall primary care services not involved in co-commissioning an overspend due to red hub and AVS payments. Currently offset by prior year accrual benefits which will be removed to a central reserve to show a true position in primary care.
- Primary care co-commissioning had large overspends but with expected reimbursement for Winter Access Fund (WAF) and Additional Roles Reimbursement Scheme (ARRS) funding in future months.

PCCC offered the following comment and questions: -

- IS felt the level and detail of information within the report was good and had found the report very informative.
- BM asked why the prior year accruals in primary care did not stay in that area. DG advised the reason for moving was correct accounting presentation to show what was happening in year.
- JeD commented on the fluctuation in prescribing costs and asked for more information and current position. DG informed members of being 2 months behind in real term data based on historical trends or intelligence commenting on how well practices and the CCG have managed this year to remain in budget.
- CN highlighted discussions were underway in terms of the available funding and future planning.

Primary Care Commissioning Committee NOTED the Finance Report for Month 10.

PCCC/2122/192

NHSE/I GP CONTRACTING ARRANGEMENTS 22/23

Hannah Belcher (HB) presented the report for information and assurance. NHSE had issued a letter on 01 March 2022 to provide an update on the contract changes planned for 2022/23.

Key changes being made were around: -

	<ul style="list-style-type: none"> • GP contracts for all practices • Changes in the PC network, listed • Access requirements coming in from October • Opening hours <p>Primary Care Commissioning Committee NOTED the report.</p>	
PCCC/2122/193	<p>RISK REGISTER EXCEPTION REPORT</p> <p>HB presented the report ensuring Committee were aware both risks were rated very high. The risks were the same with an increasing number of practice staff being off sick, having covid and difficulties getting locums. Recommendation for Committee was to note the continued challenges primary care were facing and for the risk score to remain as it was at present.</p> <p>PCCC offered the following comments and questions: -</p> <ul style="list-style-type: none"> • JeD supported the recommendation. Audit Committee had received the full register at its last meeting along with assurance how these were being mitigated and managed and noting as we transition into the ICB there may be more challenge, so rigor was required in terms of risk challenge. • IS commented on the higher levels of covid previously but agreed with the risk score due to Covid levels beginning to creep up. <p>The Primary Care Commissioning Committee RECEIVED and DISCUSSED the risks assigned to the Committee.</p>	
FOR INFORMATION		
	There were no items for Information	
MINUTES AND MATTERS ARISING		
PCCC/2122/194	<p>Minutes of the Primary Care Commissioning Committee meeting held on 23rd February 2022</p> <p>The minutes from the meeting held on 23 February 2022 were agreed to be a true and accurate record of the meeting.</p>	
PCCC/2122/195	<p>MATTERS ARISING MATRIX</p> <p>The action matrix was reviewed and updated during the meeting.</p>	
PCCC/2122/196	<p>FORWARD PLANNER</p> <p>The Primary Care Commissioning Committee NOTED the forward planner.</p>	
PCCC/2122/197	<p>ANY OTHER BUSINESS</p> <p>No further items were raised.</p>	

PCCC/2122/198	<p>ASSURANCE QUESTIONS</p> <ol style="list-style-type: none"> 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes 5. Were the papers sent to Committee members at least five working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No 7. What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None. 	
DATE AND TIME OF NEXT MEETING		
Wednesday 27th April 2022, 10:00-10:30am via Microsoft Teams Meeting		

**MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON 31ST MARCH 2022
9AM TO 10.30AM
MS TEAMS**

Present:		
Dr Buk Dhadda (Chair)	BD	Chair, Governing Body GP, DDCCG
Dr. Kath Bagshaw	KB	GP
Tracy Burton	TB	Deputy Chief Nurse, DDCCG
Alison Cargill	AC	Asst Director of Quality, DDCCG
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Lisa Falconer	LF	Head of Clinical Quality - Acute
Helen Hipkiss	HH	Director of Quality, DDCCG
Andrew Middleton	AM	Lay Member, Finance
Simon McCalandish	SMcC	Lay Member, Patient Experience
Grace Mhora	GM	Senior Quality Assurance Manager
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Emma Pizzey	EP	GP South
Phil Sugden	PS	Assistant Director of Quality - Community
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Dr Meryll Watkins	MWa	Governing Body GP, DDCCG
Craig West	CW	Acting Associate Chief Finance Officer
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
Chlinder Jandu (observing)	CJ	Corporate Admin Manager
Apologies		
Dr. Bruce Braithwaite	BB	Secondary Care Consultant
Dr Steve Lloyd	SL	Medical Director - DDCCG

