NHS Derby and Derbyshire Clinical Commissioning Group

NHS DERBY AND DERBYSHIRE CCG

GOVERNING BODY – MEETING IN PUBLIC

Date & Time: **Thursday 6th February 2020 – 9.15am to 11.00am**

Venue: **Conference Room, Toll Bar House, Ilkeston, Derbyshire DE7 5FH**

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

Item	Subject	Paper	Presenter	Time
GBP/1920/203	**Welcome, Apologies & Quoracy** Dean Wallace	**Verbal**	**Dr Avi Bhatia**	**9.15**
GBP/1920/204	**Questions from members of the public**	**Verbal**	**Dr Avi Bhatia**	
GBP/1920/205	**Declarations of Interest** • Register of Interests • Summary register for recording any conflicts of interests during meetings • Glossary	**Papers**	**Dr Avi Bhatia**	
CHAIR AND CHIEF OFFICER REPORTS				
GBP/1920/206	**Chair's Report**	**Paper**	**Dr Avi Bhatia**	**9.20**
GBP/1920/207	**Chief Executive Officer's Report**	**Paper**	**Dr Chris Clayton**	
FOR DECISION				
GBP/1920/208	**Lighthouse Consultation Report**	**Paper**	**Zara Jones**	**9.30**
GBP/1920/209	**Corporate Committees Terms of Reference**	**Paper**	**Helen Dillistone**	
GBP/1920/210	**Change of Scheme of Delegation**	**Paper**	**Richard Chapman**	
GBP/1920/211	**Dying to Work Charter**	**Paper**	**Helen Dillistone**	

	CORPORATE ASSURANCE				
GBP/1920/212	**Finance and Savings Report – Month 9**	**Paper**	**Richard Chapman/ Sandy Hogg**	**9.50**
GBP/1920/213	**Finance Committee Assurance Report – January 2020**	**Verbal**	**Andrew Middleton**	
GBP/1920/214	**Quality and Performance Committee Assurance Report – January 2020**	**Paper**	**Dr Buk Dhadda**	
GBP/1920/215	**Audit Committee Assurance Report – January 2020**	**Paper**	**Ian Gibbard**	
GBP/1920/216	**Governance Committee Assurance Report – January 2020**	**Paper**	**Jill Dentith**	
GBP/1920/217	**Engagement Committee Assurance Report – January 2020**	**Paper**	**Martin Whittle**	
GBP/1920/218	**Primary Care Commissioning Committee Assurance Report – January 2020**	**Paper**	**Prof Ian Shaw**	
GBP/1920/219	**Risk Register Report – January 2020**	**Paper**	**Helen Dillistone**	
GBP/1920/220	**Governing Body Assurance Report – Quarter 3**	**Paper**	**Helen Dillistone**	
GBP/1920/221	**Joined Up Care Derbyshire Board Update Report – January 2020**	**Paper**	**Dr Chris Clayton**	
	FOR INFORMATION				
GBP/1920/222	**Safeguarding Adults Annual Report 2018-19**	**Paper**	**Brigid Stacey**	**10.30**
GBP/1920/223	**Derbyshire Air Quality Strategy**	**Paper**	**Helen Dillistone**	
GBP/1920/224	**Ratified Minutes of Corporate Committees:** • Audit Committee – 23rd November 2019 • Governance Committee – 14th November 2019 • Engagement Committee – 4th December 2019 • Quality and Performance Committee – 19th December 2019	**Papers**	**Committee Chairs**	

GBP/1920/225	Minutes of the Joined Up Care Derbyshire Board Meeting – 19th December 2019	Paper	Dr Avi Bhatia	
GBP/1920/226	Minutes of the South Yorkshire & Bassetlaw Joint CCGs Committee – 23rd October 2019 and Progress update report	Paper	Dr Avi Bhatia	
GBP/1920/227	Ratified Minutes from the Health and Wellbeing Boards • Derby City Council – 14th November 2019	Papers	Dr Avi Bhatia	
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/1920/228	Minutes of the Governing Body Public meeting held on 9th January 2020	Paper	Dr Avi Bhatia	10.45
GBP/1920/229	Matters arising from the minutes not elsewhere on agenda: • Action Log	Paper	Dr Avi Bhatia	
GBP/1920/230	Forward Planner	Paper	Dr Avi Bhatia	
GBP/1920/231	Any Other Business	Verbal	All	

Date and time of next meeting:

Thursday 5th March 2020 at 9.15am – Charnos Hall, Heanor Road, Ilkeston, Derbyshire DE7 8LN

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEMBERS' REGISTER OF INTERESTS 2019/20

*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	Declared Interest (Including direct/ indirect Interest)	Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	Action taken to mitigate risk
Bhatia, Dr Avi	Clinical Chair (also a member of Erewash Place Alliance Group; Derbyshire Primary Care Leadership Group; and Derbyshire Place Board)	Governing Body	GP Partner at Moir Medical Centre	✓				2000	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
			GP Parter at Erewash Health Partnership	✓				April 2018	Ongoing	
			Spouse works for Nottingham University Hospitals in Gynaecology				✓	Ongoing	Ongoing	
			Part landlord/owner of premises at College Street Medical Practice, Long Eaton, Nottingham	✓				Ongoing	Ongoing	
Blackwell, Dr Penny	Governing Body GP (also a member of Clinical & Lay Commissioning Committee; Finance Committee; Derbyshire Primary Care Leadership Group; Gastro Delivery Group; Derbyshire Place Board; Dales Health & Wellbeing Partnership; and Dales Place Alliance Group)	Governing Body	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	✓				Ongoing	Ongoing	
			GP lead for Shared Care Pathology, Derbyshire Pathology		✓			2011	Ongoing	
Braithwaite, Bruce	Secondary Care Specialist (also a member of Audit Committee; Clinical & Lay Commissioning Committee; and Remuneration Committee)	Governing Body	Shareholder in BD Braithwaite Ltd, which provides clinical services to Ilkeston Community Hospital and provides private medical services in the East Midlands (including patients who are not eligible for NHS funded treatment according to CCG guidelines)	✓				Aug 2014	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
			Employed by Nottingham University Hospital NHS Trust which is commissioned by the CCG to provide services to NHS patients.	✓				Aug 2000	Ongoing	Declare interest in relevant meetings
			Founder Member, Shareholder and Director of Clinical Services for Alliance Surgical plc which is a company that bids for NHS contracts.	✓				July 2007	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
			Fellow of the Royal College Of Surgeons of England and Member of the Vascular Society of Great Britain and Ireland. Advisor to NICE on an occasional basis.		✓			Aug 1992	Ongoing	No action required
			Honorary Associate Professor, University of Nottingham, involved in clinical research activity in the East Midlands.		✓			Aug 2009	Ongoing	No action required
Chapman, Richard	Chief Finance Officer (also a member of Clinical & Lay Commissioning Committee; Finance Committee; Financial Recovery Group; and Primary Care Commissioning Committee)	Governing Body	Nil							No action required

Name	Position	Declared as	Interest	Financial	Non-Financial Professional	Non-Financial Personal	Indirect	From	To	Action Taken
Clayton, Dr Chris	Chief Executive Officer (also a member of Clinical & Lay Commissioning Committee; Financial Recovery Group; and Primary Care Commissioning Committee)	Governing Body	Spouse is a Director at PWC					2001	Ongoing	Declare interest at relevant meetings
Cooper, Dr Ruth	Governing Body GP (also a member of Clinical & Lay Commissioning Committee; Finance Committee; North East Derbyshire & Bolsover Place Alliance Group; Derbyshire Primary Care Leadership Group; CRHFT CQRG; GP Workforce Steering Group; and Conditions Specific Delivery Board)	Governing Body	GP Partner at Staffa Health, Tibshelf. Roles in the practice: Senior partner; Prescribing Lead; Adult Safeguarding Lead; Lead for Frailty and integrated care; PCN practice lead; interest in Dermatology and contraception including fitting of IUDs and Implants	✓				1992	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
			Shareholder in North East Derbyshire Health Ltd	✓				2016	Ongoing	
			Sessional GP for DHU	✓				1995	Ongoing	
Dentith, Jill	Lay Member for Governance (also a member of Audit Committee; Finance Committee; Governance Committee; Primary Care Commissionig Committee; and Remuneration Committee)	Governing Body	Self-employed through own management consultancy business trading as Jill Dentith Consulting	✓				2012	Ongoing	Declare interests at relevant meetings
			Providing part time consultancy service to Conexus (a GP Federation in Wakefield)	✓				16 Jan 19	31 Aug 19	
			Providing part-time management consultancy support to Sheffield Health and Social Care NHS FT	✓				28 Oct 19	31 Mar 20	
Dhadda, Dr Bukhtawar S	Governing Body GP (also a member of Clinical & Lay Commissioning Committee; Finance Committee; Quality & Performance Committee; UHDB Clinical Quality Review Group; and Clinical Policy Advisory Group)	Governing Body	GP Partner at Swadlincote Surgery	✓				2015	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
Dillistone, Helen	Executive Director of Corporate Strategy & Delivery (also a member of Engagement Committee; Financial Recovery Group; and Governance Committee)	Governing Body	Nil							No action required
Edwynn, Dr Cate	Director of Public Health, Derby City Council (also a member of Derbyshire Place Board)	Governing Body	Member of Health and Wellbeing Board, Derby City Council		✓			Ongoing	Ongoing	Declare interests at relevant meetings
			Member of Stronger Communities Board, Derby City Council		✓					
			Employee of Derby City Council	✓						
Gibbard, Ian	Lay Member for Audit (also a member of Audit Committee; Clinical & Lay Commissioning Committee; Governance Committee; and Remuneration Committee)	Governing Body	Nil							No action required
Hogg, Sandy	Executive Turnaround Director (also a member of Clinical & Lay Commissioning Committee; Finance Committee; Financial Recovery Group; and Primary Care Commissioning Committee)	Governing Body	Nil							No action required
Jones, Zara	Executive Director of Commissioning & Operations (also a member of Clinical & Lay Commissioning Committee; Financial Recovery Group; Quality & Performance Committee; and CRHFT Contract Management Board)	Governing Body	Nil							No action required

Name	Role	Membership	Declared Interest	1	2	3	4	From	To	Action to be taken
Lloyd, Dr Steven	Medical Director (also a member of CVD Delivery Group; Clinical & Lay Commissioning Committee; Conditions Specific Delivery Board; CRHFT Contract Management Board; EMAS Quality Assurance Group; Finance Committee; Financial Recovery Group; Primary Care Commissioning Committee; and Quality & Performance Committee)	Governing Body	GP Partner and sessions x2 per week at St. Lawrence Road Surgery	✓				2012	Ongoing	Declare interests at relevant meetings
			Shareholder in premises of Emmett Carr Surgery, Renishaw; and St. Lawrence Road Surgery, North Wingfield	✓				Ongoing	Ongoing	
Middleton, Andrew	Lay Member for Finance (also a member of Audit Committee; Finance Committee; Quality & Performance Committee; and Remuneration Committee)	Governing Body	Lay Vice Chair of East Riding of Yorkshire Clinical Commissioning Group	✓				Jan 2017	Mar 2020	Declare interest at relevant meetings There is no overlap of direct commissioning responsibilities but as with most East Midlands CCGs there may be services commissioned for the region through a lead CCG. In such cases this interest will be declared. Will not sit on any case which has knowledge of the GP or their practice.
			Lay Member for Governance at South West Lincolnshire CCG	✓				June 2017	Mar 2020	
			Lay Chair of Performers List Decision Panels for NHS England Central Midlands	✓				May 2013	Ongoing	
Orwin, Gillian	Lay Member for Patient and Public Involvement (also a member of Clinical & Lay Commissioning Committee; Engagement Committee; Primary Care Commissioning Committee; Quality & Performance Committee; and Remuneration Committee)	Governing Body	Patient at Wingerworth Surgery			✓		Mar 2017	Ongoing	Will not take part in any decisions relating to Wingerworth Surgery
Pizzey, Dr Emma	Governing Body GP (also a member of Clinical & Lay Commissioning Committee; Governance Committee; Quality & Performance Committee; Erewash Place Alliance Group; and DCHS Clinical Quality Review Group)	Governing Body	Partner at Littlewick Medical Centre, with an interest in diabetes (but not clinical lead)	✓				2002	Ongoing	Declare interest at relevant meetings
Shaw, Ian	Lay Member for Primary Care Commissioning (also a member of Clinical & Lay Commissioning Committee; Engagement Committee; Primary Care Commissioning Committee; and Primary Care Enhanced Services Review Group)	Governing Body	Professor at the University of Nottingham	✓				1992	Ongoing	Declare interest at relevant meetings
Stacey, Brigid	Chief Nurse Officer (also a member of Clinical & Lay Commissioning Committee; Finance Committee; Financial Recovery Group; 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; and Maternity Transformation Board (Chair))	Governing Body	Daughter is employed as a midwifery support worker at Burton Hospital				✓	Aug 2019	Ongoing	Declare interest at relevant meetings

Name	Role	Body	Declared Interest	F	I	N	P	From	To	Action
Strachan, Dr Alexander Gregory	Governing Body GP (also a member of Clinical & Lay Commissioning Committee; Governance Committee; Quality & Performance Committee; and CRHFT Clinical Quality Review Group)	Governing Body	GP Partner at Killamarsh Medical Practice	✓				2009	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
			Member of North East Derbyshire Federation	✓				2016	Ongoing	
			Adult and Children Safeguarding Lead at Killamarsh Medical Practice			✓		2009	Ongoing	
Wallace, Dean	Director of Public Health, Derbyshire County Council (also a member of Derbyshire Place Board)	Governing Body	Panel Member for Active Derbyshire part of a local charitable organisation			✓		April 2019	Ongoing	Declare interest at relevant meetings
Watkins, Dr Merryl	Governing Body GP (also a member of Clinical & Lay Commissioning Committee; Joint Area Prescribing Committee; and Quality & Performance Committee)	Governing Body	GP Partner at Vernon Street Medical Centre	✓				Ongoing	Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
			Husband is Anaesthetic and Chronic Pain Consultant at Royal Derby Hospital				✓	1992	Ongoing	
Whittle, Martin	Lay Member for Patient and Public Involvement (also a member of Engagement Committee; Finance Committee; Governance Committee; Quality & Performance Committee; and Remuneration Committee)	Governing Body	Nil							No action required

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

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

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

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

DoH	Department of Health
DOI	Declaration of Interests
DoLS	Deprivation of Liberty Safeguards
DRRT	Dementia Rapid Response Service
DSN	Diabetic Specialist Nurse
DTOC	Delayed Transfers of Care – the number of days a patient deemed medically fit is still occupying a bed.
ED	Emergency Department
EDEN	Effective Diabetes Education Now
EDS2	Equality Delivery System 2
EIHR	Equality, Inclusion and Human Rights
EIP	Early Intervention in Psychosis
EMAS	East Midlands Ambulance Service NHS Trust
EMAS Red 1	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.
EMAS Red 2	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is presented to the control room telephone switch.
EMAS A19	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.
EMLA	East Midlands Leadership Academy
ENT	Ear Nose and Throat
EOL	End of Life
EPRR	Emergency Preparedness Resilience and Response
FCP	First Contact Practitioner
FFT	Friends and Family Test
FGM	Female Genital Mutilation
FIRST	Falls Immediate Response Support Team
FRG	Financial Recovery Group
FRP	Financial Recovery Plan
GAP	Growth Abnormalities Protocol
GBAF	Governing Body Assurance Framework
GDPR	General Data Protection Regulation
GNBSI	Gram Negative Bloodstream Infection
GP	General Practitioner
GPFV	General Practice Forward View
GPSI	GP with Specialist Interest
GPSOC	GP System of Choice
HCAI	Healthcare Associated Infection
HDU	High Dependency Unit
HEE	Health Education England
HLE	Healthy Life Expectancy
HSJ	Health Service Journal
HWB	Health & Wellbeing Board
IAF	Improvement and Assessment Framework
IAPT	Improving Access to Psychological Therapies

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

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

SPA	Single Point of Access
SQI	Supporting Quality Improvement
SRG	Systems Resilience Group
SIRO	Senior Information Risk Owner
SRT	Self-Assessment Review Toolkit
STAR PU	Specific Therapeutic Group Age-Sec Prescribing Unit
STEIS	Strategic Executive Information System
STHFT	Sheffield Teaching Hospital Foundation Trust
STOMPLD	Stop Over Medicating of Patients with Learning Disabilities
STP	Sustainability and Transformation Partnership
TCP	Transforming Care Partnership
TDA	Trust Development Authority
T&O	Trauma and Orthopaedics
UTC	Urgent Treatment Centre
UEC	Urgent and Emergency Care
UHDBFT	University Hospitals of Derby and Burton Foundation Trust
YTD	Year to Date
111	The out of hours service delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
52WW	52 week wait

NHS

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6th February 2020

Item No: 206

Report Title	Chair's Monthly Report
Author(s)	Dr Avi Bhatia
Sponsor (Director)	Dr Avi Bhatia

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
Chris's report references the progress we are making together as a system to meet the variety of challenges that we face. Ensuring that we have robust clinical input to the joined up working approach is fundamentally important as we shape our future plans. As an example, in December and January we ran two Systems Improvement Workshops which were chaired by Chris and attended by over 70 senior clinical and management colleagues representing all our key system partners. Our objectives included agreement on the strategic clinical transformation and efficiency programmes for 2020/21, the process for the pipeline of improvement ideas, agreement on a complete System Improvement Plan by March and agreement on how the system can support mobilisation of the agreed plan. The event was well received and will be followed by the third event on 13 February. Ensuring that the Derbyshire clinical voice is heard locally and nationally is also important. In December NHS England published their draft service specifications for the Primary Care Network (PCN) Directed Enhanced Service (DES) for consultation. Derbyshire Local Medical Committee (LMC) surveyed all our local practices and 114 of our 116 practices responded with constructive feedback which was collated and forwarded to NHS England by the LMC. The outcome of the consultation is awaited and in the meantime our PCNs continue to make great strides with their recruitment programme and to date have recruited 17.5 whole-time equivalent Social Prescribing Link Workers and 13 Clinical Pharmacists. We continue to see developments at Place level including the Ageing Well Programme which is overseen by Place Board and comprises three workstreams; Enhanced Health in Care Homes, Community Same Day Response and Anticipatory Care. All three workstreams have delivered system engagement and this programme will form a major part of how out of hospital services will be developed in line with the NHS Long Term Plan and our STP. Finally, the Coronavirus is an increasing area of concern and people are looking for assurance that plans are in place and information is available. We receive daily updates and I can confirm that there are comprehensive plans at local and national level. More

information is available from the Department of Health and Social Care via their website

Are there any Resource Implications (including Financial, Staffing etc)?
None

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

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

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

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

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

Have any Conflicts of Interest been identified/ actions taken?
None

Governing Body Assurance Framework
N/A

Identification of Key Risks
N/A

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6 February 2020

| Item No: 207 |

Report Title	**Chief Executive Officer's Report**
Author(s)	**Chris Clayton**
Sponsor (Director)	**Chris Clayton**

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

In my previous reports I have referenced the progress that our Derbyshire health and care system is making as we move towards becoming an Integrated Care System (ICS). One of our most immediate system priorities is to develop at pace the arrangements for the four Integrated Care Providers (ICPs) which are due to start operating in shadow form from April 2020. The four areas are: Chesterfield, North East Derbyshire and Bolsover; Derby City, South Derbyshire; Amber Valley and Erewash; Derbyshire Dales and High Peak. The ICPs will require providers to increasingly move to integrate service provision and delivery in order to deliver the outcomes for the population of Derbyshire at footprint, Place and Primary Care Network (PCN) levels. Discussions are well underway with partners to ensure that the ICPs are in place for April and ready to start delivering on their immediate priority of understanding the population health challenges for their respective areas.

Alongside this the immediate operational priorities for our CCG are to play a key role in addressing the system financial challenge, to support the system through winter and to support the system response to the NHS Constitution performance requirements. At a more strategic level we are continuing to develop the Strategic Commissioner role and responsibilities, we are working to finalise the CCG Commissioning Strategy and we will be playing a lead role in implementing the refreshed STP plan once it is announced. Following the general election we are responding to the priorities of the new government and as part of our engagement programme with local politicians, I have contacted all our MPs twice in recent weeks to update on progress and also to offer face to face or telephone meetings.

Our commitment to develop and enhance our programme of Public and Patient Involvement (PPI) continues. In recent weeks we have seen our Engagement Committee and Lay Reference Group provide invaluable feedback on proposed programmes and schemes from their earliest stages through to feedback on the reports and recommendations from public consultations. It is reassuring to note that we have received positive feedback from committees including scrutiny panels on our approach to co-design and co-production with regard to a current consultation. One of our immediate priorities is to work with Patient Participation Groups and their networks to ensure that they are directly involved in the

planning of PPI arrangements for Integrated Care Providers.

2.0   Chief Executive meetings

Members may be interested to note the following meetings and events which the Chief Executive Officer has attended in recent weeks:

Date	Meeting
3 December	Collaborative Commissioning Forum East and West Midlands
3 December	System Savings Group meeting
4 December	Derbyshire system winter call
5 December	CCG Governing Body meeting
9 December	Midlands Decision Support Unit meeting
10 December	Council of Governors meeting
11 December	Executive to Executive meeting Derbyshire Healthcare Community FT
12 December	EMAS Contract Strategic Leadership meeting
12 December	Derbyshire system winter call
13 December	Derbyshire system CEO meeting
16 December	CCG all staff briefing
17 December	STP Planned Care Board
17 December	Derbyshire System Efficiency Workshop
18 December	NHS Leadership Group
18 December	Joined Up Care Derbyshire Board meeting
19 December	A&E Delivery Board
20 December	Integrated Care Provider Workshop
2 January	Derbyshire system winter call
3 January	Strategic Commissioner Role meeting
8 January	SEND Local Area Board meeting
9 January	CCG Governing Body meeting
10 January	STP Planned Care Steering Group
10 January	System CEO meeting
13 January	EMAS Strategic Leadership meeting
13 January	Derbyshire System Efficiency Workshop
14 January	NHS Midlands Monthly Business Development meeting
16 January	Joined Up Care Derbyshire Board meeting
16 January	Derbyshire system winter call
16 January	Health and Wellbeing Board
17 January	Integrated Care Provider Workshop
21 January	CCG all staff briefing
21 January	NHS CC Population Health Management
22 January	Regional Prison Partnership Board meeting
23 January	Planned Care Workstream Review
23 January	CSU Engagement event
24 January	Derbyshire system CEO meeting
27 January	DDSCP CEO meeting
28 January	System Savings Group meeting
28 January	Strategic Delivery Board meeting
29 January	JCCCG meeting
30 January	Derbyshire system winter call
30 January	NHS CC Clinical Leadership meeting
31 January	STP Planned Care Steering Group

3.0 Reports, studies, updates and news on health and care services

3.1 Delivering primary care services
Primary care is at the heart of delivering integrated care and meeting the ambitions of the NHS Long Term Plan. Five new service specifications have been out for engagement. These will form part of the GP contract framework which outlines the services which primary care networks will provide from April 2020. More information about the engagement which ended on 15 January and the next steps is available on the NHS England website.

3.2 Social Cure reducing health care use
A new study has shown that being a member of a community group can lead to a 25% reduction in health care use. Researchers at Nottingham Trent University have been looking specifically at the Social Cure perspective – a theory that the social groups patients belong to have a critical and positive effect on health and wellbeing. They found that groups who increased their social group membership saw a significant reduction in the need to use primary care, supporting the theory that Social Cure should inform how social prescribing pathways are designed to achieve maximum benefit. Find out more.

3.3 NHS App
The promotion of the NHS App as a simple and secure way to access a range of NHS services on smartphone or tablet continues. For more information see https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/ We are always interested your feedback which you can send to ddccg.communications@nhs.net

3.4 #ALittleTripToTheDentist
Following the success of the children's oral health campaign #ALittleTripToTheDentist in the West Midlands, the campaign can now be seen in the East Midlands. The campaign highlights the importance of dental check-ups for babies early on (even before their first teeth come through) and explores healthy weight and healthy teeth.

3.5 State of Care report
The Care Quality Commission recently published their annual State of Care report. The report shows that not only has the quality of care most people receive been maintained and, in many places, improved but the number of hospitals rated good or outstanding has significantly increased on the previous year.

3.6 NHS publishes response and recommendations on Long Term Plan legislative proposals
The NHS Long Term Plan included suggested changes to the law to help implement the Plan faster. In spring 2019, NHS staff, partner organisations and interested members of the public were invited to give their views on proposals. The NHS has now published its response to the views it received during engagement and set out its recommendations to government and parliament for an NHS Bill. This Bill could help deliver improved patient care by removing barriers and promoting collaboration between NHS organisations and their partners.

3.7 Common Ambition Programme
New opportunities are on the horizon for voluntary and community sector and NHS system partnerships thanks to The Health Foundation and their new £2.1m Common Ambition programme. With a shared aim to build sustainable change across healthcare through collaboration between those who use services and those who deliver them, the programme marks a major commitment to supporting people, families, health care professionals and

researchers to work together and improve services. Find out more.

4.0 New initiatives and local news updates for Derbyshire

4.1 National action and planning around coronavirus
The World Health Organisation's close monitoring of the coronavirus continues and NHS organisations across the country are being updated on latest information and developments by the Department of Health and Social Care, which is coordinating system preparedness and responses to any enquiries. More information is available via their website

4.2 Derbyshire receives funding to support people bereaved by suicide
Derbyshire is one of ten areas in the UK to receive NHS funding to help support people bereaved by suicide. Joined Up Care Derbyshire – our Sustainability and Transformation Partnership – will be using the £71,000 to provide immediate and longer term support. The suicide prevention charity Harmless, via The Tomorrow Project, will offer bereaved residents immediate support while Survivors of Bereavement by Suicide (SOBS) will provide longer term support for those affected. National mental health spending reached £12.5 billion last year with the NHS Long Term Plan committing an extra £2.3 billion every year over the next five years to transform mental health care.

4.3 Time to Talk Day 2020, Thursday 6 February
Mental health issues affect one in four of us and yet mental ill-health – and talking about it – can still carry a stigma. Today is Time to Talk Day 2020 and the challenge offered this year is to talk to colleagues, friends or family about what might be bothering them and "ask twice". The first time you ask most people how they are they respond they are OK, but by asking, "are you really OK?", the answer may be different? We are supporting Derbyshire Healthcare NHS Foundation Trust in sharing messages supporting Time To Talk and taking to twitter @DDCCG to encourage people who might be feeling low to:

- Talk to their GP or call NHS 111
- Refer themselves to a local talking therapies service – in Derbyshire these are Insight Healthcare (0300 555 5582), Talking Mental Health Derbyshire (0300 123 0542) and Trent Psychological Therapies Service (01332 265 659)
- Call a helpline like Samaritans (116 123), CALM (for men – 0800 585858) or Hopeline (for under 35s – 08000 684141).

4.4 Derbyshire Community and practice nurses celebrated in New Year Honours
Professionals from Derbyshire were among more than 20 nurses and midwives recognised in the New Year Honours list for their contribution and services to nursing and midwifery. Practice nurses and those working in the community are among those honoured in the list for 2020 – which is also the Year of the Nurse and Midwife as designated globally by the World Health Organisation. Manjit Darby - Director of Nursing Leadership and Quality (Midlands NHS England and NHS Improvement) and Elizabeth Evans - lately stoma nurse (University Hospitals of Derby and Burton NHS Foundation Trust) were our local professionals to be honoured as Members of the Order of the British Empire (OBE).

4.5 Joined Up Care In Belper
Derbyshire Community Health Services (DCHS) has been taking forward plans for a new £10m health facility in Belper, following the decision by the CCG in 2018 to close Babington Hospital and relocate the majority of services. DCHS has announced new plans to develop brand new state-of-the-art health facilities on the site of the current Belper Clinic, on part of the Babington Hospital site in Derby Road, instead of moving services to the town's Derwent Street as originally thought. The revised plans outline an additional £4m to be spent on the NHS facilities, in addition to the already announced £5.94m. The new build will replace out-dated facilities at Babington Hospital, offer more space to accommodate a growing range of

community health services under one roof, and provide more parking space. All promises made to local people in the engagement process of 2018 are being honoured with the new development, which will offer sustainable services, fit for the 21st century, in line with ambitions set out in Joined Up Care Derbyshire.

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

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6ᵗʰ February 2020

	Item No: 208

Report Title	Public consultation for the long term model for the Integrated Disabled Children's Residential Short Breaks Service Derby – The Light House
Author(s)	Sheila McFarlane - Senior Commissioning Manager. Children
Sponsor (Director)	Zara Jones - Executive Director of Commissioning Operations

Paper for:	**Decision**	X	**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair			**N/A**					

Recommendations

1. To **NOTE** progress with implementing interim arrangements: Section 1.
2. To be **ASSURED** of progress on governance arrangements and process to review the health needs of children attending The Light House: Section 2.
3. For Governing Body to **APPROVE** the proposed future model of The Light House children's residential short breaks service which for most children will be care led: Section 3

Report Summary

This paper is in three sections and builds on the previous paper to CCG Governing Body on 1 August 2019 where there was an update on interim arrangements and public consultation for a long term service model was approved. The CCG Clinical and Lay Commissioning Committee on 23 January 2020 supported the outcome of the consultation and the implementation of the proposed long term model. This an 18 month service transformation project due for completion by March 2020.

Background

The Light House is an integrated disabled children's service which is jointly funded by Derby City Council (the Local Authority) and the CCG. Within the Light House there is a residential short breaks service that provides regular breaks for children and young people from 0 to 18 years of age, with a wide range of disabilities from autism and/or challenging behaviour to complex physical health needs.

Section 1: To note progress with implementing interim arrangements

The Light House has been open for 3 nights per week instead of the usual 5 nights per week from May in order to ensure service safety while staffing levels were below complement. The specialist healthcare provider Nurture Care has provided direct care and training to care staff during this period. Other positive progress has been the:

- Implementation of a new Derby City Council staffing structure so that care staff can take on additional roles and responsibilities.
- Ongoing training for care staff in appropriate health needs. This has been embraced by social care staff.
- Review and updating all individual children's Health Care Plans.
- Developing proposals for the long term model.
- Regular engagement events with parents and carers to discuss service developments.
- New governance arrangements have been formally established within Derby City Council for care staff to administer feeds and medication via enteral routes.
- CCG and Local Authority commissioners continue to work together finalise the contractual arrangements between them for The Light House services through a S75 agreement.

Impact for families and staff

Feedback from parents and carers has been supportive for the interim model providing care is safe and there is continued access to the service. Implementation has been slower than hoped due to delays in recruiting social care staff and subsequent training. This has meant less respite nights than expected for families for a temporary period and created additional pressures for families that many have found difficult. Social care have worked closely with these families and provided extra support where there has been a risk of family breakdown.

Assurances to support the robustness of the interim arrangements include:

1. During a recent combined Ofsted and CQC inspection of SEND services in Derbyshire the Light House pre-engagement programme and consultation plans were highlighted as examples of good practice following discussion and interviews with parents.

2. A spot check inspection by Ofsted in July 2019 under interim arrangements awarded The Light House residential short breaks service a 'Good' rating.

Section 2: To be assured of progress on governance arrangements and process

The Light House children's residential short breaks service is registered with OFSTED. Health care providers previous and current are CQC registered. The interim model has been based on the principle of upskilling social care staff to provide delegable health tasks as defined by nationally recognised RCN guidance[1] and under the guidance of a CQC registered trainer and assessor organisation. In the long term it is anticipated there will be a continuing role for a CQC registered health provider to support the team with training, governance and assurance in order to ensure the delivery of safe care that is trusted by parents. Specialist support will also be required for children with higher needs.

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[1] Meeting Health Needs in Educational and other Community Settings A guide for nurses caring for Children and Young People Royal College of Nursing 2018

Policy and Procedure implementation

New governance arrangements have been formally established within Derby City Council for care staff to administer feeds and medication via enteral routes. Appropriate guidelines have been integrated into the Derby City Council Children's Home Medication Policy that was developed and approved through Derby City Council and Derby City Council Southern Derbyshire CCG 2014. The new guidelines have been developed and tested by Derby City Council and CCG Commissioners and jointly reviewed by a children's nurse in the CCG Nursing and Quality team and CCG Pharmacist to provide clinical assurance. Approval through Derby City Council has been through appropriate governance routes. Pending the decision on the final model, further joint CCG and Local Authority work will continue to ensure final governance arrangements through a jointly agreed governance framework.

High needs cohort process

In developing a long-term offer for children with the most complex needs the model needed for these children is not as straightforward due to their complexity. To develop a model, a review process has been established through a professional panel process led by the Nursing and Quality team in the CCG based on clinical need. These children all have very different needs and a package designed to meet their specific needs will be put in place. CLCC were provided with assurance of this approach on 23 January 2020.

Public consultation

The public consultation took place for 90 days from 5 September to 3 December 2019. The CCG worked in partnership with Derby City Council to consult with local people through various face to face channels and is detailed in the report. The outcome of the consultation was submitted to the CCG Engagement Committee on 6th January 2020 and CLCC 23 January 2020. The Committees were assured that appropriate engagement had taken place and robust processes with mitigations were in place to address issues raised by the public and professionals.

The report submitted to the public Improvement Scrutiny Committee is attached and can be access via the following link:
https://democracy.derbyshire.gov.uk/documents/s2580/Lighthouse.pdf

Outcome

Respondents included parents and carers and a range of stakeholders including professionals. Feedback and themes were consistent with the extensive pre engagement phase which yielded invaluable intelligence and helped to shape the interim model. Some of the feedback to the consultation indicated "nothing further to add" with regard to feedback already provided during the pre-engagement phase and this is noted in the report. However the combination of feedback from the pre engagement and new or additional feedback from the consultation has provided a robust core of information which is reflected in the design of the proposed long term model.

Key themes from the feedback were that new service should offer:

- Better continuity of care for all children
- Consistency of service provision with appropriate levels of staffing.
- A sustainable model which will help to ensure the continued operation of the

residential short breaks service in the future
- A service that parents and carers are confident in and where they can be reassured that care is safe

The key issues from parents and carers where around the capacity to delivery respite allocations (reduced in the interim to maintain a safe service) and a positive experience for their children.

The main concern from other responders/stakeholders who are not parents and carers was around the level of clinical support for children with the most complex health needs whilst staying at The Light House.

Section 3: To support the proposed future model

The following table outlines the changes in service since May 2019 and the proposed service model. The proposed model from 1 April 2020 has been approved by CLCC and we are now asking for Governing Body approval of the long term model.

The Light House (Derby) Residential Short Breaks Services for Children and Young People with Disabilities December 2019			
Date & Model	**Staffing model for 48 children (current)**		**Outcomes for children**
Old Model Until 31 May 2019	Care and social needs met by care staff	Health needs met by nurses	Multiple carers Restricted social experience Increasing service cancellation
Interim Model 1 June 2019 to 31 March 2020	Care and social needs met by care staff	Health needs met by nurses	Reduced service availability Increasing continuity of carer
	Training for care staff to meet some health needs with supervised practice		
Proposed model after consultation From 1 April 2020	All care, social and health needs met by care staff trained in child specific interventions trained and supervised by nurses- 44 children	Children with most complex needs will have a specific package to meet their individual needs	Better continuity of carer Better quality of social experience Improved flexibility and increased availability of service

The new service would mean:
- Better continuity of care – for the majority of children and young people all aspects of their care will be delivered by their main carer who will be well known to them (instead of a split between nurse and social care staff as previously); for those with higher needs there will be tailored specialist support.
- Children with the most complex needs will still benefit from mixing with other children.
- Consistency of service provision – appropriate levels of staffing will mean all staff shifts will be covered eliminating or significantly reducing the need for short notice cancellations.
- A sustainable model that will help to ensure the continued operation of the residential short breaks service in the future.
- A service that parents and carers are confident in and are assured that care is safe.

This would be delivered in conjunction with:
1. Governance within Ofsted/CQC guidance.
2. Robust care plans with clear emergency plans.
3. Health training child specific competency assessments, supervision and access to health advice through a CQC registered provider.

Next Steps
- If approved by Governing Body we would start the implementation process immediately as part of a detailed implementation plan. The intention would be to have the full model embedded by April 2020.
- Commission a CQC regulated training provider to train and competency assess staff under the ongoing long term model.
- Open on care-led nights and increase nights open to families.
- Finalise governance and package delivery model/s for high needs children.
- Prepare detailed finance plan for the long term model and work alongside Local Authority colleagues for contract establishment under a S75 agreement.

Previous and future submissions to committees and approvals to date

Date	Action	Comment/Outcome
Previous Submissions		
13 December 2018	Clinical Lay Commissioning Committee CCG	Interim arrangements and engagement with parents and carers supported
8 April 2019	DCC Improvement and Scrutiny Panel	Present update
April 2019	Update to Cabinet DC Member lead for the Children and Young People	Update on the consultation
1 August 2019	CCG Governing Body	Update on interim arrangements Consultation approved
8 August 2019	Clinical Lay Commissioning Committee CCG	Update on interim arrangements Consultation approved
4 September 2019	CCG Engagement Committee	Consultation approved
3 December 2019	Consultation closed	Start report draft
8 January 2020	Engagement Committee	Consultation report and approved
20 January 2020	Derbyshire County Council Improvement and Scrutiny Panel	Consultation report and approved and long term model supported
23 January 2020	Clinical Lay Commissioning Committee CCG	Consultation report and approved and long term model supported
Planned Submissions		
6 February 2020	Paper to CCG Governing Body	Consultation report and recommendation for approval
24 February 2020	Derby City Council children's Overview and Scrutiny	Consultation report and recommendation for approval

FINANCIAL SUMMARY (MUST INCLUDE TABLE SUMMARY ON FINANCIAL ISSUES)

Once we have a proposed model, a finance analysis will be undertaken of the model and submitted through CCG and LA governance for approval alongside the service model.

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

Stage 1 completed 20/05/19

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

Went to Panel on 09/01/20.

Passed panel with a request to return to panel in 6 months' time.

Returned to Panel on 07/01/2019.

The panel raised the following queries, to which our response is also detailed:

Query	Response
Who accepts the risk for non-qualified administering interventions?	Interventions will not be undertaken by non-qualified staff. Staff must be signed off by NurtureCare as competent and confident to deliver care to the individual child. Each child has a detailed escalation plan for the carers to follow which ends in dialling 999. A child being cared for under the care-led model is under the responsibility and risk management of the Derby City Council Light House provider.
Light House is registered with OFSTED. Nurture Care (the training provider) are registered with CQC. Supervision of care staff will be the responsibility of Nurture Care during training only. Once signed off as competent Nurture Care will no longer supervise the Carer. During the Care Led Nights a non-qualified senior manager will supervise competency training carers. Currently, a registered nurse will prepare medications on behalf of the carers. The panel expressed concern at the lack of professional supervision and accountability between the Night-Nurse and carers.	The senior manager supervisors will also be signed off as competent and confident to deliver care. The Derby City Council Children's Home Medication Policy was jointly reviewed in the CCG by a children's nurse in the Nursing and Quality team and Pharmacist in the Medicines Management to provide clinical assurance. The policy has also been approved through Derby City as detailed above. Carers are able to prepare medications under this policy. The long term model will consider the issue of accountability

The panel recommended that over the next 90 days up to 31st March 2020, in order to move to a Care-Led model (including nights) evidence/assurance is provided about the current use for advice/guidance/support of the nurse on duty by carers and

pathway to escalate. The panel agreed to escalate from Low to Moderate risk until return to panel.

Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Went to Panel on 09/01/2020   Passed panel with a request to return to panel in 6 months' time.   Returned to Panel on 07/01/2019   No EIA Queries or issues raised.

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

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Throughout the process the CCG and Local Authority communication teams and senior managers have supported parent/carer and stakeholder engagement from the initial market engagement event through to the patient engagement sessions. Parents and carers have co-designed the public consultation.

Have any Conflicts of Interest been identified/ actions taken?
None Identified.

Governing Body Assurance Framework
This service aligns to following objectives: **Derby and Derby CCG**   • Better health outcomes for all.   • Improved patient access and experience.   **Derby and Derby CCG Governing Body Board Assurance Framework Strategic Objectives**   • To reduce our health inequalities and improve the physical health, mental health and wellbeing of our population.   • To plan and commission quality of a sustainable economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.   • Work in partnership with stakeholder and with our population.

Identification of Key Risks
There are no risks that require inclusion on the CCG risk register

NHS

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6th February 2020

	Item No: 209

Report Title	Corporate Committees Terms of Reference Review
Author(s)	Suzanne Pickering, Head of Governance
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy & Delivery

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

The Governing Body is asked to **APPROVE** the Corporate Committee Terms of References.

Report Summary

As part of the Governing Body's six month review of all Corporate Committee Terms of Reference, the Corporate Committees have each reviewed and amended their Terms of Reference.

The amendments and additions to the Terms of References have been agreed by the responsible Committee and are highlighted in RED for information.

The following Corporate Committee Terms of References are presented for approval:

- Audit Committee;
- Clinical and Lay Commissioning Committee;
- Finance Committee
- Governance Committee;
- Primary Care Commissioning Committee; and
- Quality and Performance Committee.

The Engagement Committee Terms of Reference will be approved at the Governing Body meeting in Public on the 5th March 2020.

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

None identified.

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

Not applicable.

Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not applicable.

Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Not applicable.

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable.

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable.

Have any Conflicts of Interest been identified/ actions taken?
Not applicable.

Governing Body Assurance Framework
Not applicable.

Identification of Key Risks
Not applicable.

Audit Committee

Terms of Reference

1. PURPOSE

1.1 The Governing Body of Derby and Derbyshire CCG (the "CCG") has established a committee of the Governing Body to be known as the Audit Committee (the "Committee"). The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.2 The Committee is established in accordance with the CCG's constitution and Schedule 1A of the National Health Service Act 2006 (as amended) (the "NHS Act"). These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the constitution.

2. ROLES AND RESPONSIBILITIES

2.1 The Committee will incorporate the following duties:

2.1.1. Integrated governance, risk management and internal control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives. Its work will dovetail with that of the Quality and Performance Committee which the CCG has established to seek assurance that robust clinical quality is in place.

In particular, the Committee will review the adequacy and effectiveness of:

- all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG;

- the underlying assurance processes that indicate the degree of achievement of the CCG's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; and

- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the Committee will agree an annual audit plan and primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

2.1.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, Accountable Officer and CCG. This will be achieved by:

- consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;

- review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework;

- considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the Internal and External Auditors to optimise audit resources;

- ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG;

- an annual review of the effectiveness of internal audit.

2.1.3 External Audit

The Committee shall review the work and findings of the External Auditors and consider the implications and responses by officers of the CCG to their work. This will be achieved by:

- consideration of the performance of the External Auditors, as far as the rules governing the appointment permit;

- discussion and agreement with the External Auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring coordination, as appropriate, with other external auditors in the local health economy;

- discussion with the External Auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee;

- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

2.1.4. <u>Other assurance functions</u>

The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the CCG. These will include, but will not be limited to any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Resolution) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

2.1.5. <u>Counter fraud</u>

The Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

2.1.6. <u>Management</u>

The Committee shall request and review reports and positive assurances from directors and officers of the CCG on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

2.1.7. <u>Financial reporting</u>

The Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG's financial performance.

The Committee shall ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.

The Committee shall review and approve the annual report and financial statements on behalf of the Governing Body and the CCG, focusing particularly on:

- the wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;

- changes in, and compliance with, accounting policies, practices and estimation techniques;

- unadjusted mis-statements in the financial statements;

- significant judgements in preparing of the financial statements;

- significant adjustments resulting from the audit;

- letter of representation; and

- qualitative aspects of financial reporting.

2.1.8. <u>Whistleblowing</u>

The Committee shall review the effectiveness of arrangements in place for allowing staff to raise concerns (in confidence) about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

2.1.9. <u>Conflicts of Interest</u>

The Committee shall receive reports in respect of any Conflicts of Interest breaches. The Committee shall review the impact and actions taken.

3. CHAIR ARRANGEMENTS

The CCG Governing Body shall appoint the Chair of the Committee from its Lay or Independent members. The Chair shall have the lead independent role in overseeing audit ~~and remuneration~~ in the CCG. In the event that the Chair is unavailable to attend, a Lay Member of the Committee will deputise and Chair the meeting.

4. MEMBERSHIP

4.1 Members of the Committee shall be appointed by the CCG Governing Body. Good practice recommends at least three Lay Members.

4.2 Membership will comprise:

- Governing Body Lay Member with responsibility for Audit;

- Governing Body Lay Member with responsibility for Finance;

- Governing Body Lay Member with responsibility for Governance;

- Secondary Care Doctor.

The Chair of the Governing Body, the Accountable Officer and the Chief Finance Officer shall not be members of the Audit Committee and will be invited to attend.

5. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

5.1 The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs[1] or any successor document will apply at all times.

5.2 Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

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[1] https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf

5.3 The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Deputy Chair will act as Chair for the relevant part of the meeting.

5.4 Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

5.5 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.

5.6 All members of the Committee shall comply with, and are bound by, the requirements in the CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

6. QUORACY

The quorum necessary for the transaction of business shall be two Members.

7. DECISION MAKING AND VOTING

7.1 The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Deputy) may call a vote.

7.2 Only members of the Committee set out in section 4 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with relevant sections of the Derby and Derbyshire CCG Governance Handbook

8. ACCOUNTABILITY

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and secure the attendance of external personnel with relevant experience and expertise if it considers this necessary.

9. REPORTING ARRANGEMENTS

9.1   The Committee shall report to the Governing Body on how it discharges its responsibilities. The minutes of the Committee's meetings shall be formally recorded by the secretary and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or that require executive action.

9.2   The Committee will report to the Governing Body at least annually on its work in support of the annual governance statement, specifically commenting on the:

- fitness for purpose of the assurance framework;

- completeness and 'embeddedness' of risk management in the organisation;

- integration of governance arrangements;

- appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business;

- robustness of the processes behind the quality accounts.

9.3   The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee has considered in relation to the financial statements and how they were addressed.

10. ATTENDANCE AT MEETINGS

The Chief Finance Officer and appropriate Internal and External Audit representatives shall normally attend meetings but shall not have voting rights. In addition, the following good practice will be followed:

10.1   at least once a year the Audit Committee should meet privately with the External and Internal Auditors;

10.2   representatives from NHS Counter Fraud Authority may be invited to attend meetings and will normally attend at least one meeting each year;

10.3   regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Counter Fraud Authority) providers will have full and unrestricted rights of access to the Committee;

10.4   the Accountable Officer will be invited to attend and discuss, at least annually with the Audit Committee, the process for assurance that supports the annual governance statement. He or she would also normally attend when the Audit Committee considers the draft internal audit plan and the annual accounts;

10.5   any other officers of the CCG who have responsibility for specific areas (or similar) may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director; and

10.6 the chair of the Governing Body may also be invited to attend one meeting each year in order to form a view on, and understanding of, the Audit Committee's operations.

11. FREQUENCY AND NOTICE OF MEETINGS

11.1 The Audit Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. Meetings of the Committee shall be held at regular intervals, at such times and places that the CCG may determine, but not less than four times per year. The External Auditors or Head of Internal Audit may request a meeting if they consider that one is necessary. The Committee will agree an annual programme of meetings in advance to link with key business to be transacted. Papers will be issued at least five working days in advance of the meetings wherever possible.

11.2 The Chair of the Committee, Governing Body or Accountable Officer may call additional meetings as required, giving not less than 14 days' notice.

12. SUB-COMMITTEES

12.1 Committee may delegate responsibility for specific aspects of its duties to sub-committees or working groups. The Terms of Reference of each such sub-committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.

12.2 Any sub-committees or working groups will report via their respective Chair's following each meeting or at an appropriate frequency as determined by the Committee.

13. ADMINISTRATIVE SUPPORT

The CCG's governance lead shall be secretary to the Committee and shall attend to provide appropriate support to the Chair and Audit Committee members. The secretary will be responsible for supporting the Chair in the management of the Audit Committee's business and for drawing the Audit Committee's attention to best practice, national guidance and other relevant documents, as appropriate. The secretary will either take minutes or make arrangements for minutes to be taken.

14. REVIEW OF TERMS OF REFERENCE

These terms of reference and the effectiveness of the Committee will be reviewed at least annually or ~~sooner if~~ more frequently as required. The Committee will recommend any changes to the terms of reference to the Governing Body and will be approved by the Governing Body.

Reviewed by Audit Committee: 16 January 2020

Approved by Governing Body: 11 April 2019

Review Date: July 2020

Clinical and Lay Commissioning Committee

Terms of Reference

1.   PURPOSE

The purpose of the Clinical and Lay Commissioning Committee (the "Committee") is to:

1.1   provide a clinical and lay forum within which discussions can take place to develop and implement the commissioning strategy and policy of NHS Derby and Derbyshire Clinical Commissioning Group (the "CCG") and to help secure the continuous improvement of the quality of services;

1.2   retain a focus on health inequalities, improved outcomes and quality and ensure that the delivery of the CCG's strategic and operational plans are achieved within financial allocations;

1.3   have delegated authority to make decisions within the limits as set out in the CCG's Schemes of Reservation and Delegation.

2.   ROLES AND RESPONSIBILITIES

The Committee will incorporate the following duties:

2.1   support and advise on the development of the strategic commissioning plan;

2.2   develop and agree commissioning policy for the CCG, within the agreed financial envelope, (for example, the CCG's approach to access to services, treatment thresholds, interpretation of national policy etc.);

2.3   have clinical oversight of the ~~QIPP~~savings programme and the responsibility for the approval of new ~~QIPP~~savings Schemes;

2.4   act as the gateway of invest to save ~~QIPP~~ savings schemes to Governing Body;

2.5   consider full business cases for schemes detailed in the CCG's Financial Recovery Plan. The Committee will provide a clinical opinion and decision on schemes already contained within the annual Financial Plan. For schemes out with the Financial Plan, the Committee will provide a clinical opinion with the decision to be escalated to the Governing Body;

2.6   oversee, as part of the development of the Commissioning Plan, a prioritisation process for both investment and savings that supports the CCG in formulating the Savings Plan for the next financial year;

2.7   oversee the development of the Savings Plans and services as detailed in the CCG's Operational Plan, approving the appropriate business cases and mobilisation plans, subject to appropriate evidence being provided (with particular

reference to statutory equality and engagement duties) to support the decisions made;

2.8   prioritise service investments/disinvestments arising from the Financial Recovery Group's strategic and operational plans, underpinned by value based decisions and against available resources;

2.9   support the development of the CCG's annual commissioning intentions which identify to providers the service changes that the CCG wishes to negotiate in the forthcoming year;

2.10   ensure appropriate evaluation is in place for new and existing investments;

2.11   ensure all procurements are undertaken in accordance with national policy and legal requirements;

2.12   ensure the CCG appropriately identifies and addresses inequalities;

2.13   ensure commissioning decisions are underpinned and informed by communications and engagement with the membership and local population as appropriate;

2.14   review the risk register for its area of remit, considering the adequacy of the submissions and whether new risks need to be added or whether any risks require immediate escalation to the Governing Body.

2.15   ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements;

2.16   review the adequacy and effectiveness of their responsible policies and procedures for ensuring compliance and related reporting.

2.17   review the Committee forward planner to assist with the Committee in discharging its duties effectively.

2.18   scrutinise progress of the relevant Organisation Effectiveness and Improvement Plan (OEIPB) workstreams: seek assurance from Executive Leads on the delivery and impact of actions; approve completion of the requirements; validate evidence of embeddedness; provide assurance to the CCG Governing Body on OEIPB progress through the Committee Assurance Report.

3.   **CHAIR ARRANGEMENTS**

The Chair shall be a Governing Body GP nominated by the Committee from the membership of the Committee and endorsed by the CCG Chair. In the event that the Chair is unavailable to attend, the Vice Chair who shall be the Lay Member for Primary Care Commissioning will deputise and Chair the meeting.

4.   **MEMBERSHIP**

4.1   Members of the Committee may be appointed from the Governing Body of the CCG, officers of the CCG or other external bodies as required to enable the Committee to fulfil its purpose.

4.2   The membership of the Committee will comprise of:

- 3 x GPs (Governing Body members providing appropriate geographical coverage and the GB Chair);
- 1 x Clinical representatives taken from clinical lead roles
- 1 x Secondary Care Doctor;
- 2 x Lay Members (Patient and Public Involvement);
- 1 x Lay Member (Audit or Governance);
- 1 x Chief Nurse Officer;
- 1 x Medical Director;
- 1x Chief Finance Officer;
- 1 x Public Health Representative;
- 1 x Turnaround Director
- 1 x Executive Director of Commissioning Operations.

4.3   CCG Officer subject experts will be attendees at each meeting.

4.4   Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise so that quoracy can be maintained.

4.5   The Committee may also request attendance by appropriate individuals to present relevant reports and/or advise the Committee.

5.   DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

5.1   The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs[1] or any successor document will apply at all times.

5.2   Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

5.3   The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting (or another non-conflicted member of the meeting if the Vice Chair is also conflicted).

5.4   The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interest they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting

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[1] https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf

(or another non-conflicted member of the meeting if the Vice Chair is also conflicted).

5.5 Any declarations of interest, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

5.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.

5.7 All members of the Committee shall comply with, and are bound by, the requirements in the CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

6. QUORACY

6.1 The quorum necessary for the transaction of business shall be six members, to include four Clinicians (can include the Chair), one Lay Member and one Executive Lead.

6.2 A duly convened meeting of the Committee at which quorum is present at the meeting, or are contactable by telephone conference call, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7. DECISION MAKING AND VOTING

7.1 The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Vice Chair) may call a vote. Any member where there is a conflict of interest will be excluded from voting for the proposal where there is a conflict.

7.2 Only members of the Committee set out at paragraph 4.2 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with the CCG's Corporate Governance Framework at Section 5.4.

8. ACCOUNTABILITY

The Committee is accountable to the CCG's Governing Body.

9. FREQUENCY AND NOTICE OF MEETINGS

Meetings will be held monthly, but may be called at any other such time as the Committee Chair may require. The agenda and supporting papers will be sent to all members at least five working days before the meeting either manually or electronically, whichever is appropriate at the time.

10. REPORTING ARRANGEMENTS

The Committee will report to the CCG's Governing Body following each meeting, confirming all decisions made. The report will include recommendations that are outside the delegated limits of the Committee and which require escalation to, and approval from the Governing Body, if not already approved by them.

11. SUB-COMMITTEES

11.1   The Committee may delegate responsibility for specific aspects of its duties to sub-committees or working groups. The Terms of Reference of such sub-committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.

11.2   Any sub-committees or working groups will report via their respective Chairs following each meeting or at an appropriate frequency as determined by the Committee.

12. ADMINISTRATIVE SUPPORT

12.1   The CCG will provide appropriate administration resource to ensure meetings are fully supported and business is conducted efficiently and effectively.

12.2   The meetings will be clearly minuted with particular attention paid to noting the declaration and management of any potential or actual conflicts of interest.

13. REVIEW OF TERMS OF REFERENCE

These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required.

Reviewed by Clinical and Lay Commissioning Committee: 23 January 2020

Approved by Governing Body: 11 April 2019

Review Date: July 2020

Finance Committee

Terms of Reference

1.   PURPOSE

The purpose of the Finance Committee is to:

1.1   oversee delivery of the financial recovery plan including the financial performance of the NHS Derby and Derbyshire Clinical Commissioning Group (the "CCG") against financial targets, financial control targets and the annual commissioning plan, identifying where remedial action is needed, ensuring that action plans are put in place and delivery is monitored;

1.2   consider full business cases for schemes detailed in the CCG's Financial Recovery Plan;

1.3   receive reports from the Financial Recovery Group and escalate risks to the Derbyshire Strategic Risk Register;

1.4   review Quality, Innovation, Productivity and Prevention (QIPP) programmes managed by the Financial Recovery Group;

1.5   oversee achievement and receive assurance of delivery against the Financial Recovery Plan. The Committee can recommend to the Governing Body that the financial recovery plan continues; changes or stops; and

1.6   provide a framework which proactively manages the CCG's Financial and Improving Value (i.e. QIPP) and Cost Out Schemes agenda and provides assurance in the delivery of all these areas to the CCG's Governing Body.

2.   ROLES AND RESPONSIBILITIES

The Committee will incorporate the following duties:

2.1   oversee and recommend to the Governing Body the annual financial plan that reflects the prioritised commissioning plan for the CCG;

2.2   oversee and gain assurance on the delivery of the Financial Recovery Plan ensuring that it provides the desired strategic outcomes for the CCG in accordance with the short and long term recovery plans approved by NHS England;

2.3   review, monitor and have oversight of finance in relation to the following areas:

  * 'In year' financial position – receiving a detailed report of the financial position, variances and progress towards meeting the targets within the CCG's financial plan, statutory financial targets and financial control targets; and
  * implementation of the CCG's Operational Plans;

2.4   to review exception reports on any material breaches of the delivery of agreed QIPP Schemes including the adequacy of proposed remedial action plans;

2.5   to review exception reports on any material in-year overspends against delegated budgets, including the adequacy of proposed remedial action plans;

2.6   to have responsibility to the Governing Body for oversight and advice on the current risk exposures with regard to the short and long term financial recovery plans and the associated recovery strategies;

2.7   identify resource allocation in relation to mitigation plans and risks identified within programmes as appropriate;

2.8   identify and allocate resources where appropriate to improve performance of identified schemes or ad-hoc finance and performance related issues that may arise;

2.9   review the risk register for its area of remit, considering the adequacy of the submissions and whether new risks need to be added or whether any risks require immediate escalation to the Governing Body;

2.10   scrutinise progress of the relevant Organisation Effectiveness Improvement Plan (OEIPB) workstreams by:

- seeking assurance from Executive Leads on delivery and impact of actions;
- approving completion of requirements;
- validating evidence of embeddedness; and
- providing assurance to Governing Body on OEIPB progress through the Committee Assurance Report.

2.11   review the forward planner for the Committee to ensure preparatory work to meet national planning timelines are appropriately scheduled.

2.12   ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements;

2.13   review the adequacy and effectiveness of their responsible policies and procedures for ensuring compliance and related reporting; and

2.14   to increase system working with our system partners to create a sustainable health and care system to deliver transformational change and refer system issues to the System Savings Group.

3.   **CHAIR ARRANGEMENTS**

The Chair of the Committee shall be the Finance Lay Member (not the Audit Chair), nominated by the Accountable Officer and endorsed by the CCG Chair. In the event that the Chair is unavailable to attend, the Vice Chair, who shall be a Lay Member will deputise and Chair the meeting.

4. MEMBERSHIP

4.1 Members of the Committee may be appointed from the CCG's Governing Body, officers of the CCG or other external bodies as required to enable the Committee to fulfil its purpose.

4.2 The membership of the Committee will comprise:

- 3 2 x Governing Body GPs;

- 3 x Governing Body Lay Members (including Finance, Governance and Patient and Public Involvement);

- Chief Finance Officer

- Turnaround Director; and

- 1 x Clinical Representative (Chief Nurse Officer/Medical Director).

4.3 CCG Officer subject experts will be attendees at each meeting (i.e. Governance Lead).

4.4 Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise so that quoracy can be maintained.

4.5 The Committee may also request attendance by appropriate individuals to present relevant reports and/or advise the Committee.

5. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

5.1 The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs[1] or any successor document will apply at all times.

5.2 Where a member of the Committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

5.3 The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting (or another non-conflicted member of the meeting if the Vice Chair is also conflicted).

5.4 Any declarations of interest, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

[1] https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf

5.5   Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.

5.6   All members of the Committee shall comply with, and are bound by, the requirements in the CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

6.   QUORACY

6.1   The quorum shall be five members, to include at least one Executive Lead (Chief Finance Officer or Turnaround Director), at least one Clinical Representative and at least two Governing Body Lay Members.

6.2   A duly convened meeting of the Committee at which quorum is present at the meeting, or are contactable by telephone conference call, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7.   DECISION MAKING AND VOTING

7.1   The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Vice Chair) may call a vote. Any member where there is a conflict of interest will be excluded from voting for the proposal where there is a conflict.

7.2   Only members of the Committee set out at paragraph 4.2 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

7.3   If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with the CCG's Corporate Governance Framework at Section 5.4.

8.   ACCOUNTABILITY

The Committee is accountable to the CCG's Governing Body.

9.   REPORTING ARRANGEMENTS

The Committee will report to the CCG's Governing Body following each meeting, confirming all decisions made. The report will include recommendations that are outside the delegated limits of the Committee and which require escalation to, and approval from the CCG's Governing Body, if not already approved by them.

10.   FREQUENCY AND NOTICE OF MEETINGS

Meetings will be held monthly. Agenda items and papers must be circulated five working days before the meeting date.

11.   SUB-COMMITTEES

The Committee may delegate responsibility for specific aspects of its duties to sub-committees or working groups. The Terms of Reference of each sub-committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority. The Financial Recovery Group is an Executive Working Group which is accountable to the Finance Committee.

12.   ADMINISTRATIVE SUPPORT

12.1   The CCG will provide appropriate administration resource to ensure meetings are fully supported and business is conducted efficiently and effectively.

12.2   The meetings will be clearly minuted with particular attention paid to noting the declaration and management of any potential or actual conflicts of interest.

13.   REVIEW OF TERMS OF REFERENCE

These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required.

Reviewed by Finance Committee: 30 January 2020

Approved by Governing Body: 11 April 2019

Review Date: July 2020

Governance Committee

Terms of Reference

1.   PURPOSE

1.1   The purpose of the Committee is to ensure that NHS Derby and Derbyshire Clinical Commissioning Group (the "CCG") complies with the principles of good governance whilst effectively delivering the statutory functions of the CCG.

1.2   The Committee has delegated authority to make decisions as set out in the CCG's Prime Financial Policies and the Scheme of Reservation and Delegation.

2.   ROLES AND RESPONSIBILITIES

2.1   The Committee will discharge the CCG's responsibilities in respect of the following functions:

- Business Continuity;
- Corporate Governance;
- Complaints and PALS;
- Digital Development and ICT Assurance, including Cyber Security;
- Emergency Preparedness Resilience and Response;
- Equality, Human Rights and Inclusion;
- Estates;
- Health, Safety, Fire and Security;
- Human Resources;
- Information Governance;
- Organisational Development;
- Procurement;
- Research Governance; and
- Risk Management – oversight of the development and implementation of the risk management framework.