Item No.	Item	Action
QP2122 /224	<p>WELCOME, APOLOGIES & QUORACY</p> <p>Apologies were received as above. BD declared the meeting quorate.</p>	
QP2122 /225	<p>DECLARATIONS OF INTEREST</p> <p>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.</p> <p>Declarations declared by members of the Quality and Performance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk</p> <p><u>Declarations of interest from sub-committees</u> No declarations of interest were made.</p> <p><u>Declarations of interest from today's meeting</u> No declarations of interest were made.</p>	
	<p>BD confirmed that the meeting will be conducted in a more abbreviated form. Some of the papers have been listed on the agenda for information only and Committee members were asked to submit questions relating to the papers before the meeting. Responses to the questions were circulated to the Committee members prior to the meeting and are included within these minutes. The questions are being collated for future reference if needed.</p>	
QP2122 /226	<p>INTEGRATED REPORT</p> <p>The report was taken as read.</p> <p>JC noted the struggles within the system around urgent care and discharges. In terms of cancer the 52WW position at Royal Derby Hospitals FT has improved but the 104WW position has worsened at both trusts. MWa asked if the issues are due to staff sickness. BS responded and stated that there are a number of contributing factors. The number of patients with COVID across the system is</p>	

high, with the vast majority of the cases being incidental, which in turn brings IPC, outbreaks and ward closures. Whilst there are a significant number of staff absent with COVID the numbers are not as high as they were in January 22. Elective surgery is continuing but with limited numbers. Since restrictions have lifted attendances at A&E have increased as people feel more comfortable in attending. There have been a number of Care Home closures which is causing delayed discharges. Agreed actions around managing these pressures were submitted to NHSE regional team to ensure they are aware of the situation.

EP referred to EMAS Serious Incidents and questioned whether there is an element of under reporting. GM replied and encouraged the GP practices to report any specific incidents to EMAS so that they can review the full patient journey. HH noted a request that has come from NHSEI asking systems to carry out a review of Category 2 responses and confirmed the Derbyshire system is formulating a system response and a paper will be brought to the Quality and Performance Committee in April to outline all that is being done to manage ambulance delays.

ACTION.

EP asked for clarification on whether the figures listed within the report for GP routine referrals included advice and guidance referrals. JC confirmed that the figures do not include advice and guidance referrals. HW added that part of the operational planning work, advice and guidance growth and the impact of reducing A&E attendances is being monitored.

BD referred to the 104WW and asked for the current position. JC responded to say the CRHFT are reporting an improved position which is detailed in a paper later on the agenda. JC continued to say that there is currently a consultation taking place around amalgamating the cancer standards, stopping the 2WW standard and focusing on 28 days to diagnosis. CRHFT are achieving this standard most months. Next month's IRP report will include more focus on specific tumour sites.

JC then went on to share an update on the breast service. Both Trusts are working to recover the breast screening backlog by September 2022. If demand continues then services will not be sustainable and with this in mind a piece of work is underway to work through short, medium and long term opportunities for improvement. There are challenges around CRHFT Oncology, and this is currently being reviewed by South Yorkshire Cancer Alliance to ensure Derbyshire patients are not affected. Two Task and Finish groups have been established to start a mapping exercise across the 3 pathways (2WW, 2WW symptomatic and the screening pathway). Progress updates will be shared via a dedicated MS Teams channel. Monthly updates around referral to diagnosis and diagnosis to treatment will be provided to the ICS Cancer Board and in turn will come to Q&P for ongoing assurance.

	<p>HW spoke about elective activity and the next financial year. The CCG are in the process of completing a planning submission which includes targets to increase elective activity by 104% and diagnostic activity by 120% against 2019/20 levels. Current elective activity levels in the system are being reported at around 80% against 2019/20. BD asked how Derbyshire is benchmarking against other systems. HW confirmed that for Derbyshire, compliance against the plan is lower than other systems and this is due to the realistic approach that has been taken. Other systems have submitted more compliant plans and Derbyshire is reviewing these to identify the differences.</p> <p>BD APPROVED the Integrated Report for submission to the public session of Governing Body.</p>	
<p>QP2122 /227</p>	<p>GBAF Q4</p> <p>The paper was taken as read.</p> <p>SP explained that the GBAF Task and Finish Group met last week and updated the 3 risks (1,2 and 6) owned by the Quality and Performance Committee. SP noted that there were no reductions to the risk scores and as of April the risks will be reviewed with the ICB Chief Nurse and the ICB Chair of the Quality and Performance Committee to maintain continuity and stability.</p> <p>The Committee noted the contents and approved the paper.</p>	
<p>QP212 /228</p>	<p>RISK REGISTER</p> <p>The paper was taken as read.</p> <p>SP noted the 13 quality and performance risks and confirmed that 3 are rated very high. The following recommendations were made:</p> <ul style="list-style-type: none"> • Decrease Risk 27 from a high 12 to a high 9. <i>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</i> • Closure of Risk 24 <i>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.</i> 	

	<p>This risk met it's a target score a couple of months ago and SP confirmed that should restrictions come back into effect the risk will be reviewed.</p> <p>SP continued to say that the process is being finalised in terms of transferring any live risks across to the ICB. A paper outlining the process will be discussed at the Transition Working Group and Governing Body.</p> <p>The Committee noted the contents and the approved the recommendations in the paper to reduce Risk 27 and close Risk 24.</p>	
<p>QP2122 /229</p>	<p>SEND UPDATE</p> <p>The paper was taken as read.</p> <p>HH asked the Committee to note the ongoing progress that is being made against the CCG's statutory duties in relation to Children & Young People with Special Educational Needs & Disabilities (SEND) Children & Families Act 2014.</p> <p>HH noted the Government SEND Code of Practice which was recently issued which will make clear the responsibilities around the Educational Health And Care Plan (ECHP).</p> <p>AM referred to the concerns listed on page 89 of the papers pack in terms of Thameside and Glossop. HH responded to say that there will be a review of health services and a plan of action will be developed.</p> <p>MW asked how any impending issues that are inherited from Thameside and Glossop will be triangulated. BS confirmed that all SEND cases transferring to Derbyshire will be reviewed in order to gain assurance.</p> <p>The Committee noted the contents and approved the paper.</p>	
<p>QP2122 /230</p>	<p>CANCER HARM REVIEW</p> <p>The paper was taken as read.</p> <p>AC noted the paper provides the current position in terms of figures and governance processes relating to harm and cancer long waits. To ensure CCG oversight, quarterly reports will be submitted to the Clinical Quality Reference Group (CGRG) meetings for both acute providers and should include detail around the review processes and outcomes. The reports will then be shared at the Quality and Performance Committee meeting.</p> <p>ACTION - JP to add to the forward planner.</p>	<p>JP</p>