2.2   In order to discharges these duties, the Committee will:

- produce an annual work programme;
- ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements;
- review the adequacy and effectiveness of their responsible policies and procedures for ensuring compliance and related reporting;
- ensure that arrangements are in place to monitor compliance with statutory responsibilities;
- promote good risk management and ensure robust controls are in place in accordance with the CCG's Risk Management Framework;

- establish and approve the terms of reference of such reporting sub-groups or task and finish groups as the Committee believes are necessary to fulfil its terms of reference;
- review the risk register for its area of remit, considering the adequacy of the submissions and whether new risks need to be added or whether any risks require immediate escalation to the CCG's Governing Body;
- review the Committee forward planner to assist with the Committee in discharging its duties effectively;
- scrutinise progress of the relevant Organisation Effectiveness and Improvement Plan (OEIPB) workstreams: seek assurance from Executive Leads on the delivery and impact of actions; approve completion of the requirements; validate evidence of embeddedness; provide assurance to the CCG Governing Body on OEIPB progress through the Committee Assurance Report.
- scrutinise the performance of the ICT service provider against national requirements, reported KPIs, cyber security, GP IT delivery assurance, business as usual requirements and project delivery, (as identified in the CCG digital strategy) ensuring risks are identified and managed appropriately.

3. CHAIR ARRANGEMENTS

The Chair of the Committee shall be the Lay Member for Governance, nominated by the Accountable Officer and endorsed by the CCG Chair. In the event that the Chair is unavailable to attend, the Vice Chair, who shall be a Lay Member will deputise and Chair the meeting.

4. MEMBERSHIP

4.1   Members of the Committee may be appointed from the CCG's Governing Body, Officers of the CCG or other external bodies as required to enable the Committee to fulfil its purpose.

4.2   The membership of the Committee will comprise of:

- 3 x Governing Body Lay Members;
- 2 x GP Governing Body Members;
- Executive Director (Corporate) or Deputy.

4.3   CCG Officer subject experts will be attendees at each meeting.

4.4   Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise so that quoracy can be maintained.

4.5   The Committee may also request attendance by appropriate individuals to present relevant reports and/or advise the Committee.

5. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

5.1 The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs[1] or any successor document will apply at all times.

5.2 Where a member of the Committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

5.3 The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting (or another non-conflicted member of the meeting if the Vice Chair is also conflicted).

5.4 Any declarations of interest, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

5.5 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.

5.6 All members of the Committee shall comply with, and are bound by, the requirements in the CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

6. QUORACY

6.1 The quorum necessary for the transaction of business shall be four members, to include two Governing Body Lay Members, one Clinician and the Executive Lead (or deputy).

6.2 A duly convened meeting of the Committee at which quorum is present at the meeting, or are contactable by telephone conference call, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7. DECISION MAKING AND VOTING

7.1 The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Vice Chair) may call a vote. Any member where there is a conflict of interest will be excluded from voting for the proposal where there is a conflict.

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[1] https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf

7.2 Only voting members of the Committee set out at paragraph 4.2 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with the CCG's Corporate Governance Framework at Section 5.4.

8. ACCOUNTABILITY

The Committee is accountable to the CCG's Governing Body.

9. REPORTING ARRANGEMENTS

The Committee will report to the CCG's Governing Body following each meeting, confirming all decisions made. The report will include recommendations that are outside the delegated limits of the Committee and which require escalation to, and approval from the CCG's Governing Body, if not already approved by them.

The Committee will provide an annual report to the CCG's Governing Body on the effectiveness of the Committee to discharge its duties.

10. FREQUENCY AND NOTICE OF MEETINGS

Meetings will be held bi-monthly, but may be called at any other such time as the Committee Chair may require.

11. SUB-COMMITTEES

11.1 The Committee may delegate responsibility for specific aspects of its duties to sub-committees or working groups. The Terms of Reference of each such sub-committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.

11.2 Any sub-committees or working groups will report via their respective Chairs following each meeting or at an appropriate frequency as determined by the Committee.

12. ADMINISTRATIVE SUPPORT

The CCG will provide appropriate administration resource to ensure meetings are fully supported and business is conducted efficiently and effectively. The meetings will be clearly minuted with particular attention paid to noting the declaration and management of any potential or actual conflicts of interest.

13. REVIEW OF TERMS OF REFERENCE

These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required.

Reviewed by Governance Committee: 23 January 2020

Approved by Governing Body: 11 April 2019

Review Date: July 2020

Primary Care Commissioning Committee

Terms of Reference

1. INTRODUCTION

1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended); NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Derby and Derbyshire CCG. Schedule 1 and 2 are specified in the NHS Derby and Derbyshire CCG Delegated Agreement.

1.2 The CCG has established the Primary Care Commissioning Committee. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

1.3 It is a committee comprising representatives of the following organisations:

- NHS Derby and Derbyshire CCG (the "CCG")

2. STATUTORY FRAMEWORK

2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the National Health Service Act 2006 (as amended).

2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

2.3.1 management of conflicts of interest (section 14O);

2.3.2 duty to promote the NHS Constitution (section 14P);

2.3.3 duty to exercise its functions effectively, efficiently and economically (section 14Q);

2.3.4 duty as to improvement in quality of services (section 14R);

2.3.5 duty in relation to quality of primary medical services (section 14S);

2.3.6 duties as to reducing inequalities (section 14T);

2.3.7 duty to promote the involvement of each patient (section 14U);

2.3.8   duty as to patient choice (section 14V);

2.3.9   duty as to promoting integration (section 14Z1);

2.3.10   public involvement and consultation (section 14Z2).

2.4   The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- duty to have regard to impact on services in certain areas (section 13O);

- duty as respects variation in provision of health services (section 13P).

2.5   The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the National Health Service Act 2006 (NHS Act).

2.6   The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. ROLE OF THE COMMITTEE

3.1   The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the CCG, under delegated authority from NHS England.

3.2   In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

3.3   The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4   The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

3.4.1   decisions in relation to Enhanced Services;

3.4.2   decisions in relation to Local Incentive Schemes (including the design of such schemes);

3.4.3   decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;

3.4.4   decisions about 'discretionary' payments;

3.4.5   decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

3.4.6   the approval of practice mergers;

3.4.7   planning primary medical care services in the Area, including carrying out needs assessments;

3.4.8   undertaking reviews of primary medical care services in the Area;

3.4.9   decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

3.4.10   management of the Delegated Funds in the Area;

3.4.11   Premises Costs Directions Functions;

3.4.12   co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

3.4.13   such other ancillary activities that are necessary in order to exercise the Delegated Functions.

3.5   The CCG will also carry out the following activities to:

3.5.1   plan, including needs assessment, primary medical care services in the CCG's geographical area;

3.5.2   undertake reviews of primary medical care services in the CCG's geographical area;

3.5.3   co-ordinate a common approach to the commissioning of primary care services generally;

3.5.4   manage the budget for commissioning of primary medical care services in the CCG's geographical area.

4.   GEOGRAPHICAL COVERAGE

The Committee will comprise NHS Derby and Derbyshire CCG's geographical area.

5.   MEMBERSHIP

5.1   The membership of the Committee is as follows:

- 3 x Governing Body Lay Members;
- Accountable Officer or nominated Deputy;
- Chief Finance Officer or nominated Deputy;
- Chief Nurse Officer or nominated Deputy;
- Medical Director or nominated Deputy;
- Turnaround Director or nominated Deputy.

Representatives shall attend the Committee as regular attendees as follows:

- NHS England Primary Care Representative;
- Local Medical Committee Representative;

- 2 x GP Representative (Non Partner);
- Health and Wellbeing Board (County);
- Health and Wellbeing Board (City);
- Senior Healthwatch Representatives.

5.2   Officers of the CCG shall attend or nominate deputies appropriate to the items for discussion on the agenda. The Committee may also request attendance by appropriate individuals to present relevant reports and/ or advise the Committee.

5.3   The Chair of the Committee shall be the Governing Body Primary Care Commissioning Lay Member.

5.4   The Deputy Chair of the Committee shall be a Patient and Public Involvement Lay Member.

5.5   GP members of the Governing Body shall be invited to attend meetings to participate in strategic discussions on primary care issues, subject to adherence with the CCG's conflicts of interest requirements and the appropriate management of conflicts of interest. They will be required, for example, to withdraw from the meeting during the deliberations leading up to decisions and from the decision where there is an actual or potential conflict of interest.

6.   MEETINGS AND VOTING

6.1   The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of the meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2   Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

6.3   If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with the Derby and Derbyshire Corporate Governance Framework at Section 5.4.

6.4   Members are required to declare any interest relating to any matter to be considered at each meeting, in accordance with the CCG's constitution and the CCG Standards for Business Conduct and Managing Conflicts of Interest Policy. Members who have declared an interest will be required to leave the meeting at the point at which a decision on such matter is being made. At the discretion of the Chair, they may be allowed to participate in the preceding discussion.

7. QUORUM

7.1 A quorum shall be four voting members, at least two of whom shall be Lay Members, to include the Chair or Deputy Chair. Deputies are invited to attend in the place of the regular members as required.

7.2 A duly convened meeting of the Committee at which quorum is present at the meeting, or are contactable by telephone conference call, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with relevant sections of the Derby and Derbyshire CCG Governance Handbook.

8. FREQUENCY AND NOTICE OF MEETINGS

8.1 The meetings held in public session will take place quarterly. The meetings to discuss items of a confidential nature will be held monthly and cancelled if necessary. On the dates of the meetings held in public session the meetings will be divided into two sections; Public and Confidential. The Public session will commence at the start of the meeting.

8.2 Meetings of the Committee:

8.2.1 shall be held in public;

8.2.2 may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.3 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

8.4 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

8.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

8.6   Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders.

8.7   The Committee will present its minutes to NHS England Midlands and the Governing Body of the CCG each quarter for information.

8.8   The CCG will also comply with any reporting requirements set out in its constitution.

8.9   It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9.   ACCOUNTABILITY OF COMMITTEE

The Committee will operate within the delegation detailed within the CCG Standing Orders, Schemes of Reservation and Delegation and Prime Financial Policies.

10.   PROCUREMENT OF AGREED SERVICES

The detailed arrangements regarding procurement are set out in the delegation agreement[1].

11.   DECISIONS

11.1   The Committee will make decisions within the bounds of its remit.

11.2   The decisions of the Committee shall be binding on NHS England and the CCG.

11.3   The Committee will produce an executive summary report which will be presented to the NHS England Midlands and the Governing Body of the CCG each month for information.

12.   REVIEW OF TERMS OF REFERENCE

These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required. The Committee will recommend any changes to the terms of reference to the Governing Body and will be approved by the Governing Body.

Reviewed by Primary Care Commissioning Committee: 22 January 2020

Approved by Governing Body: 11 April 2019

Review Date: July 2020

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[1]   *NHS England Next Steps in primary care co-commissioning guidance* https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf

Quality & Performance Committee

Terms of Reference

1. PURPOSE

1.1 The prime function of the Quality & Performance Committee (the "Committee") is to provide assurance to the NHS Derby and Derbyshire Clinical Commissioning Group (the "CCG") Governing Body in relation to the quality, performance, safety, experience and outcomes of services commissioned by the CCG.

1.2 It shall ensure that the CCG discharges the statutory duties in relation to the achievement of continuous quality improvement and safeguarding of vulnerable children and adults.

1.3 It shall pro-actively challenge and review delivery against the performance expectations for the CCG against the Constitution, NHS Mandate, Public Health Outcomes Framework and associated NHS performance regimes, agreeing any action plans or recommendations as appropriate.

1.4 Monitor progress in the delivery against the Improvement and Assessment Framework (IAF), challenge variances from plan and ensuring actions are put in place to rectify adverse trends.

1.5 It shall receive and scrutinise performance delivery information against key performance trajectories ensuring delivery and where necessary corrective actions are followed up.

1.6 It shall review the performance of the main services commissioned by the CCG. It will provide members with greater clarity and detailed information about the underlying performance on key services commissioned by the CCG and on delivery of the annual commissioning programme set out in the CCG's Operational Plan.

2. ROLES AND RESPONSIBILITIES

2.1 **Quality**

2.1.1 Ensure that processes are in place to provide assurance that CCG commissioned services are high quality, safe, effective, and provide patients and carers with positive experiences of care.

2.1.2 Ensure that quality assurance data is used to inform commissioning decisions and drive improvements in quality.

2.1.3 Have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of all Never Events and informing the governing body of any escalation or sensitive issues in good time.

To seek assurance on the performance of NHS organisations in terms of the Care Quality Commission (CQC) and any other relevant regulatory bodies.

2.1.4   Continually develop the approach to quality improvement.

2.1.5   Ensure processes are in place to interpret and implement local, regional and national policy (e.g. Quality Accounts, Safeguarding etc.) and provide assurance that policy requirements are embedded in commissioned services.

2.1.6   Take responsibility for the development, implementation and monitoring of quality schedules and any quality improvement schemes for commissioned services.

2.1.7   Receive reports from provider Quality Assurance Groups and ensure that a clearly defined escalation process is in place.

2.1.8   Take action where required to investigate any quality, safety or patient experience concerns and to ensure that a clearly defined escalation process is in place, taking action to ensure that improvements in quality are implemented where necessary.

2.1.9   Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.

2.1.10   Ensure considerations relating to safeguarding children and adults are integral to commissioning services and robust processes are in place to deliver statutory functions, including Safeguarding Children, Looked After Children, Deprivation of Liberty Safeguarding (including Adult Safeguarding) and the Duty to Consult.

2.1.11   Commission any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations.

2.1.12   Receive and scrutinise independent investigation reports relating to patient safety issues and agree any further actions.

2.1.13   Support the role of CCG Medicines Safety and Medical Devices Safety Officer to monitor, and to respond to, national and local requirements.

2.1.14   Provide a view on the quality aspects of the Sustainability and Transformation Partnership plans.

2.1.15   review the Committee forward planner to assist with the Committee in discharging its duties effectively.

2.1.16   scrutinise progress of the relevant Organisation Effectiveness and Improvement Plan (OEIPB) workstreams: seek assurance from Executive Leads on the delivery and impact of actions; approve completion of the requirements; validate evidence of embeddedness; provide assurance to the CCG Governing Body on OEIPB progress through the Committee Assurance Report.

2.1.17   to increase system working with our system partners to create a sustainable health and care system to deliver transformational change and refer system issues to the System Quality and Performance Group.

2.1.18   Ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements.

2.1.19   Review the adequacy and effectiveness of their responsible policies and procedures for ensuring compliance and related reporting.

2.2   Performance

2.2.1   Monitor contract and operational performance across all commissioned services from key partners on an exception basis, assessing potential shortfalls and risk and to identify recommended actions. Review, challenge and scrutinise exception reports against delivery of targets or improved performance in accordance with agreed Recovery Action Plans (RAPs).

2.2.2   Monitor Key Performance Indicators (KPIs) relating to CCG performance, for example outlined in the CCG's Assurance Framework and the Public Health Outcomes Framework.

2.2.3   Review monthly reports detailing performance of commissioned services against contract standards, national and local targets and the CCG's Strategic Plans.

2.2.4   Review the risk register for its area of remit, considering the adequacy of the submissions and whether new risks need to be added or whether any risks require immediate escalation to the Governing Bodies.

3.   CHAIR ARRANGEMENTS

The Chair of the Committee shall be a GP, nominated by the Accountable Officer and endorsed by the CCG Chair. In the event that the Chair is unavailable to attend, a Patient and Public Lay Member of the Committee will act as the Vice Chair and Chair the meeting, unless there is a conflict of interest.

4.   MEMBERSHIP

4.1   Members of the Committee may be appointed from the CCG's Governing Body, Officers of the CCG or other external bodies as required to enable the Committee to fulfil its purpose.

4.2   The membership of the Committee will comprise:

- 4 x GP Governing Body Members;

- 3 x Lay Members;

- 1 x Chief Nurse Officer or Deputy;

- 1 x Medical Director;

- 1 x Secondary Care Doctor

- 1 x Executive Director of Commissioning and Operations;

- • 2 x Senior Healthwatch Representative (Derby City and Derbyshire County).

4.3   ~~Patient representation (to be determined following review of patient engagement across Derbyshire).~~

4.4   CCG Officer subject experts will be attendees at each meeting.

4.5   Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise so that quoracy can be maintained.

4.6   The Committee may also request attendance by appropriate individuals to present relevant reports and/or advise the Committee.

5.   DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

5.1   The provisions of Managing Conflicts of Interest: Statutory Guidance for CCGs[1] or any successor document will apply at all times.

5.2   Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

5.3   The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interest they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting (or another non-conflicted member of the meeting if the Vice Chair is also conflicted).

5.4   Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

5.5   Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.

5.6   All members of the Committee shall comply with, and are bound by, the requirements in the CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

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[1] https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf

6. QUORACY

6.1 The quorum shall be five members, to include two Clinicians, two Lay Members and one Executive Lead (Chief Nurse Officer, Executive Director of Commissioning and Operations or Deputy). Nominated deputies are invited to attend in place of the regular member as required.

6.2 A duly convened meeting of the Committee at which quorum is present at the meeting, or are contactable by telephone conference call, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7. DECISION MAKING AND VOTING

7.1 The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Vice Chair) may call a vote. Any member where there is a conflict of interest will be excluded from voting for the proposal where there is a conflict.

7.2 Only members of the Committee set out at paragraph 4.2 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through the use of email communication. Minutes will be recorded for telephone conference and virtual meetings in accordance with the CCG's Corporate Governance Framework at Section 5.4.

8. ACCOUNTABILITY

8.1 The Committee is accountable to the CCG's Governing Body.

8.2 It shall maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency across the year.

8.3 The Committee may investigate, monitor and review any activity within its terms of reference. It is authorised to seek any information it requires from any committee, group, clinician or employee (including interim and temporary members of staff), who are directed to co-operate with any request made by it.

9. REPORTING ARRANGEMENTS

The Committee shall report to the CCG's Governing Body following each meeting. The report shall highlight any recommendations and matters which require escalation.

10. FREQUENCY AND NOTICE OF MEETINGS

10.1   Meetings will be held monthly, but may be called at any other such time as the Committee Chair may require.

10.2   Agendas and papers will be circulated five working days before the meeting date.

11. SUB-COMMITTEES

11.1   The Committee may delegate responsibility for specific aspects of its duties to sub-committees or working groups. The Terms of Reference of each such sub-committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.

11.2   Any sub-committees or working groups will report via their respective Chair's following each meeting or at an appropriate frequency as determined by the Committee.

12. ADMINSTRATIVE SUPPORT

12.1   The CCG will provide appropriate administration resource to ensure meetings are fully supported and business is conducted efficiently and effectively.

12.2   The meetings will be clearly minuted with particular attention paid to noting the declaration and management of any potential or actual conflicts of interest.

13. REVIEW

The terms of reference and the effectiveness of the Committee shall be reviewed at least annually or sooner if required.

Reviewed by Quality and Performance Committee: 30 January 2020

Approved by Governing Body: 11 April 2019

Review Date: July 2020

GOVERNING BODY MEETING IN PUBLIC

6th February 2020

Item No: 210	

Report Title	Change to Scheme of Reservation and Delegation
Author(s)	Darran Green, Assistant Chief Finance Officer
Sponsor (Director)	Richard Chapman, Chief Finance Officer

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

Recommendations

The Governing Body is asked to **APPROVE** the proposed change to the Scheme of Delegation to increase the delegated authority of the Executive Director of Commissioning Operations to £1m when signing healthcare contracts. This paper has been reviewed by the Finance Committee and has also been reviewed by the Audit Committee, who have recommended the Governing Body approves this proposal.

Report Summary

This report is to request the Governing Body APPROVES a proposed change to the CCG Constitution, Annex1: 'Decisions, Authorities and Duties Delegated to Officers of the CCG Governing Body'.

A review of the above section of the CCG Constitution has been undertaken now that the CCG has been operating for 9 months. The review has highlighted the inappropriately low level of delegated authority given to the Executive Director of Commissioning Operations with regard to signing healthcare contracts.

It is recommended that the level of authority delegated to this officer be increased to £1m, in line with the Chief Finance Officer's level of delegated authority. All other delegated limits will remain unchanged.

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

No

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

Identification of Key Risks

CHANGE TO THE SCHEME OF DELEGATION

A recent review of the CCG Constitution, Annex1: 'Decisions, Authorities and Duties Delegated to Officers of the CCG Governing Body' has highlighted a material bureaucratic workload resulting from the low level of delegated authority given to the Executive Director of Commissioning Operations with regard to signing healthcare contracts.

The level of delegation in the current CCG Constitution is as set out below:

	RESPONSIBILITY	DELEGATION ARRANGEMENTS
2.10	Signing of service provision contract including letters of intent (the below is based on the lifetime of the contract). This includes NHS, Independent care placements, privates sector and non-healthcare contracts.	
	Greater than £10m	Chief Executive Officer AND Chief Finance officer
	Greater than £1m and up to £10m	Accountable Officer
	Greater than £100,000 and up to £1m	Chief Finance Officer
	Less than £100,000	Budget Holders - Executive Directors

In view of the role the Executive Director of Commissioning Operations has within the CCG and the volume of contracts for which that Officer is responsible, it has become clear that the existing level of delegated authority is inappropriately low. It is recommended that the office holder's level of delegated authority be increased to £1m, in line with that of the CFO, ensuring that only the very highest value contracts require the authorisation of the Chief Executive Officer and, in circumstances where the contract is greater than £10m, both the CEO and the CFO.

Delegated limits are defined in Annex 1 of the CCG constitution: 'Decisions, Authorities and duties Delegated to Officers of the CCG Governing Body'.

In accordance with the CCG Constitution any changes to delegated limits require review by the CCG Finance Committee, review and recommendation by the CCG Audit Committee and approval by the CCG Governing Body.

As a result of these changes the relevant section of the CCG Constitution would now appear as follows:

	RESPONSIBILITY	DELEGATION ARRANGEMENTS
2.10	Signing of service provision contract including letters of intent (the below is based on the lifetime of the contract). This includes NHS, Independent care placements, privates sector and non-healthcare contracts.	
	Greater than £10m	Chief Executive Officer AND Chief Finance officer
	Greater than £1m and up to £10m	Accountable Officer
	Greater than £100,000 and up to £1m	Chief Finance Officer or Executive Director of Commissioning Operations
	Less than £100,000	Budget Holders - Executive Directors

The Governing Body is asked to:

- **APPROVE** the changes to the CCG Constitution, Annex1: 'Decisions, Authorities and Duties Delegated to Officers of the CCG Governing Body'.

Governing Body Meeting in Public

6th February 2020

Item No: 211	

Report Title	Dying to Work Charter
Author(s)	James Lunn, Head of HR & OD
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	**Decision**	X	**Assurance**		**Discussion**		**Information**	
Assurance Report Signed off by Chair			N/A					
Which committee has the subject matter been through?			Governance Committee - 23rd January 2020					
Recommendations								

The Governing Body is asked to **APPROVE** the CCG signing up to the Dying to Work Charter.

Report Summary

On 23rd December 2019 the Executive Team of the CCG considered the below information and agreed to the CCG signing up to the Dying to Work Charter.

The Governance Committee supported the sign up to the Charter on the 23rd January 2020 and recommended the Charter to be approved and signed up to be the Governing Body.

Background

On 22 November 2019, Lee Balch, Senior Manager (Midlands and East) at NHSE/I circulated an email encouraging all NHS employers to sign up to the Dying to Work Charter. The recognised Trade Unions and professional representative bodies have also requested that the CCG considers signing up to the Charter.

'Dying to Work' is a voluntary charter that has been developed by the TUC to protect and support terminally ill employees by trying to remove any additional stress and worry relating to continued employment.

An example charter is attached at Appendix 1.

The following NHS organisations in the East Midlands have signed up to the Charter:

- Nottinghamshire Healthcare NHS Foundation Trust
- University Hospitals of Derby and Burton NHS Foundation Trust
- University Hospitals of Leicester NHS Trust
- East Midlands Ambulance Service
- Derbyshire Healthcare NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust

- Lincolnshire Partnership NHS Foundation Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust

By signing the Charter an employer will agree to:

- Review sick pay and sickness absence procedures and include a specific statement that they will not dismiss any person with a terminal diagnosis because of their condition.
- Ensure that that they have an Employee Assistance Programme that has the capacity and competency to provide support to any person with a terminal illness, including access to counselling and financial advice.
- Provide training to line managers and all HR staff on dealing with terminal illness, including how to discuss future plans with any worker who has a diagnosis of a terminal illness, and on what adaptations to work arrangements that may be necessary.
- Adopt the Dying to Work Charter and notify all employees that they have made the commitments contained in it.

NHS Derby & Derbyshire CCG already has an Employee Assistance Programme in place and provides support/make reasonable adjustments for staff with a disability/serious illness.

Macmillan have produced helpful guidance for manager's on supporting staff with a terminal illness that we could readily adapt to provide training for all line managers.

The Your Attendance Matters Policy will require revision include a statement that we will not dismiss any person with a terminal diagnosis because of their condition (e.g. dismiss on capability grounds as opposed to facilitating an ill-health retirement, which would be to the benefits of the member and their family).

Once the employer and the recognised unions are happy that the commitments within the charter have been met, the CCG will notify the TUC of our intention to sign.

The TUC will provide a customised copy of the charter for the public signing ceremony which will be attended by a representative of the campaign. The TUC will also work with our internal communications department to co-ordinate press releases to generate media coverage.

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

The work required to adopt the Charter will be achieved through the existing resources within the HR team.

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

The Dying to Work Charter extends the rights of terminally employees.

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?
None Identified

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not Applicable

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not Applicable

Have any Conflicts of Interest been identified/ actions taken?
Not Applicable

Governing Body Assurance Framework
The CCG signing up to the Dying to Work Charter will ensure the CCG is recognised for its commitment to supporting terminally ill employees.

Identification of Key Risks
None

COMPANY LOGO

DYING TO WORK

This charter sets out an agreed way in which our employees will be supported, protected and guided throughout their employment, following a terminal diagnosis.

- We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.
- Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that, safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself.
- We will provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period with dignity and without undue financial loss.
- We support the TUC's Dying to Work campaign so that all employees battling terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.

Chief Executive of Company   TUC Regional Secretary

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6th February 2020

| **Item No: 212** |

Report Title	Summary Finance and Savings Report 1st April 2019 – 31st December 2019
Author(s)	Richard Chapman / Sandy Hogg
Sponsor (Director)	Richard Chapman / Sandy Hogg

Paper for:	**Decision**		**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair			Andrew Middleton					
Which committee has the subject matter been through?			Finance Committee					

Recommendations
The Governing Body is recommended to: •   **NOTE** the year to date and forecast financial performance at month 9 •   **NOTE** the month 9 savings position •   **NOTE** the level of risk to the outturn which is described within the report

Report Summary
At month 9 the CCG is reporting year to date and forecast positions that are in line with plan. The CCG remains on course to achieve its control total. If the CCG's expenditure remains within plan it can receive up to £18.9m of further available CSF. The month 9 savings information shows year to date delivery of £36.8m (against a phased plan of £47.3m) and a forecast savings delivery of £47.1m against the full year plan of £69.5m.

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?
None identified

Governing Body Assurance Framework

Identification of Key Risks
Financial risks are identified in Section 5 of the report.

Governing Body – 6th February 2020

Summary Finance and Savings Report 1st April 2019 – 31st December 2019

Finance Summary

1. Introduction

The purpose of this report is to inform Governing Body members of the financial performance of NHS Derby and Derbyshire CCG, including delivery of the savings plan for the nine month period ending 31st December 2019. The detailed Finance and Savings Delivery reports will be presented to the Finance Committee on 30th January 2020. This report summarises the key messages from those reports.

The information in this report is based on the month 9 information provided to NHS England through the monthly Non-ISFE submission and to the Finance Committee via the Finance Report.

2. Financial Performance Summary

At month 9 the CCG is reporting a year to date and forecast position in line with its control total and financial plan.

Table 1 – Summary of performance against key CCG financial duties

Statutory Duty/ Performance	Target	Result	Achieved
Hold a 0.5% risk reserve (inc. PCCC)	£8.112m	£8.112m	✓
YTD achievement of control total in-year deficit (original plan)	(£11.600m)	(£11.484m)	✓
Forecast achievement of control total in-year deficit (original plan adjusted for CSF)	(£18.850m)	(£18.850m)	✓
Forecast delivery of the Savings Target	£69.500m	£47.082m	✗
Forecast - remain within the Running Cost Allowance	£22.457m	£16.698m	✓
Underlying Position	(£46.400m)	(£54.951m)	✗
Remain within cash limit	Greatest of 1.25% of Drawdown, or £0.25m	0.30%	✓
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8	✓

3. Financial Position and Key Variances

Table 2 – Summary Operating Cost Statement

	YTD				Full Year and FOT			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget	Annual Budget	Forecast Outturn	Forecast Variance	FOT Variance as a % of Annual Budget
	£'000's	£'000's	£'000's	%	£'000's	£'000's	£'000's	%
Acute Services	604,679	616,508	(11,829) 🔴	(1.96)	799,376	825,648	(26,272) 🔴	(3.29)
Mental Health Services	137,636	140,214	(2,577) 🔴	(1.87)	183,705	186,637	(2,932) 🔴	(1.60)
Community Health Services	106,107	104,667	1,440 🟢	1.36	141,442	139,644	1,798 🟢	1.27
Continuing Health Care	76,937	74,578	2,359 🟢	3.07	100,929	93,596	7,333 🟢	7.27
Primary Care Services	147,416	150,913	(3,497) 🔴	(2.37)	195,298	200,954	(5,655) 🔴	(2.90)
Primary Care Co-Commissioning	104,891	101,452	3,439 🟢	3.28	140,665	136,360	4,305 🟢	3.06
Other Programme Services	57,573	48,131	9,441 🟢	16.40	78,740	65,788	12,952 🟢	16.45
Total Programme Resources	**1,235,239**	**1,236,462**	**(1,223)** 🟡	**(0.10)**	**1,640,155**	**1,648,626**	**(8,471)** 🔴	**(0.52)**
Running Costs	13,657	12,318	1,339 🟢	9.81	18,624	16,698	1,926 🟢	10.34
In-Year Allocations	0	0	0		5,615	1,940	3,675 🟢	65.45
0.5% Contingency (excl co-comm)	0	0	0		7,409	4,540	2,869 🟢	38.73
In year Planned Deficit (Control Total)	(21,750)	0	(21,750) 🟢	100.00	(29,000)	0	(29,000) 🟢	100.00
CSF Received	10,150	0	10,150		10,150	0	10,150	
Total In-Year Resources	**1,237,296**	**1,248,780**	**(11,484)** 🔴	**(0.93)**	**1,652,953**	**1,671,803**	**(18,850)** 🔴	**(1.14)**

- The year to date and forecast overspend positions of £11.484m and £18.850m respectively are in line with the CSF adjusted control total.

- The year to date position includes savings under delivery of £10.620m and the forecast position includes savings under delivery of £22.418m.

- £3.572m of the CCG's £8.1m mandated contingencies have been used in the forecast position (nil in the year to date position).

- If the CCG's overall position remains within plan it will receive up to a further £18.850m of Commissioner Sustainability Funding (CSF). £8.7m relating to quarter 3 is due in month 10.

- Any underspends or spare budget will not be re-committed without the approval of the Chief Finance Officer.

Within the reported financial position the key highlights are as follows:

Acute Services
- University Hospitals of Derby and Burton **–** The year to date position is an overspend of £2.231m and the forecast is an overspend of £3.997m. Issues remain with the latest monitoring data. The year to date position represents the overspend reported in the month 8 data, adjusted to align with the year end settlement figure which has been agreed with the Trust. The forecast position is based on the agreed year end settlement value of £404.150m, and a credit of £0.888m for the agreed challenges raised in 2018-19.

- Chesterfield Royal Hospital has a year to date underspend of £1.294m. The month 8 activity data is showing an underspend of £0.439m, with an improvement seen in the month in urgent and planned care. A benefit of £0.914m from finalising the 2018-19 position has also been recognised. The forecast is an underspend of £0.855m which includes the prior year credit and a further anticipated credit relating to 2018-19 CQUIN failure and frailty activity.

- Sheffield Teaching Hospitals has a year to date overspend of £1.358m, with £1.094m relating to current year activity. There has been an adverse movement in month of £0.104m, mainly relating to elective and non-elective activity. A cost of £0.264m following finalisation of previous year balances has been included in both the year to date and forecast positions. The forecast outturn is an overspend of £1.670m, and assumes that the overspend seen to date will continue at current levels with the exception of critical care which is expected to remain at planned levels for the remainder of the year.

Mental Health Services
- The mental health position shows a year to date overspend of £2.577m and forecast overspend of £2.932m relating mainly to high cost patients and Section 117 cases. These overspends are both due to caseload and are partially offset by a £2.174m forecast underspend against the investment budget held for the Mental Health Investment Standard (MHIS).

Community Services
- There is a year to date underspend of £1.440m and a forecast underspend of £1.798m. The position includes a year to date underspend of £1.561m and forecast underspend of £2.179m for Derbyshire Community Health Services FT (DCHS) reflecting the year-end settlement that has been reached. This underspend is partially offset by overspends for non-NHS providers mainly relating to ophthalmology.

Continuing Healthcare
- The year to date variance is an underspend of £2.359m, which has worsened by £2.151m from month 8. £1.290m of the movement is due to a revised forecast cost from the Local Authority for the CCGs share of joint funded packages. There has also been increased pressure on the fully funded PHB budget. There is a forecast annual underspend of £7.333m, reflecting underspends relating to prior year benefits and 2019-20 activity forecasts based on confirmed current caseload, partly offset by pressures on children's packages and savings schemes that have not commenced as planned.

Primary Care
- The year to date variance is an overspend of £3.497m which is a deterioration in position due to an increased overspend for prescribing costs and a budget pressure for savings schemes which has been recognised in month. The forecast position is an overspend of £5.655m. The prescribing budget continues to show an overspend position with £6.127m forecast, mainly due to cost pressures relating to Category M drugs along with cost and volume variances. An overspend of £2.179m is also forecast for primary care savings. These overspends are expected to be partly offset by underspends across other primary care areas.

Primary Care Co-Commissioning
- There is a year to date underspend of £3.439m and a forecast underspend of £4.305m. The majority of the underspends relate to prior year benefits, mainly for rent reviews. The position also include an expected underspend for demographic growth on contracts and small underspends across a number of other areas.

Running Costs

- The running cost budget of £18.624m was set well below the running cost allocation of £22.457m. The streamline budget reflects savings and efficiencies. It also prepares the CCG for mandated Running Cost reductions in 2020-21. The latest forecast position is an underspend of £1.926m, relating to vacancy slippage and prior year benefits mainly for premises.

4. Underlying Position

The CCG's underlying (UDL) position compares the recurrent funds available against the recurrent expenditure baseline. The difference between the two will result in either an underlying surplus or deficit for the CCG. This is an indicator of the underlying financial health of the organisation. The CCG's underlying position is directly affected by the delivery of recurrent savings and underspends against budget (improvement in position) or non-delivery of recurrent savings and overspends against budgets (deterioration).

Table 3 – Underlying Position Summary

	£'m
Control Total	(29.0)
Non-Recurrent Savings	(9.8)
Other Non-Recurrent Transactions	(16.2)
Forecast 2019/20 Exit Underlying Position	**(55.0)**
UDL as a Percentage of Recurrent Allocation	(3.4%)

These figures exclude the full year effect of savings.

5. Risks and Mitigations

The CCG is reporting a fully mitigated risk position. Identified activity/financial risks totalling £4.5m are mitigated by the unused 0.5% contingency.

Table 4 - Risks & Mitigations

	£'m
Risks	
Activity Risk	1.7
Acute Services	1.5
Mental Health Services	0.2
Prescribing	0.8
Other Programme Services	0.1
Running Costs	0.2
Total Risks	**4.5**
Mitigations	
0.5% Contingency Held	4.5
Total Mitigations	**4.5**
Net (Risk) / Mitigation	**0**

6. Savings Programme Year to Date and Forecast Outturn Position at Month 9

As at 31st December 2019 the CCG has delivered cash-releasing savings of £36.8m against a year to date target of £47.3m, an underperformance of £10.5m (22%), compared to a year to date shortfall at Month 8 of £7.5m (19%). This position reflects the fact that the phasing of the CCG Efficiency programme included delivery of 65% of the financial benefit in the last two quarters of the year.

Table 5 compares the savings programme from Month 9 to Month 8, noting that the forecast outturn position has deteriorated from Month 8 by £1.1m.

Table 5 – Summary of Savings Programme Results Month 9 and Month 8 on Annual Savings Target of £69.5 million

	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m	Forecast Outturn £'m	Risk Inside FO £'m	Risk outside FO £'m	Total Risk £'m	CTAP Adjustment included in Forecast Outturn £'m
Month 8	39.8	32.3	(7.5)	48.1	21.4	0	21.4	2.2
Month 9	47.3	36.8	(10.5)	47.1	22.4	0	22.4	2.5
Variance	7.5	4.5	(3.0)	(1.1)	1.1	0	1.1	0.3

At Month 9 the total risk assessment has increased overall by £1.1m to £22.4m. This is shown as risk inside the forecast outturn position with no risk reported outside of forecast related to individual schemes. Table 6 summarises the risk reported to NHS England.

Table 6 – Summary of Savings Programme Risk Assessment

Total Savings Risk Reporting to NHS England	M3 £'m	M4 £'m	M5 £'m	M6 £'m	M7 £'m	M8 £'m	M9 £'m	Diff M8 – M9 £'m
Risk included in FOT	Zero	2.2	9.4	13.7	20.3	21.4	22.4	(1.1)
Risk not included in FOT	10.6	10.6	3.3	3.9	0.0	0.0	0.0	0.0
Total Savings Risk	**10.6**	**12.8**	**12.8**	**17.6**	**20.3**	**21.4**	**22.4**	**(1.1)**

Table 7 shows the monthly run rate required for Months 10 to 12 is £3.4m, compared to the average monthly run rate for Months 1-9 of £4.1m. If the monthly run rate is less than the projected run rate of £3.4m there will be additional risk to the delivery of the forecast outturn. The CCG needs to deliver £10.3m of savings in Months 10 to 12 to achieve this forecast outturn although the organisation will continue to seek to exceed this position.

Table 7 – Run Rate on Savings Programme

	M1 £'m	M2 £'m	M3 £'m	M4 £'m	M5 £'m	M6 £'m	M7 £'m	M8 £'m	M9 £'m	Total M9 YTD £'m	Total M10 – 12 Delivery £'m	Total Forecast Outturn £'m
Delivery Value	2.6	3.3	3.6	3.7	4.9	5.8	4.9	3.6	4.5	36.8	10.3 *Average 3.43 per month*	47.1

The current profile of risk relating to under-performing schemes is £29.7 million of the confirmed programme with an additional £1.6 million of governed closed schemes totalling £31.3 million. This is offset by £8.9 million of underperforming schemes.

Table 8 below summarises the programme performance from Month 7 through to Month 9, noting a worsening forecast position of £1.1million movement from Month 8.

Table 8 – Movement in Savings Delivery

	FOT -v- Variance M7 £ms	FOT -v- Variance M8 £ms	FOT -v- Variance M9 £ms	Difference FOT M8 to M9 £ms
Sub Total Negative Variances	-27.7	-28.7	-29.7	-1.0
Closed Schemes	-1.6	-1.6	-1.6	0.0
Total Negative Variance Schemes	-29.4	-30.3	-31.3	-1.0
Sub Total Positive Variances	7.0	6.7	6.4	-0.3
Sub Total Positive Variance CTAP Mitigations	2.0	2.2	2.5	0.2
Total Positive Variance Schemes	9.1	8.9	8.9	-0.1
TOTAL OVERALL PERFORMANCE	**-20.3**	**-21.4**	**-22.4**	**-1.1**

7. Summary and Recommendations

At month 9 the year to date and forecast positions are in line with plan.

£3.6m of the CCG's £8.1m mandated contingencies have been used in the forecast position, with nil in the year to date position.

Any overspend or under delivery of savings at this point in the year will be supported by robust mitigation plans or alternative savings. These will be reported through the FRG and Finance Committee.

Risks of £4.5m are being mitigated by unused contingencies, whilst recovery actions are also continuing to be pursued.

The month 9 savings information shows year to date delivery of £36.8m (against a phased plan of £47.3m) and a forecast savings delivery of £47.1m against a planned total of £69.5m.

The Governing Body is recommended to:

- Note the year to date and forecast position as at month 9 (as shown in Table 2)
- Note the month 9 savings delivery of £36.8m and forecast of £47.1m described in section 6 - table 5
- Note the month 9 level of risk as shown in table 4

Governing Body Meeting in Public

6ᵗʰ February 2020

Item No: 214	

Report Title	Quality and Performance Report Month 8
Author(s)	Jackie Carlile, Head of CCG Performance and Assurance Ali Cargill, Deputy Chief Nurse
Sponsor (Director)	Brigid Stacey, Chief Nursing Officer Zara Jones, Executive Director of Commissioning Operations

Paper for:	**Decision**		**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair			Dr Buk Dhadda, Q&P Chair					

Recommendations

The Governing Body is asked to **NOTE** the key performance and quality highlights and the actions taken to mitigate the risks.

Report Summary

The exception reports contained in the report show performance for the CCG and for our two main acute providers.

Key Messages:

Performance:

Urgent & Emergency Care

- The A&E standard was not met at a Derbyshire level, with both main Providers failing to achieve the 95% target in December 2019. The CRH achieved 78.4% (YTD 85.9%) which is a reduction on November's performance. UHDB's performance was 75.8% (YTD 81.0%), which was also a reduction on November's position. None of our Associate Providers achieved the standard during December 2019.
- There were eight 12-hour breaches associated with Derby and Derbyshire CCG patients in November 2019. Of this volume, six were at CRH following a heightened demand on capacity and an exceeding number of patients requiring side rooms as a result of infection control issues. The remaining two breaches were at UHDB both due to the unavailability of suitable mental health beds.
- EMAS is non-compliant in 5 out of 6 national standards for Derbyshire.

Planned Care

- The 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at both Acute Trusts.
- CRHFT's performance was 89.4%, slightly down on October's position and UHDB's performance was 87.1%, also slightly down on October 2019..

- There were no 52 week waits relating to Derby and Derbyshire CCG patients nor at the two main Acute Providers. An early cut of December performance (unvalidated) shows that there were no 52 weeks at the end of December 2019.
- For the 6 week diagnostic waiting time standard, the CRHFT achieved the target with performance at 0.2%. Whilst UHDB continue to operate above the 1% threshold at 2.3%, performance is on an improving trajectory.

Cancer

- Four of the nine standards were not met at a Derby and Derbyshire CCG level in November 2019.
    - The 2 week wait Breast symptomatic target was not met at 90.4%, against a target of 93%.
    - The 31 days subsequent radiotherapy target was not met at 93.4% against a target of 94%; this was due to noncompliance at Sheffield.
    - The 62 day - Urgent GP Referral performance continues to be non-compliant at Derbyshire level (73.6%). None of our providers are compliant.
    - The 62 day for treatment from a screening referral was not met, with performance at 74.2% against a standard of 90%.
- Despite this, there were signs of improvement with the 31 day target for diagnosis to treatment standing at 97.0%, an improvement on October's performance the 31 day target relating to the time for subsequent surgery also hitting the target with improved performance on October's position.
- There are 3 patients waiting over 104 days for treatment at the CRH and 13 at the UHDB.

Quality:

CRHFT
12 Hour wait breaches, ED: During November 2019 there were six breaches on two occasions. One occasion was due to lack of capacity for patients requiring isolation, and the other occasion the Trust were experiencing bed pressures and on OPEL 4.
Pressure Ulcers: A stage 4 pressure ulcer reported, investigation has taken place and learning points identified.

UHDBFT
MSA breaches: During November 2019 there were a total of 15 MSA breaches across 5 sites. 8 breaches occurred on the Derby sites and 7 occurred on the Burton site, ICU. The breaches were as a result of bed pressures and lack of capacity to transfer patients from specialist or high dependency areas.

12 hour trolley breaches: Two breaches occurred in November 2019. One was a wait for a mental health bed, and the other a wait for a MAU bed, which was due to bed pressures experienced by the Trust.

DCHSFT
Appraisals: The Trust are below target for their appraisals. Plans are in place for booking the outstanding appraisals throughout December and January.
The Delayed Transfer of Care (DTOC): The November 2019 figure was 5.9% for Rehab & Urgent Care (RUC) and OPMH combined. This is above the NHSEI target of 3.5%, and shows an increase on the October figure. All agreed actions are ongoing and monitored through contractual routes.

DHcFT

Consultant Outpatient Appointments Trust Cancellations: The main reasons for cancellations during November 2019 are consultant sickness; the need for urgent appointments; and Consultant capacity. The Trust have recruitment plans in place, and are working with The Employee Relation Team in terms of absence management.

EMAS

National Standards: During November 2019, EMAS, as a region and at county level achieved one of the six national standards which was C1 90th centile. A joint investigation has been instigated in terms of meeting the national standards; however terms of reference were not agreed. Contract performance notice remains in place for failure to deliver quarter 2 performance requirements.

CQUIN: In relation to the National flu vaccination CQUIN The Trust are forecasting partial achievement, with reporting due in Quarter Four. This is being monitored at the Collaborative Commissioning Meetings via monthly reports.

Activity Monitoring

The activity report is now a separate agenda item at the Quality and Performance Committee. This reviews our activity position against plan and details of any data quality issues. Any items for escalation will be shared with GB members as part of the Chairs Assurance Report.

OEIPB Update

Assurance Opinion from the Workstream Lead(s)

We are assured that there are appropriate plans and monitoring in place to ensure that the actions identified in the programme plan as reported to the OEIPB are on track.

Update following the Committee

Update on the RTT waiting list position with the priority being the prevention of 52 week wait breaches. Working with UHDBFT and the regulators to agree a position for the end of March 2020.

This has also been escalated to the System Quality And Performance Group.

EMAS - the January position has improved however the data has not yet been shared with the Committee members. The CCG will work with EMAS to look at the analysis of the 4 key areas – Demand, Internal Efficiencies, internal resources, external efficiencies in particular handover times.

There was a deep dive into the backlog of SI's at UHDBFT. The Trust attended the Quality and Performance Committee and the Committee gained assurance that the backlog had been cleared and it is now business as usual. The CCG will continue to monitor through CPRG.

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
No

Have any Conflicts of Interest been identified/ actions taken?
None

Governing Body Assurance Framework
Quality and Performance address the first three GBAFs, which are monitored by the Quality and Performance Committee.

Identification of Key Risks
Nursing and Quality Directorate Risk Register.

Month 8
Quality & Performance Report 2019/20

30th January 2020

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EXECUTIVE SUMMARY

Key Messages	• The tables on slides 6-9 show the latest validated CCG data against the constitutional targets. A more detailed overview of performance against the specific targets and the associated actions to manage performance is included in the body of this report.
Urgent & Emergency Care	• The A&E standard was not met at a Derbyshire level, with both main Providers failing to achieve the 95% target in December 2019. The CRH achieved 78.4% (YTD 85.9%) which is a reduction on November's performance. UHDB's performance was 75.8% (YTD 81.0%), which was also a reduction on November's position. None of our Associate Providers achieved the standard during December 2019. • There were eight 12-hour breaches associated with Derby and Derbyshire CCG patients in November 2019. Of this volume, six were at CRH following a heightened demand on capacity and an exceeding number of patients requiring side rooms as a result of infection control issues. The remaining two breaches were at UHDB both due to the unavailability of suitable mental health beds. • EMAS is non-compliant in 5 out of 6 national standards for Derbyshire.
Planned Care	• The 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at both Acute Trusts. • CRHFT's performance was 89.4%, slightly down on October's position and UHDB's performance was 87.1%, also slightly down on October 2019.. • There were no 52 week waits relating to Derby and Derbyshire CCG patients nor at the two main Acute Providers. An early cut of December performance (unvalidated) shows that there were no 52 weeks at the end of December 2019. • For the 6 week diagnostic waiting time standard, the CRHFT achieved the target with performance at 0.2%. Whilst UHDB continue to operate above the 1% threshold at 2.3%, performance is on an improving trajectory.

Cancer	• Four of the nine standards were not met at a Derby and Derbyshire CCG level in November 2019.
	
	    • The 2 week wait Breast symptomatic target was not met at 90.4%, against a target of 93%.
	    • The 31 days subsequent radiotherapy target was not met at 93.4% against a target of 94%, this was due to non compliance at Sheffield.
	    • The 62 day - Urgent GP Referral performance continues to be non-compliant at Derbyshire level (73.6%). None of our providers are compliant.
	    • The 62 day for treatment from a screening referral was not met, with performance at 74.2% against a standard of 90%.
	
	• Despite this, there were signs of improvement with the 31 day target for diagnosis to treatment standing at 97.0%, an improvement on October's performance the 31 day target relating to the time for subsequent surgery also hitting the target with improved performance on October's position.
	• There are 3 patients waiting over 104 days for treatment at the CRH and 13 at the UHDB.

EXECUTIVE SUMMARY

Trust	Key Issues - Quality
Chesterfield Royal Hospital FT	12 Hour wait breaches, ED: During November 2019 there were six breaches on two occasions. One occasion was due to lack of capacity for patients requiring isolation, and the other occasion the Trust were experiencing bed pressures and on OPEL 4. Pressure Ulcers: A stage 4 pressure ulcer reported, investigation has taken placed and learning points identified.
University Hospitals of Derby and Burton NHS FT	MSA breaches: During November 2019 there were a total of 15 MSA breaches across 5 sites. 8 breaches occurred on the Derby sites and 7 occurred on the Burton site, ICU. The breaches were as a result of bed pressures and lack of capacity to transfer patients from specialist or high dependency areas. 12 hour trolley breaches: Two breaches occurred in November 2019. One was a wait for a mental health bed, and the other a wait for a MAU bed, which was due to bed pressures experienced by the Trust.
Derbyshire Community Health Services FT	Appraisals: The Trust are below target for their appraisals. Plans are in place for booking the outstanding appraisals throughout December and January. The Delayed Transfer of Care (DTOC): The November 2019 figure was 5.9% for Rehab & Urgent Care (RUC) and OPMH combined. This is above the NHSEI target of 3.5%, and shows an increase on the October figure. All agreed actions are ongoing and monitored through contractual routes.
Derbyshire Healthcare Foundation Trust	Consultant Outpatient Appointments Trust Cancellations: The main reasons for cancellations during November 2019 are consultant sickness; the need for urgent appointments; and Consultant capacity. The Trust have recruitment plans in place, and are working with The Employee Relation Team in terms of absence management.
East Midlands Ambulance Trust	National Standards: During November 2019, EMAS, as a region and at county level achieved one of the six national standards which was C1 90th centile. A joint investigation has been instigated in terms of meeting the national standards, however terms of reference were not agreed. Contract performance notice remains in place for failure to deliver quarter 2 performance requirements. CQUIN: In relation to the National flu vaccination CQUIN The Trust are forecasting partial achievement, with reporting due in Quarter Four. This is being monitored at the Collaborative Commissioning Meetings via monthly reports.

QUALITY & PERFORMANCE DEEP DIVE SCHEDULE

Month	Area	Lead
subject to change		
Sep-19	Patient Experience	Sarah Macgillvery
Oct-19	Mental Health	Phil Sugden
Nov-19	Medicines Safety	Steve Hulme
Dec-19	End of Life	Steph Austin
Jan-20	RTT- Elective Waiting List	Craig Cook
Feb-20	Maternity	Ali Cargill
Mar-20	CHC	Nicola MacPhail
Apr-20	Care Homes	Steph Austin
Jun-20	Patient Safety	Lisa Falconer
July-20	HCAI	Sally Bestwick
August-20	Childrens	Mick Burrows

PERFORMANCE OVERVIEW MONTH 9 (19/20) – URGENT CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

Key:

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

EMAS Dashboard for Ambulance Performance Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	East Midlands Ambulance Service Performance (NHSD&DCCG only - National Performance Measure)		consecutive months of failure	EMAS Performance (Whole Organisation)		consecutive months of failure	EMAS Completed Quarterly Performance 2019/20				NHS England		consecutive months of failure
					Current Month	YTD		Current Month	YTD		Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Current Month	YTD	
Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Dec-19	→	00:07:18	00:07:28	29	00:08:10	00:07:39	17	00:07:25	00:07:32			00:07:28	00:07:11	6
	Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Dec-19	→	00:13:13	00:13:04	0	00:14:38	00:13:45	0	00:13:12	00:13:32			00:13:11	00:12:37	0
	Ambulance - Category 2 - Average Response Time	00:18:00	Dec-19	→	00:35:25	00:47:20	29	00:41:45	00:31:17	22	00:26:37	00:30:19			00:26:02	00:22:44	28
	Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Dec-19	↓	01:13:54	00:55:41	29	01:27:22	01:05:02	29	00:55:25	01:02:45			00:53:45	00:46:34	28
	Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Dec-19	↓	05:08:43	03:12:05	6	05:14:53	03:39:31	28	02:40:50	03:42:11			03:20:03	02:45:21	19
	Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Dec-19	↓	03:14:36	02:49:31	3	04:16:02	03:16:10	3	02:37:27	03:04:55			03:47:24	03:12:17	3

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG		consecutive months of failure	Chesterfield Royal Hospital FT		consecutive months of failure	University Hospitals of Derby & Burton FT		consecutive months of failure	Derbyshire Community Health Services FT		consecutive months of failure	NHS England		consecutive months of failure
					Current Month	YTD		Current Month	YTD		Current Month	YTD		Current Month	YTD		Current Month	YTD	
Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Dec-19	↓	76.5%	82.3%	51	78.4%	85.9%	18	75.8%	81.0%	51	100.0%	100.0%	0	81.8%	85.9%	51
	A&E 12 Hour Trolley Waits	0	Dec-19					18	32	2	40	67	22	0	0	0	2347	6783	51
DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Nov-19	↓				1.57%	1.49%	0	3.87%	3.45%	2	5.80%	4.82%	6	4.34%	4.17%	8

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NHS Derby & Derbyshire CCG Assurance Dashboard

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

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG Current Month	YTD	consecutive months of failure	Chesterfield Royal Hospital FT Current Month	YTD	consecutive months of failure	University Hospitals of Derby & Burton FT Current Month	YTD	consecutive months of failure	Derbyshire Community Health Services FT Current Month	YTD	consecutive months of failure	NHS England Current Month	YTD	consecutive months of failure
Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Dec-19	↓	76.5%	82.3%	51	78.4%	85.9%	18	75.8%	81.0%	51	100.0%	100.0%	0	81.8%	85.9%	51
	A&E 12 Hour Trolley Waits	0	Dec-19					18	31	2	40	66	22	0	0	0	2347	6783	51
DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Nov-19	↓				1.57%	1.49%	0	3.20%	3.45%	2	5.80%	4.82%	6	4.34%	4.17%	8
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Nov-19	↓	87.8%	89.5%	22	89.4%	90.6%	7	87.1%	88.4%	23	94.1%	95.2%	0	88.6%	85.6%	45
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Nov-19	↓	0	11	0	0	0	0	0	16	0	0	0	0	1398	9485	151
Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Nov-19	↑	2.14%	6.07%	18	0.17%	0.68%	0	2.26%	7.71%	12	0.00%	0.00%	0	2.94%	3.63%	75
2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Nov-19	↓	96.3%	91.5%	0	Cancer 2 Week Wait Pilot Site - not currently reporting			97.6%	89.2%	0				91.3%	90.5%	9
	Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Nov-19	↓	90.4%	70.6%	1				97.1%	57.1%	0				87.5%	83.1%	21
31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Nov-19	↑	97.0%	95.6%	0	99.2%	98.0%	0	97.5%	96.0%	0				95.9%	96.1%	1
	Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Nov-19	↑	94.3%	90.5%	0	100.0%	97.8%	0	89.7%	92.7%	2				91.6%	91.4%	16
	Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Nov-19	↓	100.0%	99.2%	0	100.0%	100.0%	0	100.0%	99.0%	0				99.4%	99.2%	0
	Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Nov-19	↓	93.4%	94.0%	3				96.8%	93.2%	0				96.9%	96.5%	0
62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Nov-19	↑	78.4%	75.0%	19	76.4%	78.8%	4	77.0%	74.2%	19				77.4%	77.6%	1
	First Treatment Administered - 104+ Day Waits	0	Nov-19	↑	19	191	44	3	23	19	13.0	124.0	44						
	First Treatment Administered Within 62 Days Of Screening Referral	90%	Nov-19	↑	74.2%	77.6%	8	86.7%	77.9%	7	75.0%	83.1%	8				83.8%	85.8%	20
	First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Nov-19	↓	90.7%	88.8%		100.0%	93.1%		93.5%	87.1%					81.6%	82.5%	
Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	19-20 Q2	↑				10.8%	10.5%		0.5%	10.0%					7.4%	9.3%	
	Number of Urgent Operations cancelled for the 2nd time	0	Nov-19	→				0	0	0	0	0	0				19	123	32

PERFORMANCE OVERVIEW MONTH 8 – PATIENT SAFETY

NHS Derby & Derbyshire CCG Assurance Dashboard

NHS Derby and Derbyshire Clinical Commissioning Group

Key:

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

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG Current Month	YTD	consecutive months of failure	Chesterfield Royal Hospital FT Current Month	YTD	consecutive months of failure	University Hospitals of Derby & Burton FT Current Month	YTD	consecutive months of failure	Derbyshire Community Health Services FT Current Month	YTD	consecutive months of failure	NHS England Current Month	YTD	consecutive months of failure
Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Nov-19	→	11	71	32	0	4	0	16	97	14	0	0	0	1968	12040	32
Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Nov-19	↓	1	4	1	1	2	1	0	4	0				75	535	32
	Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Nov-19	↑		319			36			129							
		Actual				160	0		12	0		49	0					9048	
	Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Nov-19	↑	62	618		17	187		52	407					3404	29976	
	Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Nov-19	↓	28	168		0	12		6	30					960	8202	

PERFORMANCE OVERVIEW MONTH 8 – MENTAL HEALTH

NHS Derby & Derbyshire CCG Assurance Dashboard

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

CCG Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG — Current Month	YTD	consecutive months of failure	Derbyshire Healthcare FT — Current Month	YTD	consecutive months of failure	NHS England — Current Month	YTD	consecutive months of failure
Early Intervention In Psychosis	Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	50.0%	Nov-19	↓	80.0%	84.1%	0	90.0%	87.1%	0	74.1%	75.4%	0
	Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	50.0%	Nov-19	→	100.0%	86.2%	0	100.0%	86.2%	0	24.5%	37.9%	2
Mental Health	Dementia Diagnosis Rate	67.0%	Nov-19	↓	72.1%	71.9%	0				68.7%	68.5%	0
	Care Program Approach 7 Day Follow-Up	95.0%	19/20 Q2	↓	94.7%	96.2%	1	96.2%	96.7%	0	94.5%	96.1%	1
	CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		19/20 Q2	↑	82.8%	82.5%							
	CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		19/20 Q2	↓	72.2%	78.2%							
	Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	Mar-19	↑	3.0%	3.1%	2						
	Mental Health - Out Of Area Placements		Oct-19	↑	450	4260							
	Physical Health Checks for Patients with Severe Mental Illness	60%	19/20 Q2	↓	29.1%	29.5%	2						

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG — Current Month	YTD	consecutive months of failure	Talking Mental Health Derbyshire (D&DCCG only) — Current Month	YTD	consecutive months of failure	Trent PTS (D&DCCG only) — Current Month	YTD	consecutive months of failure	Insight Healthcare (D&DCCG only) — Current Month	YTD	consecutive months of failure	NHS England (D&DCCG only) — Current Month	YTD	consecutive months of failure
Improving Access to Psychological Therapies	IAPT - Number Entering Treatment As Proportion Of Estimated Need In The Population	Plan	Nov-19	↓	1.83%	14.67%													
		Actual			2.31%	18.30%	0												
	IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Nov-19	↓	39.8%	52.1%	1	55.6%	53.9%	0	33.0%	50.4%	1	50.9%	55.2%	0	51.3%	52.1%	0
	IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Nov-19	↑	93.0%	87.8%	0	92.6%	97.1%	0	92.8%	72.2%	0	97.6%	97.4%	0	87.3%	89.4%	0
	IAPT Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of IAPT treatment	95%	Nov-19	↑	100.0%	100.0%	0	99.8%	100.0%	0	100.0%	100.0%	0	100.0%	99.8%	0	98.5%	99.0%	0

Area	Indicator Name	Standard	Latest Period	Direction of Travel	Derbyshire Healthcare FT — Current Month	YTD	consecutive months of failure
DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Nov-19	↓	0.82%	0.87%	0
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Nov-19	↑	92.9%	93.5%	0
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Nov-19	→	0	0	0
Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Nov-19	→	0	0	0

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Quality Overview

Trust	Key Issues
Chesterfiel d Royal Hospital FT	**12 hour wait breaches ED:** There were 6 patients on two occasions in November who waited over 12 hours to be transferred to an in patient bed. The first occurrence affected 3 patients who's maximum wait was 17 hours. All 3 patients required isolation (side wards) due to symptoms of an infective cause. The second occurrence affected 3 patients where the maximum wait was 14 hours. Of the 6 patients no clinical risk or harm was identified by the Trust. The patients were informed of the plans and reasons for the delay. **NHSEI Infection Prevention and Control Visit:** The CCG were involved in the NHSEI Infection Prevention visit that took place in December 2019 at the Trust .This visit was triggered following the CQC visit to the ED in August 2019,where a number of Infection Prevention concerns were identified and as a result NHSEI rated the Trust as level 'RED' on their internal escalation for Infection Control. The December visit identified that the Trust should strengthen the medical engagements and divisional ownership of IP&C. The escalation level was reviewed and de-escalated from RED to AMBER in acknowledgement of the actions the trust had taken & put in place. The CCG will attend the Trust IP&C meetings to gain assurance that actions are progressing , a follow up visit by NHSEI is planned for May 2020. **Pressure Ulcers:** The Trust reported one patient developed a stage 4 pressure ulcer in November 2019 ,there has not been any stage 4 pressure ulcers reported by the Trust since May 2018. This incident has been reported as a Serious Incident a swarm investigation has taken place and learning has been identified. The full report will be shared with the CCG for review and monitoring of actions taken. The wound had significantly improved prior to the patients discharged home.
University Hospitals of Derby and Burton NHS FT	**MSA breaches:** During November 2019 there were a total of 15 MSA breaches across 5 sites. 8 breaches occurred on the Derby sites, ward 407. 7 occurred on the Burton sites, ICU. All breaches were due to lack of available beds to transfer patients into to commence their care, or delays in discharging from the high dependency areas to base wards when medically fit. There was no harm experienced and no adverse effects on experience or safety were reported. **12 hour wait breaches:** Two adult breaches were reported by the ED at Derby Hospital due to a wait for a mental health bed and a wait for bed on the MAU and onwards to a base ward within the hospital . The CCG Quality Team continue to be assured that those affected by breaches are being cared for appropriately while awaiting transfer.