	<p>Continued collaborative work is ongoing between quality, performance and cancer leads to maintain oversight in terms of quality.</p> <p>AC noted an anomaly listed in the paper on page 109 and confirmed that it will be the provider that will supply the qualitative information on breaches and not the CCG.</p> <p>JC referred to a recent meeting with NHSE regional team , attended by the CCG and Lead Cancer Nurse at UHDBFT which focused on the backlog and in particular 62 day+ and 104 day waits. JC confirmed that NHSE were assured that the system is doing all they can to manage the backlog.</p> <p>The Committee are asked to note the recommendations listed within the report. The Committee noted the contents and were fully supportive.</p>	
<p>QP2122 /231</p>	<p>PATIENT SAFETY UPDATE – 12 HOUR BREACH REVIEW</p> <p>The paper was taken as read. AC referred to the meeting in January where an extremely high numbers of 12-hour trolley breaches were reported at Royal Derby Hospitals. The paper provides assurance that governance processes are in place and there has been no reported harm scoring moderate or higher. Lower levels of harm are being monitored via incident reporting.</p> <p>On another subject matter AM asked if the Ockenden Report will be used as a self-evaluation document for providers. AC confirmed that the preliminary report listed some immediate actions and the full report which was issued on 30th March 22 will build on those actions. There is a process of governance in terms of the Local Maternity And Neonatal System. BS added that all maternity services will have to report their progress against the Ockenden report through their LMNS and into the regional team by 15th April 22. A paper outlining progress against the 7 initial actions and 15 recommendations in the Ockenden Report will come to the Quality and Performance Committee in April 22 and to the CCG Governing Body meeting in May 22. In addition to this both acute trusts have been asked to provide and update on progress against the Kirkup Report. ACTION – JP to add to the forward planner.</p> <p>The Committee noted the contents and approved the paper.</p>	<p>JP</p>
<p>QP2122 /232</p>	<p>CLINICAL QUALITY REFERENCE GROUP - CHANGE OF TOR</p> <p>The paper was taken as read.</p> <p>AC explained that during the COVID-19 pandemic the Clinical</p>	

	<p>Quality Reference Group meetings reduced in frequency from monthly to quarterly. The paper asks the Committee for approval to return to monthly meetings and to approve the amended ToR which reflect this change.</p> <p>The Committee noted the contents and approved the change to the ToR which is around the frequency of the CQRG meetings.</p>	
<p>QP2122 /233</p>	<p>EMAS SI ANALYSIS</p> <p>GM presented the paper and noted the following key points.</p> <ul style="list-style-type: none"> • EMAS reported 69 Serious incidents in from the 1st of April 2021 to the end of February 2022. • 38 of the serious incidents reported this financial year were categorised as Delayed response or Prolonged response serious incidents. • The majority of serious incidents are reported when the Trust was in CSP4/CSP4A. • Falls and respiratory pathways are noted to be a theme in the delayed response serious incidents reported. • The root cause in the majority of the serious incidents has been significant demand. • The majority of serious incidents reported as delayed response serious incidents did not identify any new learning and there are already actions in place to address system factors contributing to the serious incidents. <p>Harm reviews were undertaken between October and November 21 to identify whether the SI were an indication of wider harm. A sample of cases from around the county were reviewed and no harm was identified in the Category 2 calls. GM confirmed that the definition of harm being used is from the Serious Incident Framework 2015.</p> <p>BS noted the dramatic improvements to reporting since an independent review panel took place approximately six years ago around EMAS and the lack of reporting culture. BS also informed the Committee of the intention to carry out end to end harm reviews by the CCG and UHDBFT once there is more capacity.</p> <p>The Committee noted the contents and approved the paper.</p>	

<p>QP2122 /234</p>	<p>CONTINUING HEALTHCARE UPDATE</p> <p>The paper was taken as read. There were no questions raised by the Committee members.</p> <p>The Committee noted the contents and approved the paper.</p>	
<p>QP2122 /235</p>	<p>IPC</p> <p>The paper was taken as read. There were no questions raised by the Committee members.</p> <p>The Committee noted the contents and approved the paper.</p>	
<p>QP2122 /236</p>	<p>CARE HOMES</p> <p>The paper was taken as read.</p> <p>AM commented on the increase in infections and isolation requirements and asked if there are alternative ways of carrying out assessments and DSTs which do not require face to face meetings. HH responded and confirmed that wherever possible reviews and assessments are carried out virtually.</p> <p>The Committee noted the contents and approved the paper.</p>	
<p>QP2122 /237</p>	<p>JUCD QEIA</p> <p>The paper was taken as read. There were no questions raised by the Committee members.</p> <p>The Committee noted the contents and approved the paper.</p>	
<p>QP2122 /238</p>	<p>MINUTES FROM SUB COMMITTEES</p> <p>The Committee noted the minutes from the following sub-Committees:</p> <p>Updates from Trust CQRG meetings. UHDBFT CRHFT DCHS</p>	