Trust	Key Issues
Derbyshire Community Health Services FT	Appraisals: Compliance has risen marginally during the month of November, but is still 7% lower than target. Divisional People Leads for each of the Divisions have undertaken an exercise to chase up every outstanding Appraisal with the management team responsible for that individual. All management teams are booking outstanding Appraisals in for December and January. Compliance is monitored through the normal contractual monitoring meetings. Delayed Transfer of Care (%):The Derbyshire Delayed Transfer of Care (DTOC) figure for November 2019 was 5.9% for Rehab & Urgent Care (RUC) and OPMH combined. This is above the NHSEI target of 3.5% above the October figure of 4.8%. Whilst being the highest for the year to date it is still within the SPC limits and the variation continues within normal bounds as no systemic changes have been made. One of the primary reasons for delay (116 days) was due to Patient or family choice . All agreed actions are ongoing and monitored through contractual routes.
Derbyshire Healthcare Foundation Trust	Consultant Outpatient Appointments Trust Cancellations: The main reasons for cancellations are consultant sickness; the need for urgent appointments; and Consultant capacity. For the latter, recruitment is in progress and the trust endeavour to fill vacancies with locums pending recruitment of permanent staff. The Trust has set up a contract with Resolve to provide support to staff. And all line managers are mandated to attend an Absence Management training module, which is being delivered by the Employee Relations team. Further classes for 2020 are now being planned to ensure that all line managers are trained. Ongoing performance is monitored through the Clinical Quality Reference Group.
East Midlands Ambulance Trust	National Standards: During the month of November 2019, EMAS as a region achieved one of the six national standards: C1 90th centile. At a county level during November 2019; Derbyshire, Leicestershire, Northamptonshire and Nottinghamshire each achieved one of the six national performance standards (C1 90th centile in each case). Based on performance to date it is likely that only C1 90th centile will be met for Q3. A contract meeting took place on the 4th November 2019 where it was agreed that a joint investigation would take place into national standards. The Terms of Reference (ToR) were drafted for the joint investigation however they are not agreed, a further meeting took place on the 20th November 2019 to discuss how this could be moved forwards. The Contract Performance Notice for failure to deliver the Quarter Two contractual performance standards remains in place. The outcome will be reported at the January 2020 Strategic Delivery Board. CQUIN: The National CQUIN 2 Staff Flu Vaccination continue to progress, however to date EMAS are currently forecasting partial achievement, with reporting due in Quarter Four and verbal monthly updates are received at the divisional Collaborative Commissioning meetings (CCMs).

QUALITY OVERVIEW M8

Derby and Derbyshire Clinical Commissioning Group (NHS)

Derbyshire Wide Integrated Report
Part B: Provider Local Quality Indicators

Dashboard Key:	
CCG assured by the evidence	(green)
CCG not assured by the evidence	(red)

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

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

Section	Area	Indicator Name	Standard	Latest Period	Direction of travel	See Section D for Commentary	Current Period	YTD	Latest Period	Direction of travel	See Section D for Commentary	Current Period	YTD	Latest Period	Direction of travel	See Section D for Commentary	Current Period	YTD	Latest Period	Direction of travel	See Section D for Commentary	Current Period	YTD
				Chesterfield Royal Hospital FT					**University Hospitals of Derby & Burton FT**					**Derbyshire Community Health Services**					**Derbyshire Healthcare FT**				
Ratings / CQC Ratings		Inspection Date	N/A	Nov-18					Jun-19					May-19					Jul-18				
		Outcome	N/A	Good					Good					Outstanding					Requires Improvement				
Adult	FFT	Staff 'Response' rates	15%	19-20 Q2	↓		7.6%	8.6%	19-20 Q2	↓		10.1%	10.2%	19-20 Q2	↓		2.7%	21.7%	19-20 Q2	↓		3.2%	18.1%
		Staff results - % of staff who would recommend the organisation to friends and family as a place to work		19-20 Q2	↓		56.4%	64.5%	19-20 Q2	↓		70.2%	65.7%	19-20 Q2	↓		50.4%	70.5%	19-20 Q2	↓		57.3%	66.7%
		Inpatient results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Nov-19	↑		99.0%	97.7%	Nov-19	↓		96.3%	96.2%	Dec-19	→		100.0%	98.5%					
		A&E results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Nov-19	↑		77.3%	77.4%	Nov-19	↓		80.7%	80.5%	Dec-19	↓		98.4%	99.3%					
	Complaints	Number of formal complaints received	N/A	Nov-19	↓		36	259	Sep-19	↑		63	420	Dec-19	↑		8	97	Dec-19	↔		6	109
		% of formal complaints responded to within agreed timescale	N/A	Nov-19	↓		97.0%	99.3%	Sep-19	↓		65.2%	59.0%	Dec-19	↔		100.0%	93.9%	Dec-19	↔		100%	89.90%
		Number of complaints partially or fully upheld by ombudsman	N/A	Nov-19	↔		0	0	19-20 Q2	↔		1	2	Dec-19	↔		0	0	Dec-19	↔		0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Nov-19	↑		6	69	Sep-19	↑		48	302	Dec-19	↓		82	871	Dec-19	↔		0	1
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Nov-19	↓		7	33	Sep-19	↓		20	106	Dec-19	↓		35	366	Dec-19	↔		0	0
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Nov-19	↓		1	1	Sep-19	↑		0	1	Dec-19	↔		5	39	Dec-19	↔		0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Nov-19	↔		5	21	Sep-19	↑		16	94	Dec-19	↓		54	402	Dec-19	↔		0	0
		Medical Device pressure ulcers - numbers developed or deteriorated							Sep-19	↓		4	20	Dec-19	↓		10	77	Dec-19	↔		0	0
		Number of pressure ulcers which meet SI criteria	N/A	Nov-19	↔		3	20	Sep-19	↔		0	4	Dec-19	↑		0	19	Dec-19	↔		0	0
	Falls	Number of falls	N/A	Nov-19	↓		129	882	Data Not Provided in Required Format					Dec-19	↑		19	301	Dec-19	↓		28	236
		Number of falls resulting in SI criteria	N/A	Nov-19	↓		4	16	Sep-19	↑		0	19	Dec-19	↑		0	6	Dec-19	↔		0	0
	Medication	Total number of medication incidents	?	Nov-19	↓		66	551	Sep-19	↑		180	1314	Dec-19	↔		0	0	Dec-19	↓		91	614
	Serious Incidents	Never Events	0	Nov-19	↑		0	4	Sep-19	↑		0	6	May-19	↔		0	0	Dec-19	↔		0	0
		Number of SI's reported	0	Nov-19	↔		10	59	Sep-19	↑		7	115	Dec-19	↑		9	112	Dec-19	↑		1	61
		Number of SI reports overdue	0	Nov-19	↔		0	0	May-19	↓		19	28	May-19	↔		0	0					
		Number of duty of candour breaches which meet threshold for regulation 20	0	Nov-19	↓		1	3	May-19	↔		0	0	Dec-19	↔		0	0					

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QUALITY OVERVIEW M8

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

Section	Area	Indicator Name	Standard	CRH Latest Period	CRH Direction of travel	CRH See Section D	CRH Current Period	CRH YTD	UHDB Latest Period	UHDB Direction of travel	UHDB See Section D	UHDB Current Period	UHDB YTD	DCHS Latest Period	DCHS Direction of travel	DCHS See Section D	DCHS Current Period	DCHS YTD	DHcFT Latest Period	DHcFT Direction of travel	DHcFT See Section D	DHcFT Current Period	DHcFT YTD
				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		Nov-19	↑		2	11	18 - 19 Q1	↔		2	2						Dec-19	↔		0	0
		% Risk Assessments of all inpatients	90%	19-20 Q2	↑		97.5%	97.7%	19-20 Q2	↓		96.6%	96.2%	19-20 Q2	↑		99.6%	99.8%					
	Mortality	Hospital Standardised Mortality Ratio (HSMR)	Not Higher Than Expected	Nov-19	↑		105.5		Jun-19	↔		92.7	92.7										
		Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected		Jul-19	↑		0.982		Jul-19	↓		0.944											
		Crude Mortality		Nov-19	↓		1.72%	1.47%	Sep-19	↔		1.20	1.28										
Maternity	FFT	Antenatal serivce: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-19	→		100.0%	98.5%	Nov-19	↑		97.1%	94.5%										
		Labour ward/birthing unit/homebirth: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-19	↑		100.0%	98.7%	Nov-19	↑		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-19	↓		97.3%	98.5%	Nov-19	↑		97.8%	97.7%										
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Nov-19	→		100.0%	98.8%	Nov-19	→		100.0%	97.2%										
Mental Health	Dementia	Dementia Care - % of patients ≥ 75 years old admitted where case finding is applied	90%	Oct-19	↑		99.7%	98.7%	Oct-19	↑		93.1%	90.6%										
		Dementia Care - % of patients identified who are appropriately assessed	90%	Oct-19	↓		100.0%	100.0%	Oct-19	↓		86.0%	83.0%										
		Dementia Care - Appropriate onward Referrals	95%	Oct-19	↓		100.0%	100.0%	Oct-19	↓		100.0%	100.0%										
	Inpatient Admissions	Under 18 Admissions to Adult Inpatient Facilities	0																Dec-19	↔		0	0
Workforce	Staff	Staff turnover (%)		Nov-19	↑		8.7%	9.1%	Sep-19	↔		9.7%	9.95%	Nov-19	↑		9.0%	9.1%	Dec-19	↓		10.4%	10.1%
		Staff sickness - % WTE lost through staff sickness		Nov-19	↓		5.6%	5.0%	Sep-19	↓		4.4%	4.3%	Nov-19	↑		5.2%	4.7%	Dec-19	↑		7.2%	7.2%
		Vacancy rate by Trust (%)		Sep-17	↓		1.9%	1.3%	Dec-18	↓		8.3%	7.3%	Nov-19	↑		5.1%	5.9%	Dec-19	↑		9.86%	10.07%
		Agency usage	Target																Dec-19	↓			
			Actual																			9.86%	10.07%
		Agency nursing spend vs plan (000's)		Nov-19	↓		£444	£2,525	Oct-18	↑		£723	£4,355	Nov-19	↑		£74	£1,337					
		Agency spend locum medical vs plan (000's)		Nov-19	↑		£673	£5,483															
	Training	% of Completed Appraisals	90%	Nov-19	↔		95.9%	77.5%	Sep-19	↓		86.3%	89.1%	Nov-19	↑		89.3%	90.4%	Dec-19	↓		84.4%	80.6%
		Mandatory Training - % attendance at mandatory training	90%	Nov-19	↑		76.5%	70.4%	Aug-19	↓		85.4%	89.1%	Nov-19	↑		97.1%	96.8%	Dec-19	↑		87.1%	86.6%
Quality Schedule		Is the CCG assured by the evidence provided in the last quarter?	CCG assured by the evidence	(green)					(green)					(green)					(green)				
CQUIN		CCG assurance of overall organisational delivery of CQUIN	CCG not assured by the evidence	(green)					(green)					(red)					(green)				

Urgent & Emergency Care

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

Performance Analysis

During December 2019, the Trust did not meet the 95% standard, achieving 78.4% which is a decline on November's performance of 80.2%. The Type 1 element of this was 58.6% for December, a rapid downturn from November (62.9%).

There were 18 12 -hour breaches during December, the highest yet. They were caused by the unavailability of medical beds and breach reports have been received.

What are the issues?

	18/19	19/20	Diff	%Diff
Sep	5,867	6,334	467	8.0%
Oct	6,075	6,427	352	5.8%
Nov	5,784	6,458	674	11.7%
Dec	5,907	6,382	475	8.0%

- The Trust continue to experience a high number of Type 1 attendees compared to 2018/19 with 8.0% more attendances during Dec2019, resulting in OPEL4 status being declared during the month.
- The driver of this increase is primarily seen within the majors pathway, where volume is up by 11.3%.The overall proportional split between majors and minors is similar to that seen in 18/19.
- The acuity of the attendances is increasing, with 27.2% of A&E attendances resulting in admission to either an assessment unit or a ward in December (20.3% for November).
- There were many confirmed cases of flu (22 on-site at one point) resulting in reduced capacity when patient areas need deep cleaning once vacated by a flu patient.
- Staff shortages due to sickness and a difficulty recruiting to middle grade or consultant medical posts.

What actions have been taken?

- The ORG (Organisational Resilience Group) meet on a weekly basis with representation from all relevant Urgent Care providers in the Derbyshire System.
- A MADE week held w/c 13th Jan as an ideal week of system partnership working.
- Senior Review in the ED Pitstop area is now established as Business As Usual.
- Additional beds were opened over winter and have remained open since, with additional capacity opened ahead of schedule to cope with demand.
- Discharge hub working with frailty to expedite packages of care.
- Additional agency domestic staff employed to support deep cleans.
- Roll-out of the Ticket To Ride scheme in Orthopaedics and EMU, whereby HCAs are able to take patients to base wards and free up space in assessment areas.
- Rolling out Criteria-Led Discharge to streamline speedier discharge from Medical wards.
- Continued work with the Improvement Academy across discharge pathways.

What are the next steps and when will they impact?

- Analysis of primary care referrals to ED to inform work to prevent these.
- Establishing a Surgical Assessment Unit to improve flow.
- Implementation of new rotas following the MetricAid A&E medical rota work .
- Consideration of the business case for a permanent ED-based MSK practitioner.
- The ORG Winter Planning sub-committee will continue to focus on capacity planning, effective communications and preventative measures.
- The ORG take a PMO approach for projects improving urgent care. These include: Capacity & Demand analysis, direct booking of GP appointments via 111, reduced ambulance conveyances, focussing on High Intensity Users & Care Home patients, increasing input from mental health services and increasing capacity to administer IV antibiotics in the community. The ORG report to the A&E Delivery Board.

A&E 4 Hour Wait Performance (Type 1, DHU Streaming and MIU) & 12 Hour Trolley Wait Breaches

Metric	Sept	Oct	Nov	Dec	Actual change	%change
A&E attendances (Type 1)	6,334	6,427	6,458	6,382	-76	-1%
A&E Breaches (Type 1)	1,936	1,728	2,399	2,641	242	10%
Primary Care Streaming	1,771	1,807	1,749	2,027	278	16%
MIU attendances	3,366	2,893	3,173	3,329	156	5%
Total Att.	11,471	11,127	11,380	11,738	358	3%

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

Performance Analysis

During December 2019, performance at a network level did not meet the 95% standard, achieving 75.8%. For type 1 attenders, 56.9% were seen and treated within the 4-hour standard, a further decrease on the November position.

At the RDH there were 4 12-hour trolley breaches during December 2019 due to unavailability of appropriate mental health beds (2) or appropriate medical/surgical beds within UHDB (2).

A&E 4 Hour Wait Performance
(Type 1, DHU Streaming and MIU) & 12 Hour Trolley Wait Breaches
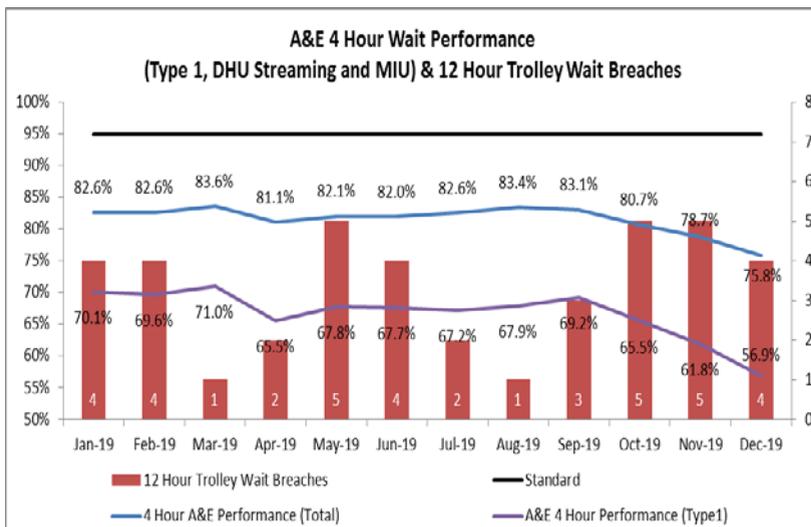
The 12hour trolley breaches in the graph relate to the Derby ED only.

Metric	Sep	Oct	Nov	Dec	Actual change	% change
A&E attendances (Type 1)	12,130	12,644	12,399	12,482	83	1%
A&E Breaches (Type 1)	4,329	4,893	5,173	5,890	717	14%
Primary Care Streaming Attendances	1,356	1,123	1,281	1,377	96	7%
DUCC attendances	4,792	4,981	4,928	5,147	219	4%
MIU attendances	6,195	5,490	5,316	5,753	437	8%
Total Att.	24,473	24,238	23,924	24,759	835	3%

What are the issues?

- The volume of patients attending the ED has increased, with 7.2% more type 1 attenders this year compared to last. The growth is driven mainly by minor ED attendances, which have increased by 45% (n=11,878) attendances on last year's volume.
- The volume of ambulance conveyances is up by 7% but the proportion of total attenders being conveyed by ambulance remains consistent at 34%.
- There has been no fundamental change to the proportional split attenders by age category.
- 24.5% of attendances result in admission to either an assessment unit or an inpatient ward. In actual terms there are an average of 9.2 extra admissions per day compared to 2018/19 (an 11.4% rise).
- Higher numbers of flu and norovirus admissions resulting in reduced capacity when patient areas need deep cleaning once vacated.

What actions have been taken

- The ORG (Organisational Resilience Group) meet on a weekly basis with representation from all relevant Urgent Care providers in the Derbyshire System.
- Additional agency staff employed to cover sickness.
- Increased proportion of patients directed to DUCC to reduce inappropriate attendances.
- A MADE week held w/c 13th Jan as an ideal week of system partnership working and next month's report will include feedback from this.
- Development of the Pit-Stop model to provide senior clinician triage earlier in the patient pathway.
- Piloting of an ED Nurse directly streaming patients via ACC pathways or directly to specialties (e.g. directing gynae patients to Gynaecology Assessment Unit who would normally go via GP streaming).
- Additional Ambulatory Care pathways to bypass the department when appropriate.
- GP streaming at RDH has been trialled over the winter period swapping from DHU owning the process to an ED Nurse streaming instead. This has resulted in a lower number of patients reaching the GP streaming service and is subject to further training and trials to increase the number of patients.

What are the next steps

- Analysis of primary care referrals to ED to inform work to prevent these.
- Within ED the Trust are investigating physical expansion of Majors into current Minors space.
- Outside of ED the Trust are looking to expand physical capacity within the current footprint.
- Increasing GP Streaming capacity to reduce unnecessary attendances .
- Establishing an Orthopaedic Assessment Unit to improve flow.
- Named clinician to support and embed the patient choice policy for packages of care.
- The ORG Winter Planning sub-committee focus on capacity planning, effective communications and preventative measures.
- The ORG (Organisational Resilience Group) take a PMO approach for projects improving urgent care. These include: Capacity & Demand analysis, direct booking of GP appointments via 111, reduced ambulance conveyances, focussing on High Intensity Users & Care Home patients, increasing input from mental health services and increasing capacity to administer IV antibiotics in the community. The ORG report to the A&E Delivery Board.

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

Performance Analysis

During December 2019, performance at a network level (inclusive of community hospital and main ED performance), stood at 79.8% and 66.3% specifically for type 1 attenders at the Burton site. The Type 1 performance is a further deterioration on November 2019's performance of 69.0%.

There were 36 12-hour breaches during December. They were caused by the unavailability of medical beds and breach reports have been received.

A&E 4 Hour Wait Performance
Type 1, including Community and 12 hour Trolley Wait Breaches

Legend:
- 12 Hour Trolley Wait Breaches
- Standard
- 4 Hour A&E Performance (Total inc Community)
- 4 Hour A&E Performance (Type 1 Only)
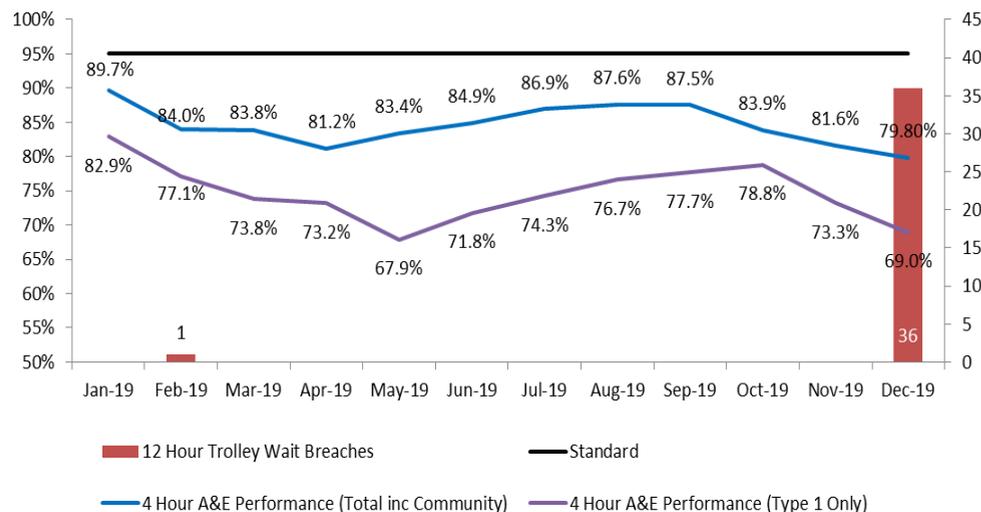
What are the issues?

- The volume of attendances has increased by 5.8% year on year, with attendances exceeding 200 on most days and getting as high as 240 attendances.
- The acuity of attendances has increased – during December 40.2% were classed as Major/Resus (103 per day) and 35.2% of Type 1 attendances resulted in an inpatient admission.
- 24 of the 12-hour breaches occurred during the pressured period between Christmas and New Year. During this week there were patients with confirmed influenza and D&V issues led to 2 community hospital wards being closed to new admissions.
- A shortage of mid-grade medical staff has reduced departmental activity.
- Delayed inpatient discharges reduce the bed availability and therefore delays admissions from A&E.

What actions have been taken?

- Extra capacity created by :
   - Opening the Medical Day Case Unit as an 8 bed area.
   - Opening 2 additional trolleys in the Acute Assessment Centre.
   - Overnight opening of the Endoscopy Unit and Surgical Assessment Unit.
- All extra escalation ward beds were opened in line with the Bed Escalation Plan.
- Some elective surgery was cancelled.
- Analysis of potential streaming processes and development of a Business Case to implement them substantially.
- Working groups review the attendance data, clinician throughput and productivity to align staff rotas.
- Active covering of vacant shifts by local middle grades.
- Continued piloting of alternative ways of working in Minors during December 2019, based on findings from the Emergency Care Intensive Support Team (ECIST) test of change week during Sep19.
- Single Point of Access (SPA) process and initial phone assessment process both revised and relaunched, based on findings during the Test Of Change week.

What are the next steps?

- Piloting GP triage models to manage patients who attend the hospital having been discussed with another clinician. This is being conducted as part of a PDSA cycle.
- Deliver the proposed model by NHS England for streaming and achieve improvement in the number of patients streamed.
- Exploring the possibility of expanding the HALO (WMAS onsite manager) capacity to attend 7 days a week, to improve turnaround times.
- Conducting a full assessment of Same Day Emergency Care services, identifying improvement opportunities for 0day LOS patients and Ambulatory Care Sensitive Conditions. The schedule for this has yet to be agreed.
- The ORG (Organisational Resilience Group) take a PMO approach for projects improving urgent care. These include: Capacity & Demand analysis, direct booking of GP appointments via 111, reduced ambulance conveyances, focussing on High Intensity Users & Care Home patients, increasing input from mental health services. The ORG report to the A&E Delivery Board.

DELAYED TRANSFERS OF CARE (<3.5%)

Performance Analysis

The Delayed Transfer of Care (DTOC) standard (<3.5%) was met by three of the four main providers during November 2019.
Derbyshire Community Health Services (DCHS) failed this standard with a performance of 5.8% which is a decrease in performance compared to 4.8% in October. DCHS has an unvalidated improved DToC performance of 1.62% for December 2019.

UHDBFT - Delayed Transfers Of Care

CRHFT - Delayed Transfers Of Care

DCHS - Delayed Transfers Of Care

DHcFT - Delayed Transfers Of Care

DCHS

What are the issues
Within DCHS the overall DTOC figure for November 2019 was 5.8%. The year to date score is 4.8% which also exceeds the national target.

During November there were 176 delayed days (144 attributable to the NHS and 32 days attributable to social care). The NHS delays related to 15 patients. The NHS delays were due to family and patient choice – 116 days (12 patients), waiting for care packages – 10 days (2 patients) and awaiting nursing care home placement – 18 days (1 patient).

Actions
The trust have previously been able to achieve the national target through implementing measures to address DTOC across the community hospitals and OPMH. The plan is to continue with the successful measures which have been reported previously, and include:

- Automated daily DTOC reports.
- Weekly conference calls between the community hospital matrons.
- Regular top delay JONAH meetings with General Managers.
- Monthly DTOC meeting of DCHS and partner agencies including Derbyshire County Council Adult Care; Continuing Health Care; CCG; to address delays in transferring patients from community hospitals.
- Conference calls to identify potential delays as early as possible and measures to mitigate them – Ward managers and Transformation Lead.
- DCHS continues to work in partnership with Derbyshire County Council (DCC) to expedite discharges when patients are medically fit for transfer and a regular DTOC meeting between senior managers from DCHS & DCC is held to seek to resolve specific issues & to identify themes across Derbyshire affecting transfers.
- Consistent implementation of the "Transfer of Care" protocol.

NHS 111 – Month 8

Performance Summary
- DHU111 have achieved their contractual KPIs of average speed of answer and abandonment rate each month for Year Three of the contract (October 2018 to November 2019) and have continued this trend into Year Four.
- The 95% of all calls answered in 60 seconds national standard has not been fully achieved since June 2019.

What are the issues?

- DHU111 are achieving the contractual performance standards of average speed of answer and abandonment rate. DHU111 are not contracted to deliver the answered in 60s national standard, at the time of contract award this standard was not a national must do.
- Performance against this standard is reported on a daily basis and monitored by the commissioning team, this is compared with national performance also. Although DHU111 are not meeting the standard their performance when compared with others nationally is very good.
- The beginning of November 2019 was a challenging month, with high call volumes nationally.
- Actual activity is below plan for Call Offered (0.3%) and above plan for Clinical Calls (22.8%).

Key performance indicator	Standard	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Average speed of answer (seconds)	≤27 s	7	8	24	16	15	11	26
Abandonment rate (%)	≤5%	0.8	0.9	3%	2.1%	1.6%	1.2%	1.9%
Calls answered in 60 seconds DHU111 (%)	≥95%	96.7	96.5	87.4	90.5%	91.3%	94.0%	87.2%
Calls answered in 60s England Ave. (%)	≥95%	86.4	86	80.5	83.30%	82.20%	82.00%	77.80%

What actions have been taken?
- DHU111 completed a comprehensive winter plan complete with expected call volumes for the winter period.
- Staffing for the Christmas period is in place and DHU111 have utilised the additional money from NHSE to support performance during this time.
- Due to the increase in call volumes during November 2019 DHU111 increased their staffing in order to achieve performance during that month.
- Activity is being monitored on a daily basis.

What are the next steps?
- Continue to closely monitor performance against contractual standards.
- Continue regular communication with the provider around activity levels and any mitigating actions that can be taken to manage activity.
- A Deep Dive will take place in 2020 to review Clinical Call activity.
- Await the publication of the NHSE/I revised IUC KPIs which should remove the answered in 60 seconds standard and replace it with an average speed of answer standard. The proposed threshold for average answered time has not been confirmed by NHSE/I. Expected for April 2020.

AMBULANCE – EMAS PERFORMANCE – Month 8

November 2019		Category 1		Category 2		Category 3	Category 4
		Average	90th centile	Average	90th centile	90th centile	90th centile
National standard		*00:07:00*	*00:15:00*	*00:18:00*	*00:40:00*	*02:00:00*	*03:00:00*
EMAS Actual		00:08:04	00:14:37	00:36:09	01:15:25	04:26:12	**03:54:58**
Derbyshire	Actual	00:07:43	00:14:03	00:30:33	01:01:37	03:54:42	03:12:09

November 2019	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	00:21:05	61:56:04	00:14:25	29:38:18	00:35:31	72:03:48
Chesterfield Royal	00:21:11	329:21:00	00:16:37	217:20:11	00:37:47	440:50:14
Macclesfield District General Hospital	00:26:59	17:13:14	00:10:28	0:49:32	00:37:27	13:19:26
Royal Derby	00:21:07	561:23:49	00:16:43	370:28:14	00:37:50	769:18:45
Sheffield Northern General Hospital	00:27:13	32:07:49	00:15:02	10:14:43	00:42:15	35:05:18
Stepping Hill	00:29:07	107:07:20	00:12:30	14:46:19	00:41:36	96:25:04
Derbyshire TOTAL	**00:21:41**	**1109:09:16**	**00:16:15**	**643:17:17**	**00:37:56**	**1427:02:35**

November 2019	NTPS Activity						
DERBYSHIRE	2019/20 Actual	18/19 Actual	19/20 Actual vs 18/19 Actual	19/20 Actual vs 18/19 Actuals (%)	19/20 Plan	19/20 Actual vs 19/20 Plan	19/20 Actual vs 19/20 Plan (%)
Calls	18,598	17,259	1,339	7.8%	17,097	1,501	8.8%
Total Incidents*	13,334	-	-	-	12,768	566	4.4%
Total Responses	12,386	11,618	768	6.6%	11,730	656	5.6%
Duplicate Calls	3,754	3,209	545	17.0%	2,885	869	30.1%
Hear & Treat	2,456	2,432	24	1.0%	2,482	-26	-1.0%
See & Treat	3,209	3,280	-71	-2.2%	3,354	-145	-4.3%
See & Convey	9,177	8,338	839	10.1%	8,376	801	9.6%

*Please note that the incident count cannot be compared to the 18/19 incident count due to changes in the way incidents are counted for 19/20.

What are the issues?

- Derbyshire did not meet the national standards for C1 mean, C2 mean, C2 90th centile , C3 90th and C4 90th centile during November 2019.
- The contractual standard is for the division to achieve national performance on a quarterly basis. Based on Quarter Three to date, Derbyshire is on track to achieve one of the six national standards; C1 90th centile.
- Activity in November 2019 is below plan for H&T and S&T, but above plan for S&C.
- Vehicle off Road (VoR) continues to see an increase and in November 2019 this rose to (2,171 hours) compared to October 2019 (2,120 hours).
- Average Pre hospital handover times during November 2019 were above the 15 minute national standard across Derbyshire (21 minutes and 41 seconds), which is a slight deterioration compared to October 2019 (21 minutes and 8 seconds). The total hours lost are greater for Chesterfield Royal Hospital and Royal Derby Hospital, however average times are above standard across all hospitals.
- Average Post handover times during November 2019 were above the 15 minute national standard across Derbyshire (16 minutes and 15 seconds), which is a slight deterioration compared to October 2019 (16 minutes and 51 seconds).

What actions have been taken?