<p>QP2122 /239</p>	<p>MINUTES FROM THE MEETING HELD ON 24th FEBRUARY 2022</p> <p>The minutes were approved as a true and accurate record.</p>	
<p>QP2122 /240</p>	<p>MATTERS ARISING AND ACTION LOG</p> <p>The action log was reviewed and updated.</p>	
<p>QP2122 /241</p>	<p>AOB</p> <p>There were no matters raised under AOB.</p>	
<p>QP2122 /242</p>	<p>FORWARD PLANNER</p> <p>The Forward Planner was reviewed. No updates were made.</p>	
<p>QP2122 /243</p>	<p>ANY SIGNIFICANT SAFETY CONCERNS TO NOTE</p> <p>None raised.</p>	
	<p>ASSURANCE QUESTIONS</p> <ul style="list-style-type: none"> • Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes • Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes • Were papers that have already been reported on at another committee presented to you in a summary form? Yes • 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 	

	<ul style="list-style-type: none"> What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None 	
DATE AND TIME OF NEXT MEETING		
Date: 28 th April 2022		
Time: 9am to 10.30am		
Venue: MS Teams		

Approved

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
7th April 2022 via Microsoft Teams

UNCONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Richard Chapman	RC	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Andrew Middleton	AM	Lay Member for Finance
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement / Vice Chair

Apologies:

Jill Dentith	JD	Lay Member for Governance
Dr Robyn Dewis	RD	Director of Public Health – Derby City Council
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
John MacDonald	JM	Chair, ICB
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Dean Wallace	DW	Director of Public Health – Derbyshire County Council

In attendance:

Julian Corner	JC	ICB Non-Executive Member – Strategy Planning and Commissioning and Patient Partnership
Margaret Gildea	MG	ICB Non-Executive Member – People and Culture
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Suzanne Pickering	SP	Head of Governance
Sue Sunderland	SS	ICB Non-Executive Member – Audit and Governance
Chrissy Tucker	CT	Director of Corporate Delivery
Richard Wright	RW	ICB Non-Executive Member – Finance and Estates

Item No.	Item	Action
GBP/2223/001	Welcome, Apologies & Quoracy Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were noted as above. It was confirmed that the meeting was quorate.	

GBP/2223/002	Questions received from members of the public No questions were received from members of the public.	
GBP/2223/003	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 No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2223/004	Chair's Report – March 2022 AB presented a report, a copy of which was circulated with the meeting papers; the report was taken as read and no questions were raised. The Governing Body NOTED the content of the report provided	
GBP/2223/005	Chief Executive Officer's Report – March 2022 Dr Chris Clayton's (CC) presented a report, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made: <ul style="list-style-type: none"> • The Derbyshire Health Care System continues to remain challenged; the strong System partnership meets on a regular basis to work through resolving these challenges. • CC welcomed the new ICB Non-Executive Members to observe the Governing Body; during the first quarter of this financial year this will form an active part of the transition in preparation for the ICB taking over the CCG's statutory duties on 1st July. • CC recently spent time with the High Peak Place Alliance Group, which now includes Glossop. The changes which will occur in terms of the integration of Glossop Dale Primary Care Network (PCN) into the High Peak Place Alliance are being worked through positively and constructively; CC is looking forward to seeing where these conversations go. • A focus on Population Health Management was recently launched; this will help planners and frontline teams across the System understand current health and care needs and help to predict the future needs of the local population. This data will provide a better understanding of what long-term challenges need to be addressed; the outputs will be presented to the Governing Body in due course. • Section 2 provided details of the meetings attended by CC on behalf of the Governing Body and the Derbyshire System. • Section 3 provided information of national developments, research and reports. CC highlighted the commencement of the Spring booster COVID vaccinations, including the vaccination of 5–11-year-olds. 	