- A Contract Performance Notice was raised by the coordinating commissioning team as a result of failure to achieve Quarter Two performance standards. As part of the contract management process divisional action plans are being developed to identify all actions that are currently in place to allow identification of any additional actions required.
- With regards increased activity, a number of pieces of analysis is taking place looking at alternative pathways, activity being passed from 111 to 999, analysis of patients who were conveyed to A&E and discharged with no intervention in order to understand where this demand is coming from in more detail.
- VoR continues to increase in terms of lost hours and as a percentage of vehicle hours, it is reported that the increase is partly due to meal breaks and end of shift which is increasing due to resource drift.
- With regards handovers, EMAS attend the monthly Royal Derby Hospital Handover meeting and these have become more focused now that commissioners are also involved in the meeting. Commissioners have requested action plans from both Chesterfield Royal and Royal Derby addressing pre hospital handover delays which were expected to be received by 21st November 2019. To date the action plans have yet to be received.

What are the next steps

- The Contract Performance Notice remains open and discussions continue to take place at the County Contract Meetings in order to capture the current actions being taken across all four pillars and to determine if further actions are required.

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Planned Care

DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

Performance Analysis

During November 2019 Derbyshire RTT performance was 87.8%.
The Derbyshire waiting list at end of November 2019 stood at 64,045
which is 3,705 pathways higher than the March 2019 position.

Treatment Function Name	Total Incomplete Waiting List	Number < 18 Weeks	Backlog (+18 Weeks)	% <18 Weeks	March 2019 Waiting List	Movement from March 19
General Surgery	5024	4323	701	86.05%	4891	133
Urology	3258	2831	427	86.89%	3314	-56
Trauma & Orthopaedics	9165	7697	1468	83.98%	7477	1688
ENT	4093	3658	435	89.37%	3820	273
Ophthalmology	7448	6669	779	89.54%	6367	1081
Oral Surgery	0	0	0	Nil	0	0
Neurosurgery	432	374	58	86.57%	299	133
Plastic Surgery	474	399	75	84.18%	468	6
Cardiothoracic Surgery	117	109	8	93.16%	101	16
General Medicine	1290	1065	225	82.56%	1275	15
Gastroenterology	3137	2862	275	91.23%	3492	-355
Cardiology	3162	2812	350	88.93%	2627	535
Dermatology	4176	3582	594	85.78%	3725	451
Thoracic Medicine	1473	1376	97	93.41%	13896	-12423
Neurology	1924	1745	179	90.70%	1085	839
Rheumatology	1487	1243	244	83.59%	1651	-164
Geriatric Medicine	184	178	6	96.74%	1654	-1470
Gynaecology	3813	3522	291	92.37%	367	3446
Other	13388	11784	1604	88.02%	3831	9557
All specialties	64045	56229	7816	87.80%	60340	3705

What are the issues?

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 standard was not achieved by CRH, UHDB, East Cheshire, Sherwood Forest Hospital and Stockport FT. In addition Nottingham University Hospitals did not achieve it for only the second time since 2010.

The NHSE mandate states that the total number of incomplete pathways at March 2020 should be at or below the March 2019 figure. This is being measured at CCG and provider level.

The number of CCG patients on an incomplete waiting list has increased at UHDB, Sherwood forest, NUH (over 2,000 patients) and Stockport.

CCG Actions

- Recovery plans / Trajectories are all in place for each provider. However, UHDB have requested an increase to their planned trajectory and are predicting their outturn will be 5,484 above the original planned trajectory.

What are the next steps and the point of impact?

The CCG will continue to performance manage the main providers within Derbyshire for the RTT target and to also review waiting list numbers. Associate providers will continue to be monitored through our associate CCG colleagues. System conversations are proceeding in relation to the UHDB position and any actions that can be taken to support an improvement in their performance.

CRHFT – INCOMPLETE PATHWAYS PERFORMANCE (92%)

Performance Analysis (un-validated)

During November CRHFT failed the RTT standard, achieving 89.41% slightly gone down compared to October figure of 90.51%.

As predicted the waiting list decreased at the end of November with a reported figure of 14,687 which is 149 below the March 2019 figure. The December unvalidated position is showing a further decrease to 14,566.

18 Weeks Incomplete RTT Performance - CRHFT
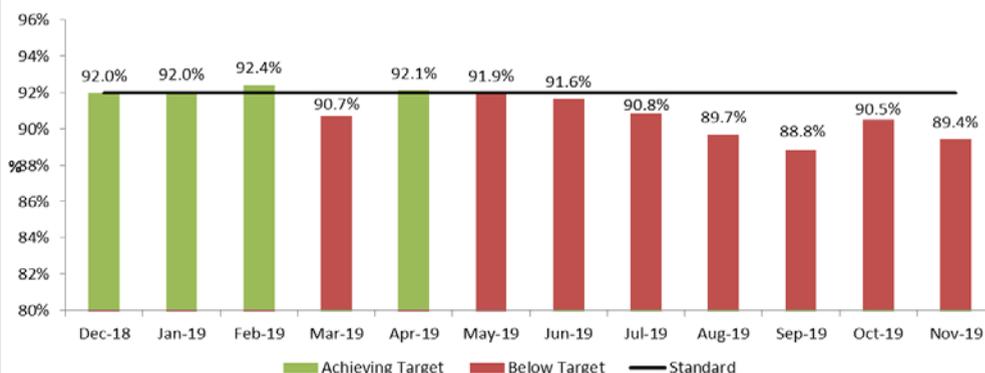
Treatment Function Name	Total Incomplete Waiting List	Number < 18 Weeks	Backlog (+18 Weeks)	% <18 Weeks	March 2019 Waiting List	Movement from March 19
General Surgery	2178	1910	268	87.70%	2251	-73
Urology	1070	932	138	87.10%	1193	-123
Trauma & Orthopaedics	1010	935	75	92.57%	800	210
ENT	1134	1028	106	90.65%	1312	-178
Ophthalmology	1558	1415	143	90.82%	1332	226
Oral Surgery	774	628	146	81.14%	571	203
General Medicine	628	579	49	92.20%	586	42
Gastroenterology	900	747	153	83.00%	1263	-363
Cardiology	643	575	68	89.42%	593	50
Dermatology	1254	1190	64	94.90%	1298	-44
Thoracic Medicine	502	465	37	92.63%	393	109
Rheumatology	377	348	29	92.31%	405	-28
Gynaecology	1036	922	114	89.00%	1090	-54
Other	1623	1457	166	89.77%	1749	-126
All specialties	14687	13131	1556	89.41%	14836	-149

What actions have been taken?

Urology – The team continue to review patients and the one of the consultant as agreed to put on additional clinics to help with the backlog

Gastro - Medinet continues to provide clinical support. This has enabled the waiting list to reduce. Staffing structures are to be reviewed.

Rheumatology – Medinet continuing to provide additional support. Staffing structures are to be reviewed.

Dermatology – Additional clinics are being reviewed for February. Business case has been submitted for a second specialist nurse, this is still at DLT stage. Priority is to implement tele-dermatology in connection with clinical connect. A meeting took place on the 9th January and project meetings are now being put in place. Trust is looking at the possibility of running a large clinic during February to help with the backlog. Each clinic can usual book around 50 patients. Last letter review continues and a number of patients have been identified for discharge following telephone consultation.

Waiting List – Validation team are reviewing the waiting list now that they are at full capacity again, although two still in training. No external validation has been necessary.

What are the issues?

Urology – Demand and capacity issues due to the increasing referrals. Cancer patients take priority which is affecting elective patients. , Locums leaving in January and the Trust are trying to appoint to these as a matter of urgency.

Gastro – ASI's are no longer an issue although there is a backlog of patients waiting to be seen. Consultant now gone off on maternity leave and interviews for temporary consultant take place this week for a 12 month contract.

Rheumatology – Continued Increase in referrals although managing to maintain waiting list. Specialist Nurse to commence in post February 2020 and a paper for growth will be incorporated as part of the planning round.

Dermatology – Referrals have continued to stabilised despite still struggling with the backlog. Dermatology 2WW referrals seen within 7 days resulting in a backlog for other patients. The service continues with vacant posts.

What are the next steps –

The CCG will continue to monitor the size of the waiting list.

UHDB – INCOMPLETE PATHWAYS PERFORMANCE (92%)

Performance Analysis (un-validated)
During November the trust failed to achieve the incomplete pathway standard (92%) achieving 86.90%. Site performance was: Derby 85.46%, Burton 89.41%.

At the end of November the un-validated waiting list figure was 55,626 which is above their trajectory and now includes those patients transferred from DCHS. The normal level of validation could not be undertaken during November as the validation team are still in the process of moving DCHS patients over to Lorenzo as part of the strategic shift. Unvalidated figures for December 2019 show a waiting list of 55,203.

18 Weeks Incomplete RTT Performance - UHDBFT
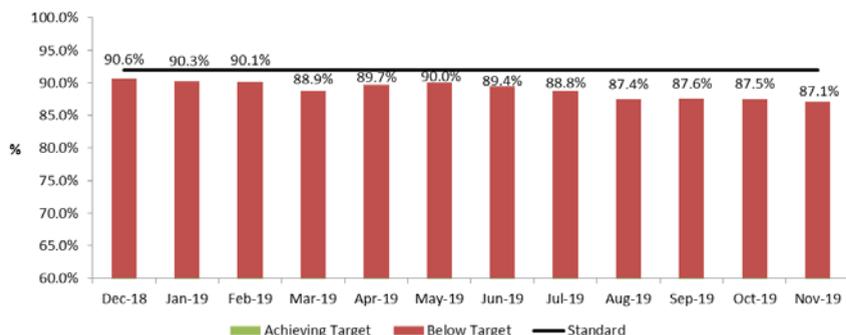
Treatment Function Name	Total Incomplete Waiting List	Number < 18 Weeks	Backlog (+18 Weeks)	% <18 Weeks	March 2019 Waiting List	Movement from March 19
General Surgery	3403	2827	576	83.07%	2955	448
Urology	2556	2297	259	89.87%	2090	466
Trauma & Orthopaedics	9309	7617	1692	81.82%	7264	2045
ENT	3807	3453	354	90.70%	3580	227
Ophthalmology	6588	5722	866	86.85%	5457	1131
Oral Surgery	852	772	80	90.61%	780	72
Neurosurgery	98	44	54	44.90%	73	25
Plastic Surgery	281	229	52	81.49%	289	-8
Cardiothoracic Surgery	11	8	3	72.73%	11	0
General Medicine	139	138	1	99.28%	35	104
Gastroenterology	2578	2443	135	94.76%	2189	389
Cardiology	2814	2568	246	91.26%	1886	928
Dermatology	3271	2771	500	84.71%	2994	277
Thoracic Medicine	731	676	55	92.48%	514	217
Neurology	1273	1211	62	95.13%	1192	81
Rheumatology	1406	1096	310	77.95%	1413	-7
Geriatric Medicine	214	211	3	98.60%	159	55
Gynaecology	3323	3069	254	92.36%	2999	324
Other	12795	11136	1659	87.03%	11553	1242
All specialties	55449	48288	7161	87.09%	47433	8016

What are the issues?
UGI & Bariatrics - Ongoing long waits particularly for bariatric surgery. A number of over 40weeks and 52weeks are being monitored closely with predicted 52wk breaches for January 2020.
Urology – ASIs remain an issue and a consultant is off sick which is having a further impact.
Ophthalmology – Staffing issues continue across both sites and at different staff groups with WLIs not being enough to match the demand. Virtual glaucoma service delayed this financial year due to building works not being complete at LRCH.
Trauma and Orthopaedics – T&O have so far lost Wards 206 and 207 (a total of 56 beds) to medicine in support of the winter plan. There are only 10 beds on ward 203 which have been clinical prioritised to support urgent cases and 52 week waiters. At the QHB site, the elective ward has been handed to Medicine with only a small number of electives being undertaken on Ward 30.
The recovery of this capacity at both sites in February and March is uncertain at this stage. In the meantime mitigation plans are being undertaken, with additional sessions being planned for Barlborough, Ilkeston and the treatment centre (once opened).
Paediatrics - Lack of availability with HDU beds is increasing. 22 patients were cancelled following a 2.5 day closure in theatres. Bed capacity is not a major issue but theatres capacity is.

Actions:
UGI & Bariatrics - Additional clinics continue to include converting clinic/day case time to inpatient theatre lists where possible.
Urology - Clinics are being converted where appropriate to manage ASIs and additional clinics are being scheduled where possible to support the patient list of the consultant off sick.
Ophthalmology – Recruitment is in place to include 3 consultant posts (2 at Burton & 1 at Derby). One is in progress to start asap and two will commence in Summer 2020. Doctor posts have just been appointed to include 3 at Derby and 1 at Burton. WLIs will continue until these posts have commenced.
Trauma and Orthopaedics – All alternatives has been sought for any elective work to continue where possible, the only progressing option is a small number to take place at Barlborough. Each 52www to be reported to NHSI/E and the CCG with supporting reasons and actions.
Paediatrics - Conversations are taking place with T&O to see if/how the adult theatres can be utilised for paediatric patients.

What are the next steps?
- NHSI/E and CCG will closely monitor and review the predicted 52ww predicted for January.
- The CCG continue to have weekly conversations with the trust around the waiting list position.
- ERS capacity alerts will continue on the choose and book system for T&O Lower Limb procedures until further notice.
- March 19 baseline and target for March 2020 to be adjusted as a result of the strategic shift of patients from DCHS to UHDB.
- System conversations to continue around ways to support UDHB in the delivery of elective care, potentially through the 26 week programme and the theatre transformation programme.

DERBYSHIRE COMMISSIONER - 40+ WEEK WAITERS

Performance Analysis

At the end of November 63 patients were declared as waiting over 40 weeks for treatment in Derbyshire which is a significant improvement from the 153 reported in October. December is expected to increase due to patient choice over the Christmas period.

Out of the 63 patients, 47 were Derbyshire CCG patients, 8 specialised commissioning cases waiting for Maxillo Facial surgery at UHDB and CRH, leaving 8 Derbyshire patients waiting for treatment at associate providers.

52 week waits:

52 week waits continues to be 0 in November, resulting in three consecutive months of no Derbyshire patients waiting 52weeks or over for treatment.

Un-validated reports indicates there will also be no Derbyshire patients waiting over 52 weeks at the end of December. However, it has been predicted in advance that this may change in January following patient choice over the Christmas and New Year period and the lost of elective beds in the trusts due to pressures in ED.

CCG patients – Trend – 52 weeks													
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
DCCG	8	11	9	8	4	2	3	3	2	2	0	0	0

Issues and actions:

UHDB - There are 16 of the 63 patients waiting for treatment at UHDB.
Upper Gastrointestinal. is reporting the highest number of long waiters with the reasons for this being patients with complicated pathways.
Actions: Additional sessions are taking place where appropriate and clinic/day time cases have been converted to theatre lists where possible. Despite such actions it is anticipated there may be 52wk breaches for this service area in January 2020.

CRH - There are 35 of the 63 patients waiting for treatment at CRH.
The highest reporting specialities at CRH include Urology, Maxillo-Facial and Ear, Nose and throat.
Actions: Weekly meetings are continuing to include all patients over 36 weeks.

Next steps

- The CCG have weekly engagement with the two main providers to ensure sufficient monitoring is in place for all patients waiting over 40 weeks.
- Following the prediction of 52 week breaches in January additional engagement is in place with UHDB and NHSI/E to ensure sufficient context is provided to explain the reasons and actions taken for each potential 52ww.
- Regular reporting processes are in place with associate providers to ensure all Derbyshire patients across the country who are waiting for treatment over 40weeks is captured and reported.
- A summary of the overall CCG position to include all providers is reported to NHSE/I on a weekly basis.

NB: UHDB/CRH figures for all patients. Associates – DDCCG Patients only

Provider	40-51 ww		Total 40+ww	Total 52+ww
	TCI	No TCI		
Derby & Burton	14	2	16	0
Chesterfield	10	25	35	0
Nottingham	0	0	0	0
Sheffield Teaching	0	1	1	0
Sherwood Forest	3	0	3	0
Stockport	2	0	2	0
East Cheshire	2	4	6	0
Leeds	0	0	0	0
Sheffield Children's	0	0	0	0
Total	31	32	63	0

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

Performance Analysis

Derbyshire CCG diagnostic performance during November 2019 was 2.1% which is a further improvement to the October performance at 3.5%.

UHDB overall performance for diagnostics is continuing to improve. The providers impacting on the non-compliance include UHDB and Stockport.

UHDB areas of high reporting rates for non-compliance include Echocardiography and Urodynamics.

Stockport areas of high reporting rates for non-compliance include Colonoscopy and Gastroscopy (although the performance of these service areas affect the overall compliance of Diagnostics the numbers within these two areas are relatively small compared to other tests).

CCG Actions

The CCG will continue to performance manage the main providers within Derbyshire to ensure improvement in the position at bottom line and test level.

Associate providers will continue to be closely monitored.

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	October +6 Weeks	Movement October to November 6+ Weeks	Percentage waiting 6+ Weeks
Audiology - Audiology Assessments	641	6	0	4	2	0.94%
Barium Enema	2	0	0	0	0	0.00%
Cardiology - Echocardiography	1,998	206	33	463	-257	10.31%
Cardiology - Electrophysiology	0	0	0	0	0	0.00%
Colonoscopy	589	23	10	31	-8	3.90%
Computed Tomography	2,132	3	0	3	0	0.14%
Cystoscopy	337	12	2	4	8	3.56%
DEXA Scan	333	0	0	0	0	0.00%
Flexi Sigmoidoscopy	239	4	0	1	3	1.67%
Gastroscopy	719	22	4	15	7	3.06%
Magnetic Resonance Imaging	3,000	16	0	6	10	0.53%
Neurophysiology - Peripheral Neurophysiology	299	1	0	0	1	0.33%
Non-obstetric Ultrasound	4,329	2	0	10	-8	0.05%
Respiratory physiology - Sleep Studies	123	5	0	6	-1	4.07%
Urodynamics - Pressures & Flows	87	17	10	10	7	19.54%
Total	14,828	317	59	553	-236	2.14%

Diagnostic Test	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport Hospital	Sheffield Teaching Hospital	Sherwood Forest Hospitals	Nottingharm University Hospitals	East Cheshire Hospitals
Magnetic Resonance Imaging	0.35%	0.30%	0.00%	0.00%	0.89%	1.30%	0.00%
Computed Tomography	0.13%	0.30%	0.32%	0.00%	1.42%	0.13%	0.00%
Non-obstetric Ultrasound	0.06%	0.10%	0.00%	0.00%	0.00%	0.05%	0.00%
Barium Enema	0.00%						0.00%
DEXA Scan	0.00%	0.00%	0.00%	0.00%	0.00%		
Audiology - Audiology Assessments	0.69%	0.20%	0.00%	0.00%	0.20%	3.83%	0.68%
Cardiology - Echocardiography	13.67%	0.00%	0.72%	0.00%	0.12%	0.35%	0.00%
Neurophysiology - Peripheral Neurophysiology	0.85%		0.00%	0.00%			
Respiratory physiology - Sleep Studies	2.26%		8.51%	0.01%	1.55%	0.00%	
Urodynamics - Pressures & Flows	12.28%	0.00%	0.00%	0.00%	0.00%	0.00%	
Colonoscopy	0.20%	0.00%	44.49%	0.00%	1.06%	0.22%	0.42%
Flexi Sigmoidoscopy	0.34%	2.90%	21.74%	0.00%	1.14%	0.00%	0.00%
Cystoscopy	3.48%	0.00%	0.00%	0.00%	12.12%	2.65%	0.00%
Gastroscopy	0.41%	0.00%	25.41%	0.00%	0.55%	3.82%	1.85%
Total	2.26%	0.17%	6.57%	0.08%	0.88%	1.00%	0.22%

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

Performance Analysis

Performance for November shows that the trust have achieved this standard with a performance of 99.8%.

The trust have achieved this standard for two consecutive months and expect to continue to do so in December.
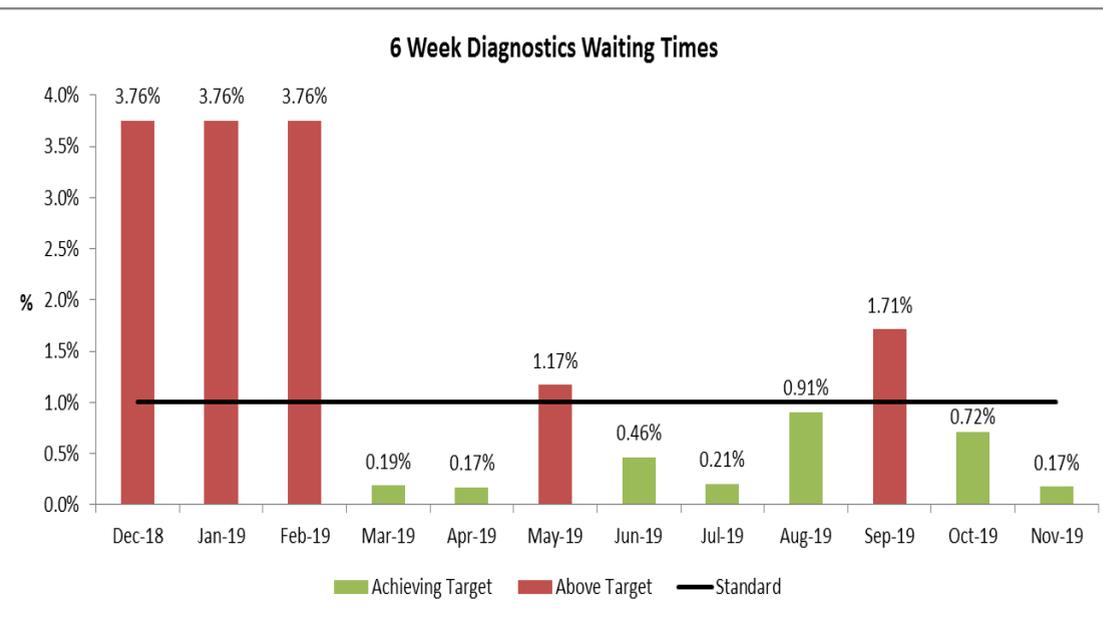
What are the issues?

Echocardiography was the service identified as the reason for non-compliance in CRH diagnostics in previous months. However, there are currently no issues to report for this service at CRH.

The trust are continuing to monitor the number of referrals into the service and are undertaking extra clinics where required to maintain full compliance.

What actions have been taken?

There is currently an open Contract performance notice and the CCG will continue to monitor performance at the trust.

6 Week Diagnostics Waiting Times

Month	%
Dec-18	3.76%
Jan-19	3.76%
Feb-19	3.76%
Mar-19	0.19%
Apr-19	0.17%
May-19	1.17%
Jun-19	0.46%
Jul-19	0.21%
Aug-19	0.91%
Sep-19	1.71%
Oct-19	0.72%
Nov-19	0.17%

Legend: Achieving Target, Above Target, Standard

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

Performance Analysis

UHDB continue to fail the diagnostic standard and have done so for a total of 12 consecutive months. The performance figure for November is 2.26% which is a further improvement to Octobers position which was reported at 3.9% non compliant. December is expected to improve further however, it is anticipated the aim to be fully compliant by December will not be met as planned. Assurance has been provided to support full recovery with the target being met by January 2020.

The main contributors for non-compliance in Diagnostics include Echo-Cardiography, Cystoscopy and Urodynamics. Although Urodynamics are reporting at 12.28% for November this only equates to 7 patients waiting over 6 weeks.

6 Week Diagnostics Waiting Times
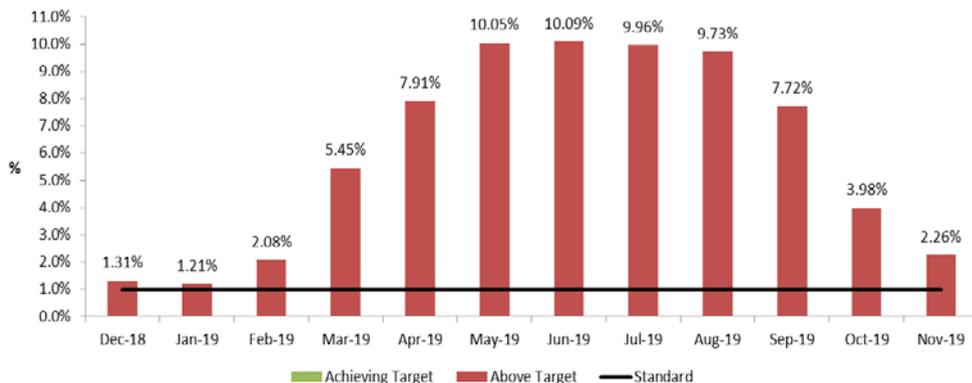
Echo-Cardiography continues to be the biggest contributor to the Trusts non-compliance of the diagnostics target.

Echocardiography

The waiting list has continued to decrease resulting in improved progress for six consecutive months. The un-validated data at the end of November shows the number of patients waiting over 6 weeks stands at 1609 with 220 patients waiting over 6 weeks for their test. This is a significant improvement of a decrease in 234 patients from the previous month. The Trust have provided assurance that the decrease in patients waiting over 6 weeks for tests is continuing on their weekly reports.

Issues/Actions:

Recovery – the Recovery plan with a trajectory for the Echo waiting list to all be below 6 weeks by the end of December 2019 will not be met which is mainly due to patient choice. Clinics in January have been planned to support the recovery of this trajectory and assurance has been given that it will be met by the end of January 2020.

External Contractor – Two external contractors are continuing to work through outstanding capacity.

Recruitment – Workforce issues are being actioned accordingly in particular with overseas recruitment being considered.

Echo-Cardiography

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Performance	1.18%	0.77%	7.32%	22.62%	37.39%	35.86%	41.90%	41.74%	40.93%	36.46%	22.96%	13.67%	15.43%
Total Waiting List	1361	1549	1708	2060	2257	2769	2723	2662	2360	2219	1977	1609	1419
Over 6 weeks	16	12	125	466	844	993	1141	1111	966	809	454	220	219
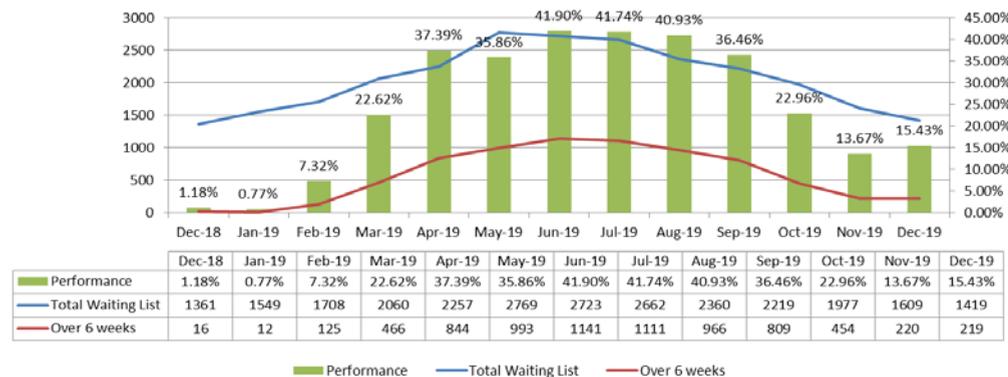
Cystoscopy

The waiting list for Cystoscopy has increased slightly resulting in a negative impact on performance. It is anticipated December will be reporting a similar position. Historically diagnostics is affected around the Christmas period therefore the Trust are confident the performance will improve in January.

Issues/Actions: Additional clinics are being utilised where possible with a particular emphasis on this during January. Robust booking processes and validation of patients are continuing and the possibility of running cystoscopy lists in outpatients is still being explored however, the concern is that staffing restraints may prevent this.

Cystoscopy

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Performance	13.81%	16.49%	14.80%	21.04%	17.49%	11.99%	16.09%	14.57%	12.70%	5.33%	3.11%	3.48%	7.27%
Total Waiting List	181	188	196	347	303	317	317	350	252	244	225	287	275
Over 6 weeks	25	31	29	73	53	38	51	51	32	13	7	10	20
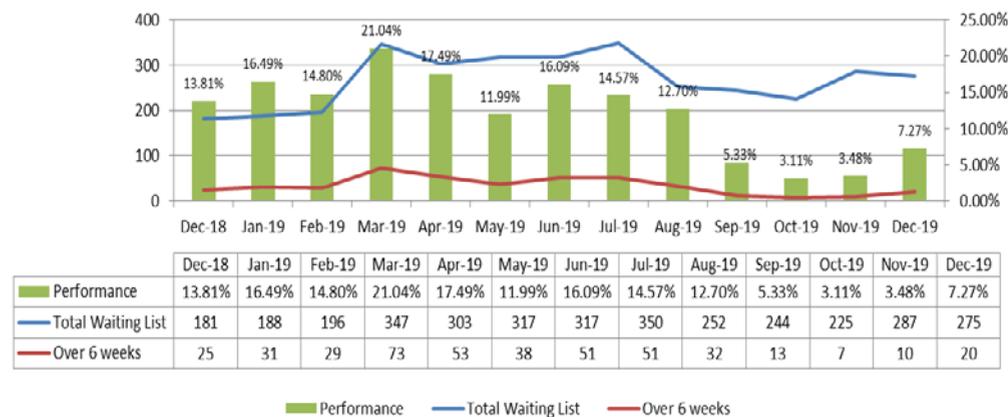
DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

Performance Analysis

During November 2019 Derbyshire was non compliant in 4 of the 9 Cancer standards:

- **62 day Urgent GP Referral** – 78.38% (85% standard) – None of the Trusts were compliant.
- **2 Week Wait (Breast Symptoms)** – 90.4% (93%) – UHDB and East Cheshire were non compliant.
- **31 day Subsequent Radiotherapy** – 93.4% (94% standard) – All trusts compliant except Sheffield.
- **62 day Treatment from Screening Referral** – 74.2% (90% standard) – East Cheshire and Stockport were the only compliant trusts.
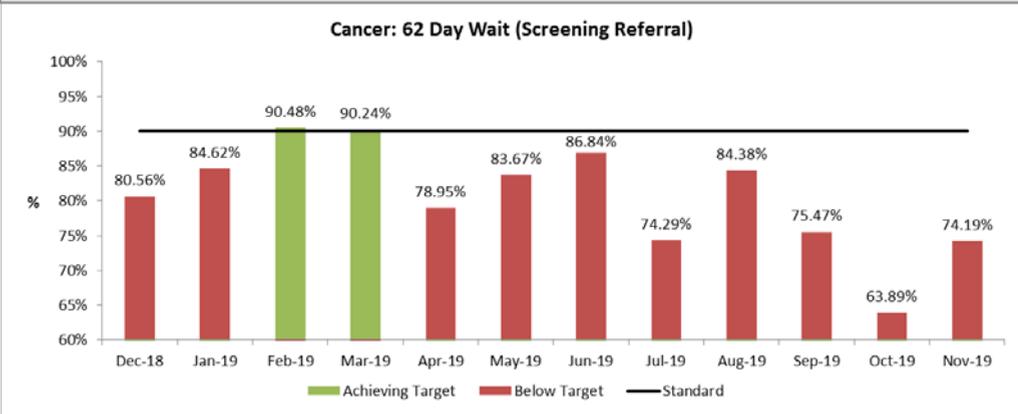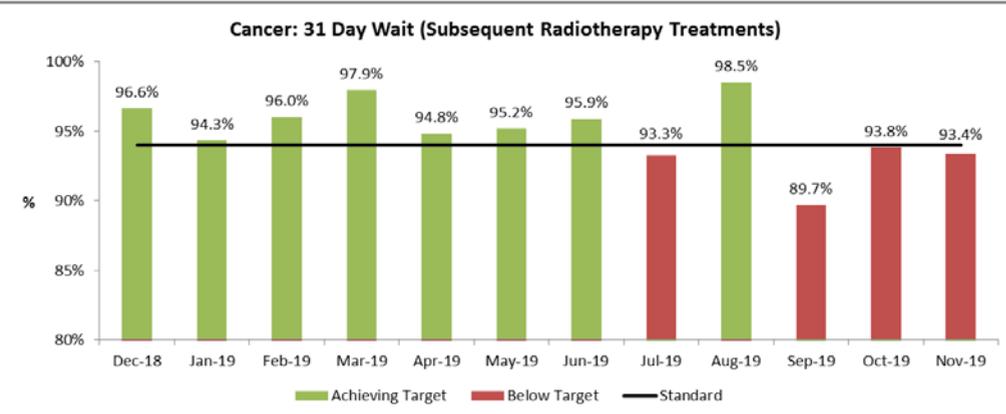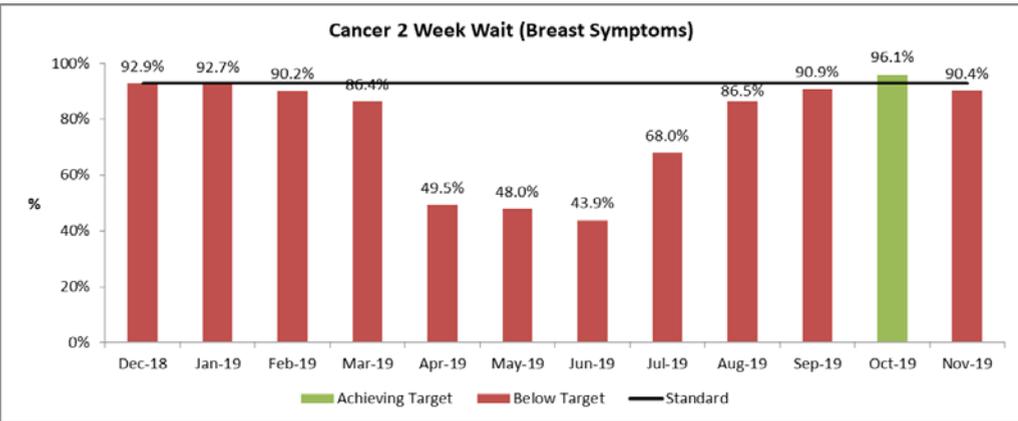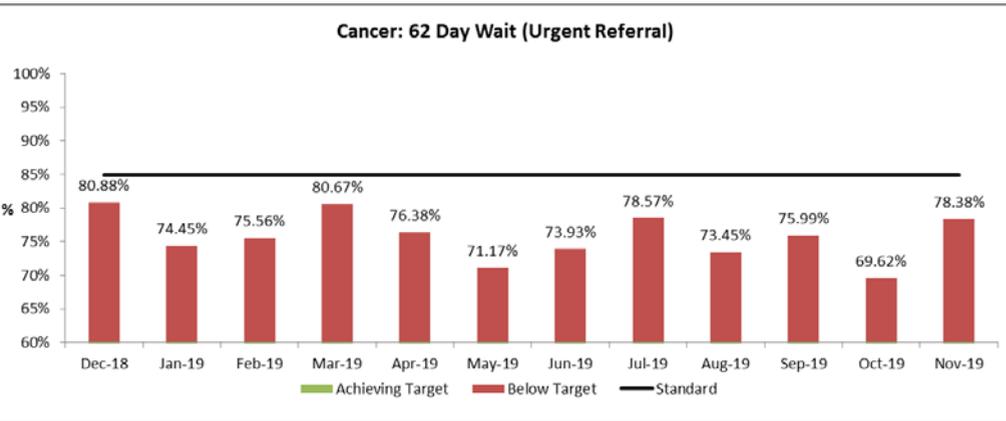
CCG performance data reflects the complete cancer pathway which for many Derbyshire patients will be completed in Sheffield and Nottingham.

CRHFT - CANCER WAITING TIMES (62 Day Waits)

Performance Analysis

The trust performance significantly improved during November at 76.4% (target of 85%).

Cancer: 62 Day Wait (Urgent Referral)
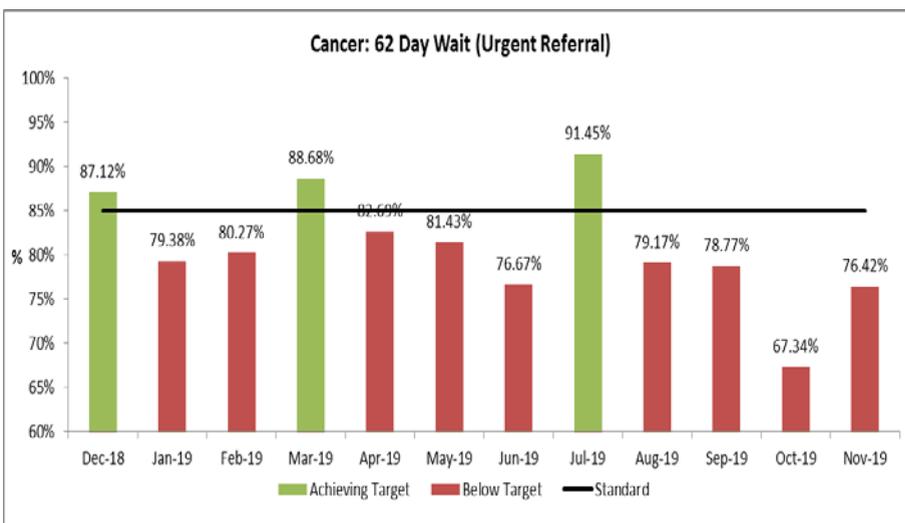
Tumour Type	Total referrals seen during the period	Seen after 62 days	% Performance
Breast	8	2	75.00%
Gynaecological	1	0	100.00%
Haematological (Excluding Acute Leukaemia)	4	2	50.00%
Head and Neck	1.5	1	33.33%
Lower Gastrointestinal	4.5	1	77.78%
Lung	2.5	0	100.00%
Skin	19	1	94.74%
Upper Gastrointestinal	5.5	4.5	18.18%
Urological (Excluding Testicular)	15.5	3	80.65%
Totals	61.5	14.5	76.42%

What are the issues?

- Delays to imaging and reporting, particularly for CT scans.
- Delays as a result of outpatient capacity at STH.
- Breast – patient choice has impacted on performance compounded by outpatient capacity at STH.
- Lower GI – Health care provider delays to diagnostic tests (one at CRH and one at STH).
- Upper GI - Health care provider delays for imaging at CRH with delays to diagnostic tests at STH.

What actions have been taken?

- Breast capacity has been an issue for quite a while. Following confirmation of funding, the Trust are interviewing for an extra Breast Care Nurse on 15th January 2020. The trust are also now recruiting an additional consultant and until that time a locum will be recruited. A new service manager will be reviewing processes within the speciality.
- In relation to the delays at STH, the CCG are monitoring and discussions are being held with the oncology team to aim to reduce delays.
- The trust are reviewing the pathways for referrals to ensure Inter-provider transfer (IPT) patients are referred within 38 days.
- Extra clinics have been arranged for CT scans and the trust outsourced some CT scans during December.
- Imaging reporting continues to be outsourced to pull waiting times down (also covers patients on RTT pathway).
- Improvement plans are in place and are reviewed at the bi-monthly cancer steering group which is attended by CCG representatives.

What are the next steps

- The findings from the visit at Frimley have been shared with the trust who are reviewing how to take forward.
- The trust have received some funding from the East Midlands cancer alliance for oncology support in breast and also other nurse specialist support.
- Trust representatives have been invited to be part of the Improvement group at UHDB.

CRHFT – CANCER WAITING TIMES (Breast symptomatic patients seen within 2 weeks of referral)

Performance Analysis

The trust performance deteriorated during November at 85.4% against a standard of 93%.

7 of the 48 patients were seen after 14 days.

What are the issues?

Four of the breaches were due to patient choice with three breaches due to outpatient capacity.

What actions have been taken?

Funding has been agreed for an additional breast consultant.

Cancer 2 Week Wait (Breast Symptoms)

Month	Value
Dec-18	89.1%
Jan-19	95.5%
Feb-19	90.0%
Mar-19	90.0%
Apr-19	91.0%
May-19	92.6%
Jun-19	87.0%
Jul-19	93.3%
Aug-19	93.9%
Sep-19	91.7%
Oct-19	91.2%
Nov-19	85.4%

Legend: Achieving Target, Below Target, Standard
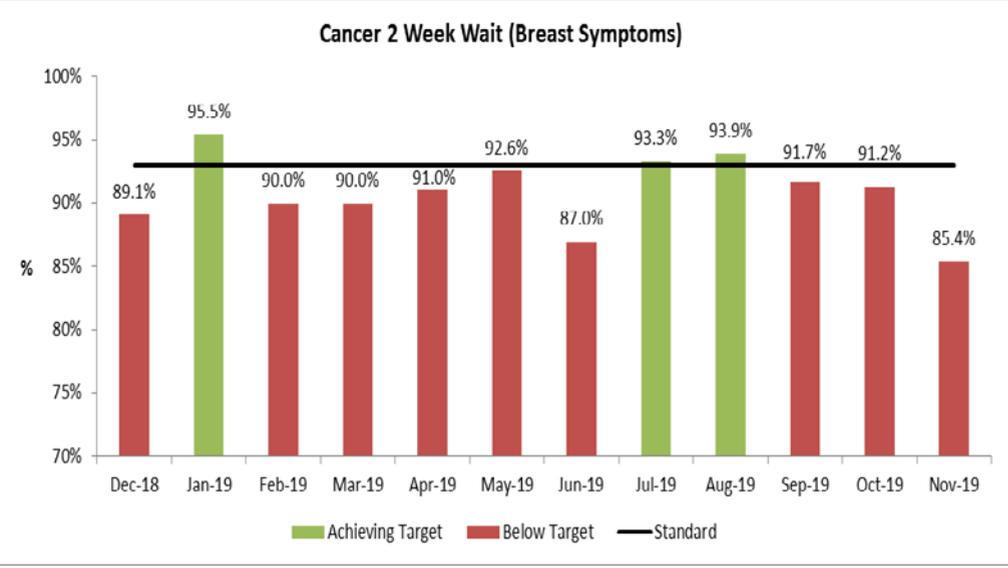
CRHFT - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Screening)

Cancer: 62 Day Wait (Screening Referral)

Dec-18: 71.88%
Jan-19: 75.68%
Feb-19: 82.35%
Mar-19: 89.47%
Apr-19: 91.67%
May-19: 83.78%
Jun-19: 86.67%
Jul-19: 68.97%
Aug-19: 86.67%
Sep-19: 65.22%
Oct-19: 64.86%
Nov-19: 86.67%

Legend: Achieving Target | Below Target | Standard
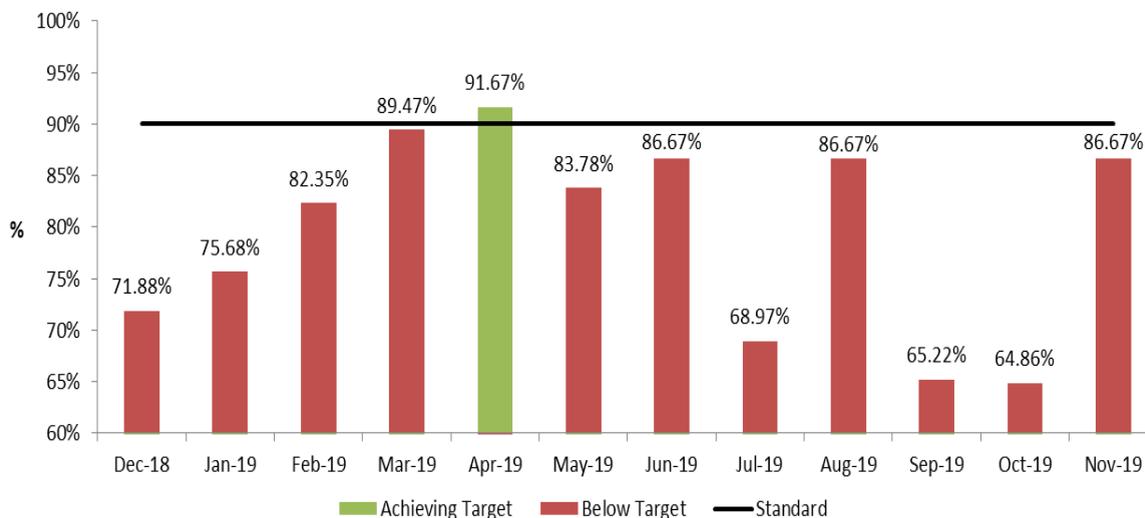
Performance Analysis

62 day screening performance was 86.67% during November, a significant improvement from last month.

There were 15 treatments in November with 2 breaches.

What are the issues?

2 X Breast – 1 patient choice and 1 due to outpatient capacity issues at STH.

Tumour Type	Total referrals seen during the period	Seen after 62 days	% Performance
Breast	12	2	83.33%
Lower Gastrointestinal	3	0	100.00%
Totals	15	2	86.67%

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

Performance Analysis –

62 day performance during November 2019 was non compliant at 76.97%. This is a increase from last month's figure of 75.85%. The trust has failed this standard (of 85%) for the 19th consecutive month.

Cancer: 62 Day Wait (Urgent Referral)

What are the issues?

- Oncology capacity – delays continue across tumour sites particularly within Urology Clinical Oncology clinics due to demand and workforce / recruitment issues.
- Gynaecology – capacity issues due to workforce issues (staff long term sickness and annual leave).
- Haematology – all 3 breaches due to medical complexity.
- Lower GI – medical complexity and capacity issues due to staffing issues and increased number of referrals. The speciality continues to raise concerns over incomplete 2ww referrals being received.
- Lung – 3 breaches due to medical complexity, 1 due to admin delays and 1 due to oncology outpatient capacity.
- Sarcoma – 2 breaches due to patient choice, and 1 due to oncology outpatient capacity.
- Upper GI – 2 breaches due to admin delays and 2 due to medical reasons.

What actions have been taken?

- Medical oncology capacity has been escalated within the trust and added onto the trust's Risk Register due to staffing issues. A locum lung clinical Oncologist has been recruited who also has experience of Prostate which will increase capacity and help to clear the backlog in Urology & also help in Upper GI.
- The Trust have reduced the time for prostate patients to be seen for their 1st Outpatient appointment to 7 days. In December 2019 the trust saw 99.08% of prostate patients within 7 days – it is expected this will reduce delays within the prostate pathway.
- Gynaecology – extra clinics arranged. Workforce issues resolved w/c 06/01/2019 so expect to see improvement in capacity in January.
- Lower GI – extra clinics in place to increase capacity. The trust are working with DDCCG to implement the 'Straight to Test' pathway for Lower GI as a priority with site specific 2ww referral forms so that GPs can send appropriate patients 'Straight to Test'. Roll out to GPs planned in February 2020.
- DDCCG continue to support to improve the quality of 2WW referrals from GPs to the trust.
- Robotic capacity - extra urology lists are being facilitated. 2nd robot is planned and funding for this is in the process of being secured.
- Staff training and events continue for clinical and administrative staff to improve understanding of the cancer pathway and the impact of their role on achievement of the Cancer targets.

What are the next steps?

- As previously reported, DDCCG formally closed the existing CPN in November 2019, in respect of Cancer 62 day performance, as commissioners viewed that a reset and revision of current action plans was required. A reissue of the CPN has been completed.
- A high level Remedial Action Plan was previously received from the Trust for the original CPN and fortnightly calls are in place.
- An initial draft of the new Remedial Action Plan template has been received from UHDB and DDCCG are working with the trust to establish a more robust improvement plan for the 62 day target through benchmarking their processes against Frimley's Health NHS FT (this trust has been consistently achieving the 62 day standard).
- Monthly cancer improvement group workshops have been implemented and started on 7th November. The workshops discuss and plan how the learning and outcome of a visit to Frimley can contribute to the revised Remedial Action Plan.
- A GP education event regarding the 2WW referral forms is taking place on 22nd January 2020.
- November breaches were reviewed by DDCCG and the trust on 16th January 2020 and a report is in progress.

Tumour Type	Total referrals seen during the period	Seen after 62 days	% Performance
Acute leukaemia	1	0	100.00%
Breast	27.5	0.5	98.18%
Gynaecological	9	4	55.56%
Haematological (Excluding Acute Leukaemia)	9	3	66.67%
Head and Neck	5	1	80.00%
Lower Gastrointestinal	29.5	6.5	77.97%
Lung	7.5	4.5	40.00%
Other	1	0	100.00%
Sarcoma	3	3	0.00%
Skin	21	3	85.71%
Testicular	2	0	100.00%
Upper Gastrointestinal	17.5	3.5	80.00%
Urological (Excluding Testicular)	45	12	73.33%
Totals	178.0	41	76.97%

UHDB – 31 Day CANCER WAITING TIMES (Subsequent Surgery)

Performance Analysis –

Performance for 31 day for subsequent surgery during November 2019 was non compliant at 89.7% (standard is 94%), a decrease from last month's figure of 93.9%.

There were 6 breaches for 31 day for subsequent surgery (2 in Lower GI, 2 in Urology, 1 in Head & Neck and 1 in Gynaecology). If 3 more patients had been treated within the 31 days then the trust would have been compliant with this standard (achieving 94.8%). 5 breaches were due to capacity and 1 due to patient choice.

Cancer: 31 Day Wait (Subsequent Surgery)

Month	%
Dec-18	96.2%
Jan-19	95.5%
Feb-19	97.9%
Mar-19	94.4%
Apr-19	92.3%
May-19	95.7%
Jun-19	92.1%
Jul-19	92.8%
Aug-19	91.1%
Sep-19	94.9%
Oct-19	93.9%
Nov-19	89.7%

Legend: Achieving Target, Below Target, Standard
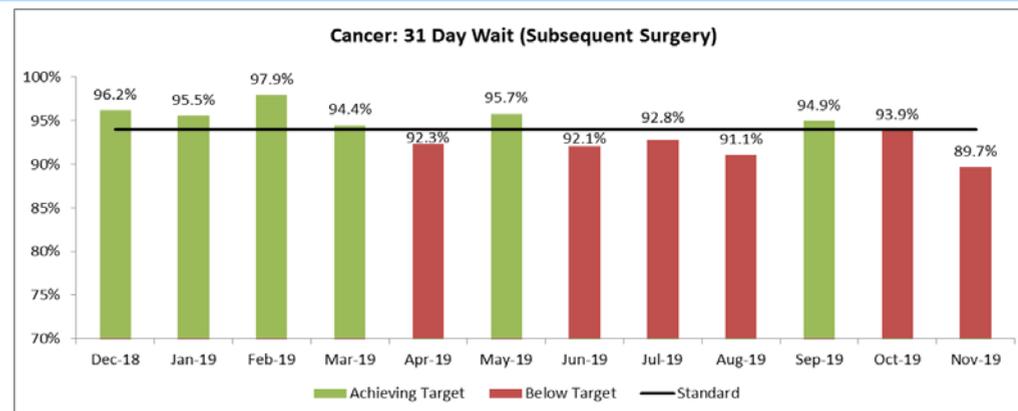
UHDB - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Screening)

Performance Analysis –

62 day screening performance during November was non compliant at 75% (against a standard of 90%), a slight increase from last month's figure of 74.55%.

There were 6 breaches for 62 day screening performance in November (4 in Lower GI, 1 in Breast and 1 in Gynaecology).

The Trust treated 22 patients and 16.5 were treated within 62 days of screening. If 4 more patients had been treated within the 62 days then the trust would have been compliant with this standard.

- 2 breaches in Lower GI were due to capacity and 2 due to patient choice.
- The breach in Breast was due to a late referral (on day 215) being received at NUH due to medical reasons.
- The breach in Gynaecology was due to capacity.
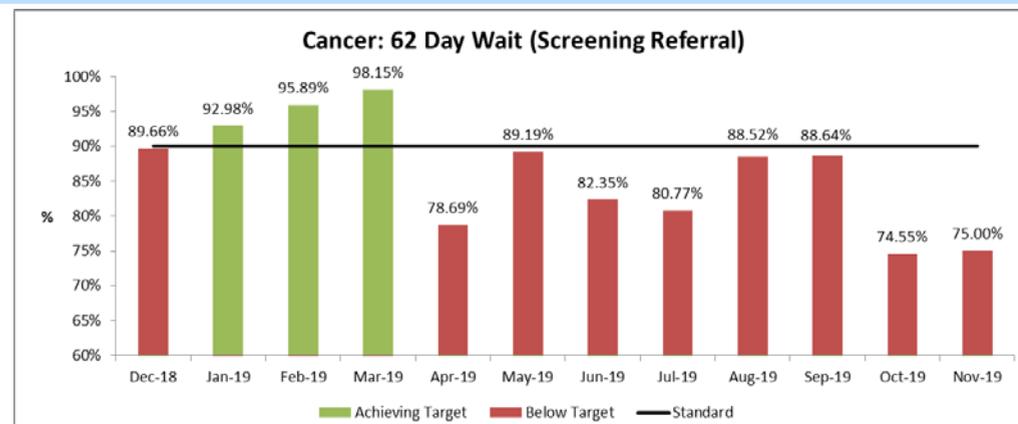
Cancer: 62 Day Wait (Screening Referral)

Month	%
Dec-18	89.66%
Jan-19	92.98%
Feb-19	95.89%
Mar-19	98.15%
Apr-19	78.69%
May-19	89.19%
Jun-19	82.35%
Jul-19	80.77%
Aug-19	88.52%
Sep-19	88.64%
Oct-19	74.55%
Nov-19	75.00%

Legend: Achieving Target, Below Target, Standard

Tumour Type	Total referrals seen during the period	Seen after 62 days	% Performance
Breast	16	0.5	96.88%
Gynaecological	1	1	0.00%
Lower Gastrointestinal	5	4	20.00%
Totals	22	5.5	75.00%

Appendix

APPENDIX 1: PERFORMANCE OVERVIEW M8 – ASSOCIATE PROVIDER CONTRACTS

Derbyshire Wide Provider Assurance Dashboar

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

Provider Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	East Cheshire Hospitals DoT	Current Month	YTD	# months of failure	Nottingham University Hospitals DoT	Current Month	YTD	# months of failure	Sheffield Teaching Hospitals FT DoT	Current Month	YTD	consecutive months of failure	Sherwood Forest Hospitals FT DoT	Current Month	YTD	consecutive months of failure	Stockport FT DoT	Current Month	YTD	consecutive months of failure
Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Dec-19	↓	70.4%	76.1%	18	A&E pilot sight - not currently reporting 4 hour breaches				↑	82.6%	83.7%	44	↓	87.0%	90.4%	15	↓	59.1%	69.1%	55
	A&E 12 Hour Trolley Waits	0	Dec-19	↑	10	18	1	↑	35	58	3	→	0	0	0	↓	4	24	2	↑	200	475	9
DToC	Delayed Transfers Of Care - % of Total Bed days Delayed	3.5%	Nov-19	↓	6.19%	5.00%	31	↓	3.11%	3.18%	0	↓	2.81%	2.90%	0	↓	4.68%	4.83%	6	↓	4.69%	3.88%	3
Referral to Treatment for non-urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Nov-19	↑	86.0%	83.9%	27	↓	90.8%	92.2%	2	↑	92.5%	92.9%	0	↓	86.3%	88.4%	27	↓	78.8%	82.3%	22
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Nov-19	→	0	10	0	↓	0	12	0	→	0	0	0	→	0	0	0	↑	7	32	19
Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Nov-19	↑	0.22%	4.97%	0	↑	1.00%	2.24%	0	↓	0.08%	0.90%	0	↑	0.88%	1.39%	0	↓	6.57%	3.77%	5
2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Nov-19	↓	90.8%	80.5%	1	↑	93.6%	93.6%	0	↓	94.3%	94.6%	0	↑	95.3%	94.1%	0	↑	96.7%	91.1%	0
	Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Nov-19	↓	45.5%	48.3%	11	↓	98.9%	98.9%	0	↓	94.9%	93.4%	0	↓	97.5%	95.8%	0	↓	100.0%	19.7%	0
31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Nov-19	↓	100.0%	100.0%	0	↓	91.7%	92.8%	11	↑	95.9%	94.5%	4	↓	96.4%	96.5%	0	↓	95.9%	97.4%	1
	Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Nov-19	↓	100.0%	98.7%	0	↓	83.3%	82.2%	19	↑	96.9%	91.5%	0	↓	80.0%	82.8%	1	↓	100.0%	95.0%	0
	Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Nov-19	↓	100.0%	92.3%	0	↓	99.4%	99.6%	0	↑	100.0%	99.7%	0	↓	100.0%	100.0%	0	↓	100.0%	100.0%	0
	Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Nov-19					↑	99.1%	99.0%	0	↑	91.0%	93.5%	3								
62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Nov-19	↑	70.5%	73.3%	2	↓	78.0%	76.2%	18	↓	73.6%	73.2%	51	↓	74.0%	76.5%	8	↓	65.7%	53.1%	7
	First Treatment Administered - 104+ Day Waits	0	Nov-19	↑	1.0	17.5	9	↑	7.0	79.5	44	↑	10.0	94.5	44	↑	2.5	39.5	19	↑	5.0	25.5	7
	First Treatment Administered Within 62 Days Of Screening Referral	90%	Nov-19	↑	100.0%	90.9%	0	↑	75.0%	83.5%	2	↑	87%	88.6%	3	↑	76.2%	78.1%	5	↓	100%	64%	0
	First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Nov-19	↑	88.6%	81.7%		↑	90.9%	85.5%		↓	74.0%	77.5%		↑	100.0%	90.3%		↓	82.4%	75.9%	
Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	19-20 Q2	↑	0.0%	0.0%		↓	6.6%	4.6%		↑	1.5%	5.0%		↓	6.1%	10.4%		↓	2.0%	7.6%	
	Number of Urgent Operations cancelled for the 2nd time	0	Nov-19	→	0	0		→	0	0		↑	0	2		→	0	0		→	0	0	
Mixed Sex Accommodation	Mixed Sex Accommodation Breaches	0	Nov-19	↓	32	299	17	↓	0	0	0	↓	0	0	0	→	0	0	0	↓	6	6	1
Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Nov-19	↓	1	3	1	↑	1	5	2	↓	2	4	1	→	0	1	0	→	0	1	0
	Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections — Plan	Plan	Nov-19	↑		2		↑		10		↓		14		↓		6		↑		4	
	Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections — Actual	Actual	Nov-19			0	0			9	0			8	0			2	0			3	0
	Healthcare Acquired Infection (HCAI) Measure: E-Coli	–	Nov-19	↑	15	109		↑	56	523		↑	60	487		↑	27	225		↑	17	143	
	Healthcare Acquired Infection (HCAI) Measure: MSSA	–	Nov-19	→	0	4		↓	10	66		↑	9	45		↑	0	15		→	1	7	

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NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6ᵗʰ February 2020

Item No: 215

Report Title	Audit Committee Assurance Report – 16ᵗʰ January 2020
Author(s)	Suzanne Pickering, Head of Governance
Sponsor (Director)	Ian Gibbard, Audit Lay Member and Audit Committee Chair

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

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

Report Summary
This report provides the Governing Body with highlights from the January 2020 meeting of the Audit Committee. This report provides a brief summary of the items transacted for assurance. **Waiver of Standing Orders and Standing Financial Instructions** One Single Tender Waiver Form was presented to the Audit Committee. The Committee APPROVED the Single Tender Waiver NOTED that due process had been observed. **Policy Management Framework Audit** The Audit Committee AGREED the deferral of the Policy Management Framework Audit from the 2019/20 plan to the 2020/21 Internal Audit Plan. **Internal Audit** 360 Assurance Progress Report Audit Committee RECEIVED the 360 Assurance Progress Report and NOTED that one report has been issued since the November meeting and one draft advisory report has been issued. 360 Assurance made a request for the Audit Committee's approval to make changes to 2019/20 Internal Audit Plan. They also requested the deferral of the Policy Management Framework Audit and deferral of the Response to the NHS National Staff Survey Audit to the 2020/21 Internal Audit Plan. Additionally, 360 Assurance asked for the removal of the Policy Monitoring Review from the current plan. The Audit Committee APPROVED the deferral and removal of these audit reviews.

Head of Internal Audit Opinion Work Programme Stage 2
The Audit Committee RECEIVED and DISCUSSED the Head of Internal Audit Opinion Stage 2 Report. The Stage 2 Report included the results and feedback from the Governing Body survey of Risk Management and the operation of the GBAF, the results of the survey were overall very positive. The Audit Committee AGREED that a further review of the survey should be undertaken at a future Governing Body Development Session.

Joined Up Care Derbyshire (JUCD) 2019/20 Operational Planning Process Review
The objective of the review was to assess the effectiveness of the JUCD operational planning process in 2019/20 in order to inform (and support potential improvements in) the process for 2020/21.

The Audit Committee RECEIVED and DISCUSSED the JUCD 2019/20 Operational Planning Process Review. 360 Assurance confirmed that the report would be received by all System Partner Audit Committees.

The Audit Committee recommended that the report should be discussed in detail at the confidential Governing Body Meeting in February/March 2020.

Governance and Risk Management Follow Up Audit
Following the discussions at the November 2019 Audit Committee in relation to the above audit; it was agreed that 360 Assurance would complete a further review of the work undertaken by the CCG on the measurement of the Strategic Objectives and the GBAF. Work has commenced on the follow up audit and 360 Assurance presented a verbal update. The final report will be presented to the Audit Committee in March 2020.

External Audit Progress Report
A verbal update was RECEIVED by the Committee on the KPMG Progress Report.

Finance Report
The Audit Committee RECEIVED a verbal update from the Chief Finance Officer, reporting that there were no material concerns and that the Month 8 financial position indicates the CCG is on track to achieve its Control Total at the end of March 2020.

Aged Receivables – Write Offs
The Audit Committee NOTED that there were no write offs reported to the committee.

Aged Receivables & Payable Credit Notes
The Audit Committee NOTED the report contents regarding the level of debt owed to the CCG and the number of days this has been outstanding.

Review of Losses and Special Payments
The Audit Committee NOTED that there were no losses and special payments reported to the committee.

2019/20 Year End Accounts Planning and Processes Assurance
The Audit Committee NOTED for assurance purposes, the detailed planning and processes being undertaken by the Finance department to produce the 2019/20 year-end accounts.

Risk Register Update December 2019
The Audit Committee RECEIVED and NOTED the Risk Register Report as at the end of December 2019, this is included the updates to Very High Risks and the movement in risks for the period of November to December 2019 on the Risk Register.

Conflicts of Interest Update January 2020

The Audit Committee NOTED the report update on Conflicts of Interest and RECEIVED the following registers:

- Decision Makers' Register of Interests
- Governing Body & Committee Register of Interests
- Confidential Register of Interests
- Gifts & Hospitality Register
- Procurement Register

CCG Committee Meeting Log

The Audit Committee NOTED NHS Derby and Derbyshire CCG's Committee Meeting Logs for the following committees;

- Clinical & Lay Commissioning Committee;
- Engagement Committee;
- Finance Committee;
- Governance Committee;
- Primary Care Commissioning Committee;
- Quality and Performance Committee.