	<ul style="list-style-type: none"> Section 4 provided information on local developments including the important work being undertaken by Joined Up Care Derbyshire (JUCCD) to understand the different roles that General Practices undertake. A national piece of work is also underway on the future roles of PCNs. There are ongoing campaigns to encourage the appropriate use of NHS111 and Urgent Treatment Centres. <p>The following questions were raised:</p> <ul style="list-style-type: none"> It was stated in the report that 'Population Health Management will help tailor care more effectively' which is something discussed previously by the Governing Body. It was enquired how this might result in the reconfiguration of how care is delivered. CC responded that this is an important philosophy and signals that Population Health Management, looking at the true cause of presentations into the NHS, now needs to be the fundamental mainstream of the business. Population Health Management is not an add on to the urgent care pathway, it needs to become a fundamental part of its management. Understanding why people choose different ways of presentation is fundamental to tackling the urgent care challenges. A strategic shift is required to see this as an integral part of the System. The NHS and Care System is used to managing what is happening at that particular moment, however there is also a need to manage upstream as part of the plan. The strategic intent approach is currently being formulated; before the end of the CCG and the start of the ICB, the outputs will be available in the form of commissioning intensions. In March PCNs received a 'tackling neighbourhood health inequalities PCN plan' form to complete. Each PCN was requested to identify the population within its PCN experiencing inequality in health provision. It was considered that there is more work to do to join this up at a strategic level, as the Public Health Directors were unaware of this ask. CC agreed that there is more work to do on the integration of ideas and operationalising them through a joint strategic intent approach, inclusive of both health and social care. <p>There is a need for senior leadership to think about how to connect and integrate. It was commented that this could have been a Place ask, enabling the PCN to work within their Place Alliance to ensure connectivity, bringing in Public Health support. CC stated that the boundary between PCNs and Place is important and will be different in different areas based on how they are configured. The national asks of PCNs going forward will require consideration as to whether they sit with PCNs or Places. PCN asks may come through the General Practice contractual route, which is the mechanism for investment and spend i.e., enhanced services. Dr Steve Lloyd (SL) agreed to discuss the matter offline to understand whether the request has come from Region as part of the core plus work.</p> <p>The Governing Body NOTED the content of the report provided</p>	SL
GBP/2223/006	<p>Joined-Up Care Derbyshire ICS Green Plan</p> <p>Chrissy Tucker (CT) presented the Derbyshire ICS Green Plan for approval; significant work has been undertaken over the past few months to compile this System wide plan.</p>	

In 2020, the NHS launched the campaign "For a Greener NHS " and an Expert Panel set out a practical, evidence-based and quantified path to a 'Net Zero' NHS.

The ICS was requested to develop a regional level approach to sustainability; a Derbyshire ICS Greener NHS Delivery Group has been formed, chaired by Helen Dillistone, allowing organisations to work together, with support from an external consultancy, to develop the Plan. A clear brief was provided that the Plan should have Derbyshire System oversight and accountability for achieving the carbon reduction targets against the NHS carbon footprint and facilitate the monitoring of progress against expected trajectories. All partner organisations are represented on the Delivery Group, with workstream leads allocated to each initiative. A workshop was held in December to look at individual organisational Green Plans and define a Derbyshire-wide Plan which supports the ICS objectives on health improvement, patient care, addressing health inequalities, green space and building a resilient health care System for the future. The plan outlined the priorities for the next 3 years.

Regional level carbon footprint data is included in the plan, as is an overall commitment to sustainability. The 11 required interventions were described in detail, the delivery of which will be coordinated through the Derbyshire ICS Greener Delivery Group. There are 5 key actions to be prioritised in 2022/23 to obtain 'quick wins', some of which may require Business Cases; any investment / resource requirements will go through the appropriate governance and approval processes in due course. Funding may be available nationally however there is no confirmation of this as yet.

The following questions were raised:

- It was noted that the building industry is a large carbon emitter; therefore, stopping building will reduce carbon emissions. Maximising the use of existing estate, by repurposing will prevent the need for capital investment. The change of working practices seen during lockdown, using Microsoft Teams instead of travelling, with no productivity loss, saved 90% of vehicle carbon emissions and 50% of building emissions; it was queried what the flexible workforce strategy will be going forward. It was also suggested that Microsoft Teams be set as the default position for meetings and face to face meetings only be held when absolutely necessary. It was also queried how much more clinical practice could be undertaken remotely. Between 2019-20 it was noted that the NHS reduced its emissions by 62%, it would be interesting to know how this was achieved. CT responded that the silver lining of COVID has been sustainability through the reduction in travel and building use. A hybrid working model has now been agreed whereby, COVID permitting, staff will be able to work in the office should they wish to do so; as many staff enjoy working from home and prefer to continue to do so, the existing office space may be reduced. This will be monitored to understand how it affects the sustainability plan.

Regarding estates, there are difficulties around acceptable building temperatures and how to address this in a sustainable way. COVID has given General Practices confidence in undertaking more digital practice. AB added that it is best practice that, should there be any clinical concerns, patients be seen in person as soon as practically possible.

	<ul style="list-style-type: none"> • The actual mechanism to ensure that the actions are embedded sustainability throughout the ICS needs to be better defined. Following a recent green audit, it was suggested that all printers be set to double-sided printing by default; this could be actioned at a System level in order to save costs. CT agreed to pick this up as part of the plan. • It was suggested that all food waste should be disposed of appropriately to prevent it going into land fill, as currently happens in some cases. It was enquired whether District Councils are linked into the plan for the overseeing of waste management. Suzanne Pickering (SP) confirmed that there are direct links with all partners and this issue will be picked up. Some of the individual workstreams will be considering the setting up of specific pilots across the different areas. <p>The Governing Body APPROVED the Joined-Up Care Derbyshire ICS Green Plan</p>	CT
<p>GBP/2223/007</p>	<p>2022-23 Operational Plan – Draft Submission</p> <p>Zara Jones (ZJ) presented the draft 2022-23 Operational Plan, advising that a tremendous amount of positive work has been undertaken across the System to manager a challenging operational picture; the work of the teams to collectively keep patients safe, deliver high quality care wherever possible and grapple with the current 'wicked' issues in the System, was acknowledged. A draft version of the Plan has already been submitted to the Regional NHSE; as part of the governance process, assurance checks have been undertaken across System groups and Delivery Boards, as well as within the CCG, ahead of the final submission on 28th April 2022. The following key areas were highlighted:</p> <ul style="list-style-type: none"> • <u>Elective position</u> – The Governing Body has been well sighted on the issues around the waiting list position, particularly around the long waiters and the cancer targets. In terms of restoring elective activity to pre-pandemic levels (2019/20), the Plan submitted to NHSE was not at the required level to meet the national requirements against the 104% target. Since the submission was made, work has been undertaken with the responsible Lead Officers for the elective positions to bridge the gap. Assurance was provided that the position has improved since last month. Additional theatre productivity and waiting list initiatives are being considered to ascertain how to bridge the gap further whilst being mindful of the things that are restricting the ability to deliver the required activity, including COVID which is still prevalent. This is a moving picture however good progress is being made. • <u>Long waiting times</u> – The 104-week wait is a key target to eliminate as soon as possible. There is a positive position in relation to the milestones set against the trajectory, for both UHDBFT and CRHFT. The interrelationship between emergency and elective care is a fragile position in terms of bed availability; the teams will work hard to reach the next milestone to eliminate the long waiters by the end of June. There is a robust trajectory to do this which will be demonstrated in the final plan. • <u>Cancer</u> – This is now showing a more positive position, due to the consistent approach undertaken to clinical prioritisation. The waiting list will be held at the February 2020 position, in line with the national requirement. • <u>Diagnostics</u> – The constraints around the workforce, due to COVID, have had an impact on the ability to meet key diagnostic targets. More work is to be done to try to pin down what the position is, as additional 	

	<p>capacity will be available; diagnostic hubs are to be set up to help recover the position. If the diagnostic position does not improve it will have an impact on the wider pathway.</p> <ul style="list-style-type: none"> • <u>Urgent and Emergency Care</u> – Important targets include the elimination of 12-hour trolley breaches and ambulance handover delays in ED units which are having a knock-on impact of crews not being freed up to respond to urgent calls; there is concern about this national position. Derbyshire is the coordinating commissioner for EMAS and has responsibility for managing the difficult regional position across the East Midlands. The ambition is to reduce the breaches and return to the target level response times to treat patients quickly and safely. It will not be possible to eliminate these issues rapidly. Further work is being undertaken to target the actions that will have the biggest impact. Strategic conversations are being held with Local Authorities around complex discharges to free up acute bed capacity. Should the beds not be freed up, this will impact on the elective position. • <u>Mental Health, Learning Disabilities and Autism</u> – A phenomenal amount of work has been undertaken through the Mental Health Delivery Board to perform well against the targets set. Trajectories have already been agreed for Transforming Care with NHSE. There is ongoing work around perinatal and employment support for people with mental health conditions in order to increase activity numbers and meet the higher level of need caused by the pandemic. The dementia diagnosis target and improving dementia diagnoses are also important targets. It needs to be ensured that the Learning Disabilities annual health checks are undertaken, and the data captured. • <u>Workforce</u> – This is a driving risk. There is a System level plan to support existing staff and grow our own workforce in order to transform and deliver integrated care. Whilst at a System level there are good plans and engagement in place, there is a need to be mindful of the risks. The COVID position is being monitored to ascertain the impact and pressures on the workforce. • <u>Finance</u> – There is a link between the financial position and the elective position. The System could receive additional funding, through the Elective Recovery Fund, if it meets the set targets; there is a need to triangulate the finances, workforce and operational delivery to drive elective activity and deliver more income into the System. <p>This is a robust System plan, with further work to be undertaken to target the actions and mitigate the risks before final submission on 28th April 2022. A copy of the final plan will be presented the Governing Body in May.</p> <p>A meeting was held with the Regional NHSEI Team yesterday to receive feedback on the draft Plan. Derbyshire's Plan was thought to be positive. The health inequalities work was held up as being one of the strongest draft submissions received to date. Although there is more work to do, this is a strong position to be in. Derbyshire is not at the highest level of escalation; it has been placed in the middle tier, which is testament to the amount of work being undertaken.</p> <p>The following questions were raised:</p> <ul style="list-style-type: none"> • This is an impressively comprehensive and frank Plan, which does not understate the challenges. It is as good a Plan as can be produced given the current circumstances. • When these aspirations are viewed through the workforce lens it is hard not to be depressed, with colleagues in their 50s leaving the NHS as 	<p>ZJ</p>
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	<p>they have had enough. A recent article advised that when workforce is discussed the focus is predominantly on recruitment, and far less is done about retention; a report has been produced on the many ways to improve retention. Assurance was requested that the workforce strategy group is focusing on the workforce to underpin this Operational Plan, with retention being the route to providing solutions. The breast oncology 2 week wait 15% achievement against a 93% target is also worrying. ZJ responded that the breast pathway is very concerning, and that the Planned Care Delivery Board has implemented actions to improve the position. The workforce risk is also huge. Retention is a key part of the Plan. It was suggested that a further update on the workforce position be presented to the Governing Body / ICB Board in due course, as it is intrinsic to the broader delivery plans.</p> <ul style="list-style-type: none"> The gaps in compliance were noted; this Plan provides a genuine assessment of what can be achieved. The principal driver of the elective backlog is the workload plan and whether it can be achieved. As a System, one of the critical elements is Local Authority partners; assurance was requested that the workload plan in LAs reinforces the ability to create bed spaces in order to handle the backlog. ZJ advised that complex discharges are having an impact on the elective position; however, teams are working hard to deliver as much elective activity as possible. The System Operational Resilience Group, which includes Local Authority representation, is targeting actions to create capacity to care for patients in the community and free up acute beds for elective and emergency care. These problems have been around for some time now but have recently been exacerbated. This is being dealt with at the highest level to help produce strategic solutions. Brigid Stacey (BS) provided assurance that the workforce is being addressed both nationally and locally, however the measures will take a while to come to fruition. It is recognised that nursing, midwifery and AHP professionals can retire at 55; this is currently the biggest risk. During the pandemic the pension regulations were relaxed to allow people to return after retirement on a full-time basis, as opposed to part time only; this was due to finish at the end of March, however following a national consultation this has been extended to the end of October. A lot was learnt about the local workforce over the winter; having a more mobile health care assistant population to move into social care would enable flow to be better supported. BS is working with Amanda Rawlings, the ICB's Chief People Officer, to put something in place and to enable the System's Chief Nurses to work closer with HR Directors. <p>The Governing Body NOTED the draft Operational Plan submitted to NHSEI in March and NOTED the current gaps in compliance with NHSEI targets and further work required before the final submission</p>	Agenda Item
GBP/2223/008	<p>Finance Report – Month 11</p> <p>Richard Chapman (RC) provided an update on the financial position as at Month 11 (H2) of 2021/22. The following points of note were made:</p> <ul style="list-style-type: none"> All targets were met at M11 with a year-to-date surplus of £142k. A further £1.6m COVID reimbursement is expected, plus just over £1.6m for the Additional Roles Reimbursement Scheme (ARRS). The forecast outturn has increased slightly to a £571k surplus from £468k at month 10. Running costs remain underspent by just under £1m and should remain underspent by around this amount at year end. 	

	<ul style="list-style-type: none"> An extrapolation of the year-to-date expenditure compared to forecast outturn was provided for information; this demonstrated that the key variances are in ARRS and winter access funds in primary care co-commissioning. This extrapolation also included material sums relating to complex care costs in CAHMS, Learning Disabilities and Section 117 spend. The bridge includes a non-recurrent additional contribution to the Better Care Fund as agreed by the Governing Body. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> Allocations have been received for the full year at £2.102bn The YTD reported underspend at month 11 is £0.142m Retrospective allocations received for Q1-3 Covid spend on the Hospital Discharge Programme and vaccination inequalities were £7.768m; further funding is expected of £1.591m relating to months 10 and 11 Additional anticipated funding include: <ul style="list-style-type: none"> Elective Recovery Fund reimbursed £0.820m for April to February Winter Access fund is forecast to spend and reimbursed and additional £0.964m Additional Roles Reimbursement Scheme £1.639m YTD and forecast to spend and receive £5.759m The year-end position is forecast at £0.571m underspent 	
<p>GBP/2223/009</p>	<p>Joint CCG Finance Committee / System Finance and Estates Committee (SFEC) Assurance Report – March 2022</p> <p>Andrew Middleton (AM) provided a verbal update following the Joint CCG Finance / SFEC Committee meeting held on 31st March 2022. The following points of note were made:</p> <ul style="list-style-type: none"> The position outlined by RC was confirmed as accurate. During the second half of 2021/22 it has become business as usual to forecast breakeven at year end, of which there is high confidence. It was confirmed that due diligence on the Glossop area has not discovered any major issues of concern. The System is also expected to breakeven in 2021/22 The efforts of the CCG's finance team were recognised in the latest assessment of financial practices – it is the 4th best out of 109 CCGs. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
<p>GBP/2223/010</p>	<p>Audit Committee Assurance Report – March 2022</p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 17th March 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> The Committee is not anticipating any issues with the end of year reporting timetable of plans. The Interim Head of Internal Audit Opinion has received 'Significant Assurance'. <p>The Governing Body NOTED the paper for assurance purposes</p>	

<p>GBP/2223/011</p>	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – March 2022</p> <p>IG provided an update following the CLCC meeting held on 10th March 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • A six-month direct award and extension to the contract was made to the Innovation Unit for continuity of facilitation and service design for the transformation of Community Mental Health Services. • The Committee ratified a number of clinical policies in relation to Glossop; it was good to see how well the Glossop transition is progressing. <p>The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC</p>	
<p>GBP/2223/012</p>	<p>Derbyshire Engagement Committee Assurance Report – March 2022</p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 15th March 2022. The following points of note were made:</p> <ul style="list-style-type: none"> • <u>Older people mental health wards</u> – The Committee approved the formal report describing the outputs from a period of formal consultation proposing the relocation of existing older people's mental health provision from existing wards to Kingsway Hospital and Walton Hospital, Chesterfield respectively. The consultation received fewer responses than expected, however there was overwhelming support for the move. The Committee was fully assured of the process undertaken and the use of patient advocates in relation to this vulnerable group of patients. • <u>Dormitory eradication programme</u> – An update was provided on the proposed measures being taken to eradicate dormitory style provision. • <u>Equality Delivery System</u> – The Committee reviewed the draft submission of the CCG's Quality Delivery System for 2021/22; this helps organisations improve the services provided in local communities and offer better working environments for staff. The Committee was assured by the information, which was to be submitted by 31st March. • <u>ICS Update</u> – This update was provided for information. • <u>Risk Exception Report / Governing Body Assurance Framework</u> – The Committee received a recommendation to reduce the risk on the adherence to engagement legislation when undertaking service commissioning from 8 to 6 and it was confirmed that it will be closed in April, with evidence provided to the Audit Committee to validate this decision. <p>The Governing Body NOTED the paper for assurance purposes</p>	
<p>GBP/2223/013</p>	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – March 2022</p> <p>An update was provided following the PCCC meeting held on 23rd March 2022. The report was taken as read and no questions were raised.</p> <p>The Governing Body NOTED the paper for assurance purposes</p>	

<p>GBP/2223/014</p>	<p>Quality and Performance Committee (Q&PC) Assurance Report – March 2022</p> <p>AM provided an update following the Q&PC meeting held on 31st March 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Q&PC covered much of the ground focused on by ZJ earlier in the meeting in the 2022/23 Operational Plan item. • The Committee's members challenge the information provided, by probing in order to strengthen their understanding; the officers are very good at taking on board these challenges. • Concern was expressed at the cessation of the Hospital Discharge Fund when COVID is not over and continues to have an impact on the NHS. <p>The Governing Body NOTED the paper for assurance purposes</p>	
<p>GBP/2223/015</p>	<p>Governing Body Assurance Framework (GBAF) – Quarter 4 – 2021/22</p> <p>Chrissy Tucker (CT) presented the Governing Body Assurance Framework 2021/22 as at Quarter 4. The Governing Body was requested to approve the risk scores.</p> <p>A reminder was provided of the strategic objectives agreed for 2021/22 and an update presented from the owners of the risks, as agreed at the Corporate Committee meetings held during January to March 2022. No changes have been made to the risk scores during this quarter.</p> <p>Meetings are currently being arranged between the Lead Executives and Non-Executive Members of the incoming Committees with existing Committee leads; consideration will be given to the risk scores as part of the closedown process and transfer of the risk position into the ICB.</p> <p>The Governing Body AGREED the 2021/22 Quarter 4 (January to March 2022) Governing Body Assurance Framework</p>	
<p>GBP/2223/016</p>	<p>CCG Risk Register – March 2022</p> <p>CT presented a report detailing areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 31st March 2022. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis to ascertain whether any amendments in risk score are required. There are currently 24 risks on the register, 7 of which are rated as very high; progress for mitigations against these risks was provided for information.</p> <p>Risk 27 – A recommendation was made to decrease this risk, relating to safeguarding referral increases, from 12 to 9, due to the easing of lockdown restrictions and more opportunities to work with adults at risk of self-harm, hoarding, self-neglect, domestic abuse, and scamming. Both Safeguarding Adults Boards have received assurance that referrals have been actioned. The CCG continues to seek assurance from its providers that their statutory duties are being met. This reduction was approved by the Quality and Performance Committee on 31st March 2022.</p>	

	<p>Risk 24 – The closure of this risk was recommended, around patients deferring seeking medical advice for non-COVID issues. This risk is rated at 6 and met its target risk rating a few months ago. It was recommended that it now be closed and reintroduced if another variant of concern emerges or Government restrictions change. There are still a small number of patients not wishing to enter health care settings. The closure was approved by the Quality and Performance Committee on 31st March 2022.</p> <p>The Governing Body RECEIVED and NOTED:</p> <ul style="list-style-type: none"> • The Risk Register Report • The DECREASE in score for risk 27 relating to the number of safeguarding referrals • Appendix 1 as a reflection of the risks facing the organisation as at 31st March 2022 • Appendix 2 which summarises the movement of all risks in March 2022 <p>And APPROVED:</p> <ul style="list-style-type: none"> • The CLOSURE of risk 24 relating to patients deferring seeking medical advice for non-COVID issues due to the belief that COVID takes precedence 	
GBP/2223/017	<p>Health and Wellbeing Board minutes – Derbyshire County Council – February 2022</p> <p>CC confirmed that the items on today's Governing Body agenda fit well with those discussed by the H&WB, demonstrating connectivity between itself, its strategy, and the ICS and its development.</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2223/018	<p>Ratified Minutes of DDCCG's Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 20.1.2022 • Derbyshire Engagement Committee – 18.1.2022 • Primary Care Commissioning Committee – 23.2.2022 • Quality and Performance Committee –24.2.2022 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2223/019	<p>Minutes of the Governing Body meeting in public held on 3rd March 2022</p> <p>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</p>	
GBP/2223/020	<p>Matters Arising / Action Log</p> <p><u>Action Log – March 2022</u> – No outstanding items</p>	
GBP/2223/021	<p>Forward Planner</p> <p>The Governing Body NOTED the Planner for information</p>	

GBP/2223/ 022	Any Other Business None raised	
DATE AND TIME OF NEXT MEETING – Thursday 5 th May 2022 at 9am via MST		

Signed by: Dated:
(Chair)

GOVERNING BODY MEETING IN PUBLIC ACTION SHEET – April 2022

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

Derby and Derbyshire CCG Governing Body Forward Planner (April to June 22)

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

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

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