Annual Report & Annual Governance Statement 2019-20 Update

The Audit Committee NOTED the 2019/20 key deadlines and requirements for the Annual Report and Annual Governance Statement.

Any Other Business

Change to Scheme of Delegation and Reservation

The Audit Committee REVIEWED the proposed changes to the Scheme of Delegation to increase the delegated authority of the Executive Director of Commissioning and Operations when signing healthcare contracts and RECOMMENDED approval of the changes to the Governing Body in February 2020.

Audit Committee Terms of Reference

The Audit Committee APPROVED the changes made to the Audit Committee Terms of Reference and RECOMMENDED the Terms of Reference for approval by the Governing Body in February 2020.

Forward Plan

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

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

Any risks highlighted and assigned to the Audit Committee will be linked to the Derby and Derbyshire CCG Governing Body Assurance Framework.

Identification of Key Risks

Noted as above.

Governing Body Meeting in Public

6ᵗʰ February 2020

Item No: 216	

Report Title	Governance Committee Assurance Report – 23rd January 2019
Author(s)	Suzanne Pickering, Head of Governance
Sponsor (Director)	Jill Dentith, Governance Lay Member & Chair of Governance Committee

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

Recommendations

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

Report Summary

This report provides the Governing Body with highlights from the January 2020 meeting of the Governance Committee. This report provides a brief summary of the items transacted for assurance.

Review of Terms of References

The Governance Committee REVIEWED the amendments made to the terms of reference and RECOMMENDED the Terms of Reference to the Governing Body for approval.

HR Policies and Procedures

The 4 former Derbyshire CCGs each had their own HR policies and procedures. With the formation of the NHS Derby and Derbyshire CCG on 1 April 2019 and the transfer of staff to the new organisation, there is a requirement to align HR policies and procedures to ensure that our people are treated fairly and consistently.

- Special Leave Policy

The Governance Committee APPROVED the Special Leave Policy subject the following caveats. Amendments to be made to Section 14 - Territorial Army, Reserve or Cadet Forces. Section 15.4 and Section 16.1 – Refer to Maternity, Paternity, Parental and Adoption Leave Policy.

- Pay Progression Policy

The Governance Committee APPROVED the Pay Progression Policy.
The Committee NOTED in particular the following:

The Agenda for Change terms and conditions were revised with effect from 1 April 2019 to include the pay progression system as agreed by the NHS Staff Council.

Under the new pay progression system, progression is not automatic and is conditional upon:

- Appraisal within the previous 12 months.

- All statutory and mandatory training relevant to the employee's role is up-to-date and recorded as compliant.

- No disciplinary warnings issued within the last rolling year or currently extant.

- Not on a formal stage of the CCGs Your Performance Matters process.

- For line managers only – appraisals have been completed for all their staff as required.

The new pay progression system came into effect on 1st April 2019 for new starters, and those promoted to a new role on or after 1st April 2019. For existing staff in post, up to 31st March 2019 the current pay progression procedures will continue to apply until 31st March 2021 after which time they will also be subject to the new provisions.

The Pay Progression Policy will apply to all Derby and Derbyshire CCG employees employed under NHS Agenda for Change Terms and Conditions (including those on permanent and temporary contracts).

With the introduction of this new policy and procedure pay progression will not be automatic and is dependent on satisfactory performance, conduct and demonstration of meeting all statutory and mandatory training requirements relevant to the role.

In addition, for employees on pay bands 8C, 8D and 9 the last pay point on the pay band is re-earnable annually.

Dying to Work Charter
The Governance Committee SUPPORTED the CCG signing up to the Dying to Work Charter and RECOMMENDED the Charter to Governing Body for approval in February 2020.

Policy Management Framework
The Governance Committee APPROVED the Policy Management Framework subject to minor amendments to section 3.2.6 and Appendix 3.

Estates Update
The Governance Committee NOTED Estates Update which described the progress and next steps on estates.

Organisational Effectiveness and Improvement Action Plan and Highlight Report
The Governance and People action plans from the Organisational Effectiveness and Improvement Group were APPROVED by the Committee, and the associated highlight report was RECEIVED, which described the achievements of the group and their planned works.

Achievements noted included:

- The majority of policies have now been updated and ratified through the Governance Committee.
- The Q2 GBAF is completed and now strengthened by including measurement of risk and strategic objectives to provide a clearer link between the requirements of the OEIPB and clinical commissioning strategy and the mechanisms for measurement and assurance via the Committees.
- Standard operating processes for risk management and legal process have been developed.

- The Derbyshire EPRR confirm and challenge process has been completed.
- A 6-month review has been undertaken with members of the Governing Body and analysis undertaken – to be shared with Governing Body members November and December.
- Meetings protocol and use of emails advice launched to all staff.
- Scarsdale space planning and office moves completed.
- Formal notice has now been served on Toll Bar House.
- A significant amount of recruitment activity has taken place with over 150 staff being appointed by the CCG in the 9 months to 31 December 2019. The proportion of posts filled within the CCG establishment is now at 93% compared to 75% in April 2019.
- A 360 degree feedback process has been completed for the Functional Directors.
- Delivery of business critical training and identification of learning and development needs, via the annual review conversation process, including those that can be funded utilising the CCG's apprenticeship levy.
- Identification and approval of a number of apprenticeship programmes to be undertaken by members of our existing workforce to ensure full utilisation of the CCG apprenticeship levy.
- Further communication of CCG values and behaviours via the staff bulletin, intranet, posters, screen saver and corporate email footer. Plan developed to fully embed within the CCG.
- Well-being initiatives introduced – mental health first aiders, flu jabs, winter wellness sessions and stress management workshops.

Organisational Efficiency PIDs – Virtually approved on 12 December 2019
The Governance Committee FORMALLY RECORDED the Committees virtual approval in respect of the two Organisational Efficiency PIDs, 1.5% Vacancy Rate and Salary Sacrifice in order to mobilise the schemes.

Mandatory Training Report
The Committee NOTED the CCG's current completion figures for Mandatory Training as at 15 January 2020.

Complaints Report Quarter 3
The Quarter 3 compliance report was NOTED by the Governance Committee, and described that 28 formal complaints had been received in the quarter which represented a decrease of 7 from quarter 2. Learning from complaints was clearly described in the report, with no cases handled by the CCG being referred to the Ombudsman.

Freedom of Information Report Quarter 3
The quarterly report on CCGs' performance in meeting our statutory duties in responding to requests made under the Freedom of Information Act was RECEIVED by the Committee.

EU Exit Update
The Governance Committee NOTED the EU Exit Update for information and assurance.

Business Continuity Update
The Governance Committee NOTED the Business Continuity Update for information and assurance.

Information Governance (IG) and General Data Protection Regulations (GDPR) Update Report including IG Assurance Forum Highlight Report
The Governance Committee RECEIVED the following updates regarding actions and compliance activities.

General Data Protection Regulations

The Information Flow Mapping exercise has now been completed. The purpose of mapping information flows was to ensure compliance of the CCG with the 'accountability principle' of the GDPR, to evidence control of our information assets, and to assure both the lawful basis for processing data, and that appropriate technical and organisational measures are in place.

The outcome report was presented in detail to the IG Assurance Forum on the 24th January 2020. In total, 493 separate information flows were returned. There are no issues identified within the Information Flow Mapping which would warrant an action to stop that information flow immediately. All flows where there are queries will be resolved in the next 3 months, and prior to the end of March 2020. It is expected that the final report of information flow mapping, including the CCG information asset register will be presented to Governance Committee in February 2020, for final SIRO approval.

During November and December a total of 17 DPIAs have been received and reviewed.

Access to Information

From 6th November to 7th January, the IG Team for the CCG have received one SARs, where further confirmation of identity is required prior to commencing.

Information Governance Incidents

The CCG has not had any reportable IG breaches for the period 6th November to 7th January 2020. The IG Assurance Forum receives a themed report in relation to incidents at each of their meetings.

Data Security and Protection Level One Training Compliance

The IG team have ensured that ESR data is available to give the current month compliance level, and also the year to date 'rising tide' compliance level, to provide assurance to the committee that as at the 31st March 2020 that the 95% of all staff trained requirement will be met. The graph for the end of November 2019 is below:
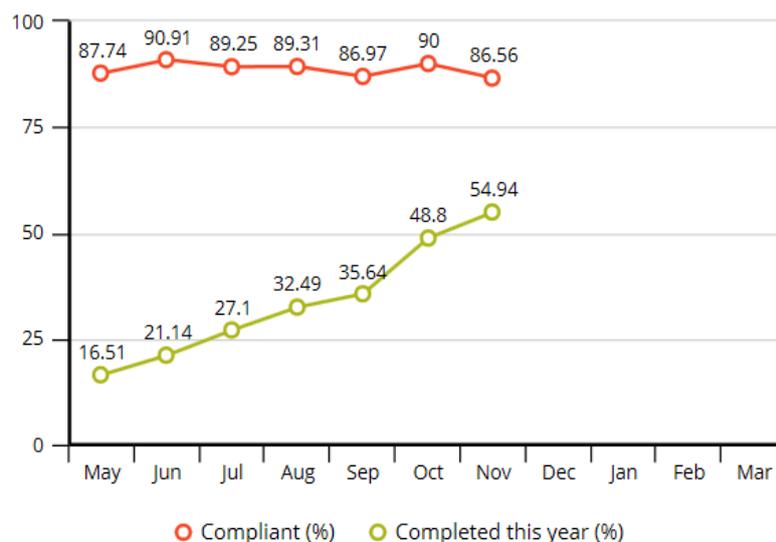
The **RED** line is the current level of compliance for all staff in the CCG for Data Security Level One training.

The **GREEN** line is the percentage of all staff who have completed their Data Security Level One training since the 1st April 2019 (and will contribute to the 95% compliance at year end).

Reporting Arrangements

The committee also RECEIVED a highlight report from the IG Assurance Forum meeting of the 13th December 2019.

Information Governance Policies
The Governance Committee APPROVED the following policies subject to minor amendments.
- IG Strategy
- IG Policy
- Network, Internet and Email Acceptable Use Policy
- Records Management Policy
- Information Security Strategy

Information Governance Standard Process
The Governance Committee APPROVED the following documents:
- Standard Data Processing Contract
- Standard Information Sharing Agreement

Health and Safety Report Update
The Committee RECEIVED ASSURANCE that NHS Derby and Derbyshire CCG is coordinating work to meet its it's health and safety obligations to remain compliant with health and safety legislation.

Derbyshire Fire and Rescue Service 'Our Plan' IRMP 2020-23 Consultation
The Governance Committee DISCUSSED and COMMENTED on Our Plan 2020-23 and the Year One Action Plan and noted that the Medium Term Financial Strategy 2020-24 for the Plan will be considered by the Finance Committee.
The Committee RECOMMENDED that the plan is also received by the Heath and Well Being Boards.

Derby and Derbyshire CCG Procurement Highlight Report
The Committee REVIEWED the Procurement Highlight report for Derby and Derbyshire CCG, noted the status of projects and reviewed the key issues and activities over the current period.

Risk Register Report
The Committee RECEIVED and DISCUSSED the six risks assigned to the Governance Committee.

The Committee AGREED to further reduce the probability of risk 20 therefore reducing the risk score to a high 8, due to the assurances in relation to EU Exit.

The Committee AGREED that risk 36 in relation to the provision of a Data Protection Officer for General Practice as required by NHS England, should now be transferred to the Primary Care Commissioning Committee. The Committee agreed that the risk is no longer a risk for the Governance Committee due to budget being identified and an options appraisal paper will be presented at Primary Care Commissioning Committee (PCCC) for a decision and will be responsibility of PCCC for holding General Practice to account.

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

Governance Committee Forward Planner
The Committee RECEIVED and NOTED the Forward Planner.

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

None identified.

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

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

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

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

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

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

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

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

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

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

Have any Conflicts of Interest been identified/ actions taken?

None identified.

Governing Body Assurance Framework

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

Identification of Key Risks

Noted as above.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6ᵗʰ February 2020

Item No: 217	

Report Title	Engagement Committee Assurance Report – 8ᵗʰ January 2020
Author(s)	Sean Thornton, Assistant Director Communications and Engagement
Sponsor (Director)	Martin Whittle, Vice Chair and Lay Member for PPI

Paper for:	**Decision**		**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair				Martin Whittle, Vice Chair and Lay Member for PPI				
Which committee has the subject matter been through?				Engagement Committee				

Recommendations
Governing Body are asked to **NOTE** the contents of this report for assurance, including the assurances given on progress with the Organisational Effectiveness and Improvement 30/60 day action plans.

Report Summary
This report provides the Governing Body with highlights from the meeting of the Engagement Committee, held on 8ᵗʰ January 2020. This report provides a brief summary of the items transacted for assurance.

Terms of Reference
The Engagement Committee has begun the process of reviewing its Terms of Reference in light of the impending changes to the Derbyshire system's structure with the advent of Integrated Care Partnerships and Primary Care Networks and the links these developments have to the work and membership of the Committee, as well as the Joined Up Care Derbyshire Board Governance Review which is underway. The review will also be aligned to a review of the system's Engagement Model which is in progress. A critical issue is ensuring that public members of the Engagement Committee are sourced from the system's component and geographical parts to ensure it is representative. A further discussion is on the agenda for the February Engagement Committee and a final draft of the revised Terms of Reference will be submitted to the March meeting of the CCG's Governing Body.

The Light House – Consultation Report
The Engagement Committee reviewed a report which outlined the outcomes of a period of consultation relating to The Light House, an integrated disabled children's service which is jointly funded by Derby City Council and the NHS Derby and Derbyshire Clinical Commissioning Group (CCG).

The public consultation period took place was for 90 days from 5 September and concluded 3 December 2019. The CCG worked in partnership with Derby City Council to consult with local people through various face to face channels and is detailed in the report.

Respondents included parents and carers and a range of stakeholders including professionals. Feedback and themes were consistent with the extensive pre-engagement phase which yielded invaluable intelligence and helped to shape the interim model.

The Committee noted that the pre-engagement and consultation process had been very robust and were assured by the report and supported the recommended next steps. The co-production of the service model and indeed the consultation process itself with parents of children using the service was particularly noted as being best practice. The consultation report will be reviewed by council health scrutiny committees and a final decision will be made by the CCG Governing Body and Derby City Council.

Consultation to close Pilsley Branch Surgery
The Engagement Committee reviewed a report which outlined the outcomes of a period of consultation relating to the proposed closure of Pilsley Branch Surgery by Staff Health, Tibshelf. The consultation process was viewed as comprehensive and had clearly raised considerable interest among local people, with more than 900 responses received, with many people raising issues relating to transport and issues with ongoing access to services for vulnerable patients. The Committee recognised considerations and mitigations the practice was proposing in response to issues raised during the consultation and endorsed the report a reflective of a robust process to be taken in to the decision-making processes. The outcomes will be reviewed by the CCG's Primary Care Commissioning Committee in due course.

Organisational Effectiveness and Improvement 30/60 Day Actions
The Engagement Committee received an update on Quarter 3 and 4 communications and engagement actions identified for delivery by the Organisational Effectiveness and Improvement Board:
- The development of a revised Communications and Engagement Strategy for the CCG,
- The parallel requirement for robust engagement programme to support the development of the CCG's Commissioning Strategy.

Risk Report
The Engagement Committee received its routine risk report following discussion at previous meetings about the papers presented to the committee on risk. No further amendments were made to the risks.

Annual Engagement Report
In support of the CCG's submission for the CCG Assessment Framework Indicator of Community Engagement, an engagement report is being produced to outline the engagement work undertaken across a range of projects in the last twelve months. The report will not only be able to demonstrate how the CCG is committed to engagement with and involving local people, it will also provide a key source of evidence to support the web-based submission. Engagement Committee members were asked to review the draft report and provide comment.

Joined Up Care Derbyshire Plan Summary
To support the publication of the Joined Up Care Derbyshire Plan, a summary document is in production to make the information in the plan more accessible to local people. A draft of the summary was presented to the Engagement Committee and members were asked to review the draft and provide comment. Publication of the plan will take place in line with NHS England guidance in the coming weeks.

Joined Up Care Derbyshire Plan Summary

The Committee received a detailed report on the outcomes of the engagement that had taken place during last summer's refresh of the Joined Up Care Derbyshire Plan. This comprehensive report brought together themes that had emerged from the engagement, the sources of the feedback and outlined how the STP Plan had taken those feedback themes into account as the plan was written. The report is to be published as an appendix to the full plan in the coming weeks, in line with NHS England guidance.

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

Identified risks are progressing for inclusion in the GBAF. Any further risks highlighted and assigned to the Engagement Committee will be linked to the Derbyshire Board Assurance Framework.

Identification of Key Risks

Noted as above.

NHS

Derby and Derbyshire

Clinical Commissioning Group

Governing Body Meeting in Public

6th February 2020

| | | **Item No: 218** |

Report Title	Primary Care Commissioning Committee
Author(s)	Marie Scouse Assistant Director of Nursing and Quality Primary Care
Sponsor (Director)	Clive Newman, Director GP Commissioning and Development

Paper for:	**Decision**		**Assurance**	X	**Discussion**		**Information**	X
Assurance Report Signed off by Chair			Ian Shaw (Chair)					
Which committee has the subject matter been through?			Primary Care Commissioning Committee					
Recommendations								

The Governing Body is requested to **NOTE** the following reports were presented to the Primary Care Commissioning Committee (PCCC) public meeting held on Wednesday 22nd January 2020 for Decision.

- Papers were presented to the committee detailing the proposals for a full contractual merger between these two practices. The committee received and approved a full contractual merger of the two practices
- **Terms of Reference for**
    1. Primary Care Leadership Committee – approved subject consistency changes in Section 7 and 8
    2. General Practice Digital Steering Group - these were received and noted, it was agreed further consideration is given to including additional wording re governance and a revision of the reporting arrangements
    3. Primary Care Estates Steering Group - these were received and noted, it was agreed further consideration is given to including additional wording re governance.
    4. Primary Care Commissioning Committee - It was noted these have already been agreed in a previous confidential session

The Governing Body is requested to **NOTE** the following reports were presented to the Primary Care Commissioning Committee (PCCC) public meeting held on Wednesday 22nd January 2020 for Discussion

- **Pilsley Surgery Branch Closure** The Committee received a paper with the request from Staffa Health to agree that the proposal to close the branch surgery at Pilsley is delayed for 12 months. The report was very detailed, it was felt by the committee that in order to give due time for committee

members to consider the contents of the paper it was agreed to delay the decision until the February PCCC Public Meeting. A request was also made to have the inclusion of the minuted feedback from the two committees included in the summary report

The Governing Body is requested to **NOTE** the following reports were presented to the Primary Care Commissioning Committee (PCCC) public meeting held on Wednesday 22nd January 2020 for Assurance.

Monthly Finance Update Report - The month 8 position was presented to the PCCC public meeting for assurance.

The ratified minutes of the PCCC is included on the agenda for the Governing Body on a monthly basis. The minutes includes the detail and decisions relating to the discussion on each agenda item considered by this Committee. The ratified minutes from the December public meeting of the PCCC meeting is included within the Governing Body papers. The ratified minutes of the Primary Care Commissioning Committee meeting held on Wednesday 18th December 2019 will therefore be received at the February Governing Body meeting.

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?

Declaration provided at the beginning of the meeting and raised for any specific agenda items and recorded in the minutes.

Governing Body Assurance Framework

Considered for each agenda item.

Identification of Key Risks

Considered for each specific agenda item – no risks identified for the PCCC finance report this month.

NHS

Derby and Derbyshire

Clinical Commissioning Group

Governing Body Meeting in Public

6ᵗʰ February 2020

Item No: 219

Report Title	Risk Register Report – 31ˢᵗ January 2020
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor (Director)	Helen Dillistone – Executive Director Corporate Strategy & Delivery

Paper for:	Decision	X	Assurance	X	Discussion		Information	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Engagement Committee – 8ᵗʰ January 2020. Clinical & Lay Commissioning Committee – 23ʳᵈ January 2020. Primary Care Commissioning Committee – 8ᵗʰ January 2020. Governance Committee – 23ʳᵈ January 2020. Finance Committee – 30ᵗʰ January 2020. Quality and Performance Committee – 30ᵗʰ January 2020.				

Recommendations
The Governing Body is asked to **RECEIVE** and **NOTE**: • The Risk Register Report; • Appendix 1 as a reflection of the Very High Risks of the organisation as at 31ˢᵗ January 2020; and • Appendix 2 which summarises the movement of all risks during January 2020. • **APPROVE** the two new Risks 040 and 041, responsibility of the Quality & Performance Committee.

Report Summary
This report presented to the Governing Body is to highlight the areas of organisational risk that are recorded in the Derby and Derbyshire CCG Corporate Risk Register (RR) as at January 2020.   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. The Very High Scoring Risks (15-25) are presented to the Executive Team meeting on a monthly basis.

Are there any Resource Implications (including Financial, Staffing etc)?
The Derby and Derbyshire CCG prioritises effective management of risks that may be faced by patients, members of the public, member practices and their partners and staff, CCG managers and staff, partners and other stakeholders, and by the CCG itself.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not 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.

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
Risks recorded in the Risk Register are aligned to the appropriate Strategic Risk recorded in Governing Body Assurance Framework.

Identification of Key Risks
The paper provides a summary of the very high scoring risks as at 31st January 2020.

GOVERNING BODY MEETING

RISK REPORT AS AT 31 JANUARY 2020

1. INTRODUCTION

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

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

- remains relevant, and if not may be closed;

- has had its mitigating controls that are in place reviewed and updated;

- has been reviewed in terms of risk score.

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

The Executive Team also received the Very High Risk Report and updates at their meeting on 15th January 2020.

2. RISK PROFILE – JANUARY 2020

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

Risk Register as at January 2020

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 January	6	14	2	1	23
New Risks	0	2	0	0	2
Increased Risks	0	0	0	0	0
Decreased Risks	0	1	0	0	1
Closed Risks	0	0	0	0	0

Appendix 1 to the report details the very high scoring risks (15-25) for the CCG. Appendix 2 to the report details all the risks for the CCG and the movement in score and the rationale for the movement.

3.   COMMITTEES – JANUARY VERY HIGH RISKS OVERVIEW

3.1   Quality & Performance Committee

Three Quality and Performance Committee risks are rated as very high (15-25).

Risk 002: The risk score is 20 (Probability 5, impact 4):

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.

January update:

The Midlands area performance against the 4 hour target is 28% below the England performance with the second highest level of attendances. 22% of breaches are attributed to the Midlands area (5% of which are based at University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) and Chesterfield Royal Hospital NHS Foundation Trust (CRHFT).

December - CRHFT reported 58.7% (Year to Date (YTD) 73.0%) and UHDB reporting 61.4% (YTD 67.1%).

CRH - The Trust continue to experience a high number of attendees compared to 2018/19 with 15.8% more attendances during December 2019, resulting in OPEL4 system escalation being declared during the month. The trend of growth is within the 81+ age group with a 'majors' presentation requiring an admission.

There were 18 x 12 hour Trolley Wait breaches during the month of December 2019, due to a lack of ward capacity elsewhere in the Trust.

There continues to be difficulty in recruiting to middle grade and Consultant medical posts.

For UHDB, the volume of patients has increased with an annual 7.2% increase of Type 1s, averaging at 28 more patients per day. Attendances in the Derby network (i.e. including Type 1s, Minor Injuries Units (MIU), Derby Urgent Care Centre (DUCC) & GP Streaming) averaged at 799 per day during December 2019.

At Burton there were 36 x 12 hour Trolley Wait breaches during the month of December 2019, due to a lack of ward capacity elsewhere in the Trust.

The current Remedial Actions plans have been reviewed and are updated on a monthly basis for discussion at the Contract Management Delivery Group (CMDG).

The system-wide Organisational Resilience Group (ORG) meets on a weekly basis to discuss & escalate Urgent Care issues and take a PMO approach to projects to remedy current issues.

Risk 007: The risk score is 16 (Probability 4, impact 4):

Transforming Care Plans (TCP) are unable to maintain and sustain the performance, pace and change required to meet national TCP requirements. The Adult TCP is on a recovery trajectory and rated amber with confidence, whilst the CYP TCP is rated Green. The main risks to delivery are within market resource and development, with workforce provision as the most significant risk for delivery.

January update

The national expectations for CCGs were revised in September, and identify a CCG requirement to visit all Out Of Area placements every 6/8 weeks. New guidance in support of this delivery is awaited.   The risk remains very high and cannot be reduced at present.

Risk 030: The risk score is 15 (Probability 5, impact 3):

Non-compliance of completion of Initial Health Assessments (IHAs) within statutory timescales for children in care due to the increasing numbers of children/young people entering the care system. This may have an impact on children in care not receiving their initial health assessment as per statutory framework.

January Update

Despite some initial improvements in December, Initial Health Assessments (IHA) are still out of timescale of 20 days. Compliance concerns remain in the embedding of new IHA pathways in Social Care and clinic capacity issues in health. Compliance continues to be reviewed and monitored. The Designated Nurse for Looked after Children is working closely with the Local Authority Service Manager to determine why IHA appointments offered have not been taken up within timescales. A new operational group has been agreed and is in the process of being established which will monitor performance and activity. The risk remains very high and cannot be reduced at present.

3.2   Finance Committee – Very High Risks

One Finance Committee risk is rated as very high.

Risk 027: The risk score is 15 (Probability 3, impact 5):

DDCCG has a £61m underlying deficit at the start of 2019/20, an in year deficit control total of £29m and £69.5m of approved savings plan. There is a

significant risk that the CCG will fail to meet its statutory financial duties in 2019/20.

January Update

This risk remains live and continues to be discussed in relevant meetings to ensure financial risks are mitigated and understood.

At month 9 the CCG reported a YTD overspend of £11.5m which is in line with plan. The CCG has received the 2nd quarter of Commissioner Sustainability Fund (CSF), which means the forecast outturn remains at 18.9m overspent which is again in line with the planned CSF adjusted Control Total. At month 9 the financial position remains in line with plan and the CCG is remains eligible for £29m of CSF, of which £10.2m has been received to date. If this happens the CCG will be able to report a breakeven position. Within this position the CCG has reported £4.5m of risk, which includes £3.2m related to Acute Provider activity and £0.8m on Practice Prescribing. This is being mitigated by contingencies, none of which is being used to support the YTD position.

There remains a genuine risk that the CCG will fail to meet its statutory financial duties in 2019/20, although as we get closer to the end of the financial year this risk reduces. We have entered the winter months and are already seeing significant increases in activity, therefore it is not possible to fully assure the delivery of the financial position.   After assessing the M9 QIPP savings delivery position the CCG is now reporting a £22.3m end of year under-delivery against the £69.5m plan. The CCG has undertaken a thorough assurance process of all QIPP savings schemes and all risk is now included in the forecast position. No additional risk to QIPP savings has been reported but should any risk materialise, sufficient mitigation should be available.

Whilst the current level of forecast risk can be mitigated there is no other mitigation available if the forecasted financial position were to deteriorate further.

3.3 **Primary Care Commissioning Committee – Very High Risks**

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

Risk 009: This risk score is 16 (Probability 4, impact 4*):*

Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care.

January Update

The mitigations for the risk have been reviewed and updated, providing more detail of the individual mitigations and presented to Primary Care Commissioning Committee held on 22nd January 2020 along with

reassessment of the risk scores undertaken. The risk scores remain the same and cannot be reduced. This is detailed fully in Appendix 1.

GP practices are Independent Contractors, with numerous diverse interlinked elements that can affect their business delivery and sustainability, whilst actions can be established to mitigate the identified risk, ultimately the functionality of GP provision remains an independent business decision.

<u>Risk 015: This risk score is 20 (Probability 4, impact 5):</u>

Due to the increased pressures around workload, workforce and financial concerns, there is a risk to General Practice in providing quality primary care services to patients.

<u>January Update</u>

The mitigations for the risk have been reviewed and updated, providing more detail of the individual mitigations and presented to Primary Care Commissioning Committee on 22nd January 2020 along with reassessment of the risk scores undertaken. The risk scores remain the same and cannot be reduced. This is detailed fully in Appendix 1.

GP practices are Independent Contractors, with numerous diverse interlinked elements that can affect their business delivery and sustainability, whilst actions can be established to mitigate the identified risk, ultimately the functionality of GP provision remains an independent business decision.

4.   JANUARY OVERVIEW

4.1   Increased risk(s) since last month

No risks have increased in score since last month, both of which are the responsibility of the Quality and Performance Committee.

4.2   Decreased risk since last month

One risk has decreased in score since last month.

1.   <u>Risk 039:</u> The CCG and the System is facing significant pressure in relation to S117 aftercare costs. At Month 9, the CCG reported a forecast overspend of £3.5m (24%) against budget (there was some significant budget setting error at the beginning of the year and cost shift from CHC in year but real growth remains a concern). Derbyshire County Council are O/S £1.5m to budget and Derby City circa £0.5m O/S to budget. (Generally S117 costs are split 50-50).

   This risk has been reduced from a high 12 (Probability 3 x Impact 4) to a high 9 (Probability 3 x Impact 3). This is on the basis that within the reported financial position at month 9, there is already a significant forecast overspend (£3.5m on a budget of £14.5m) and the movement

from month 8 to month 9 was not significant. It is thought that the impact of any further adverse changes over the remainder of the year will not be as high.

4.3   Target Risk Scores

There are no risks with a risk score lower than the target score.

4.4   Closed risk since last month

There are no risks recommended for closure since last month.

4.5   New risks since last month

Two new risks have been identified since last month and have been assigned to the Quality and Performance Committee.

1.   Risk 041: Lack of peer support for nursing home bedside manufacture of syringe drivers after 31.01.20.

This new risk has been scored at a high 8. (Likelihood 2 x Impact 4).

Following UHDB withdrawal of syringe driver manufacture on 31.01.20 the following risks apply:

- An increased demand on community nursing to provide support to nursing homes.
- A reduction in the availability of nursing homes willing to provide service to people at the end of life.
- Change in quality in treatment due to use of other sub-optimal medications to replace the use of a syringe driver.
- EQIA panel agreed a high risk.

This risk has been escalated from the Medicines Management Delivery Board. The decision to escalate the risk to a corporate level was made through this delivery board with the Senior Risk Owner and PMO present.

2.   Risk 042: Derby City patients with complex wounds will not receive timely care or will face sub-optimal outcomes to their condition. There may also be an impact on patients with long term conditions who will also face longer waits for their care due to GP practices managing caseloads of complex wound care.

This new risk has been scored at a high 9 (Likelihood 3 x Impact 3)

The transition of complex wound care delivery from GP practices to DCHS wound care clinics, has been largely successful however there is a gap in the Derby City area. Variations between expected and

actual patient numbers, recruitment, capacity and venue challenges have combined to create a variation in service. Actions have been identified to address the risk and are detailed in the risk register.

5.   RECOMMENDATION

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

- The Risk Register Report;

- Appendix 1 summary as a reflection of the very high risks facing the organisation as at 31st January 2020;

- Appendix 2 which summarises the movement of all risks in January 2020;

- Risk 041 and 042 as two new risks responsibility of the Quality & Performance Committee.

Derby and Derbyshire CCG Risk Register - Very High Risks - as at 31st January 2020

NHS
Derby & Derbyshire
Clinical Commissioning Group

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Residual/ Current Risk			Target Risk			Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	Probability	Impact	Rating	Probability	Impact	Rating						
002	19/20	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the Derby and Derbyshire CCGs constitutional standards and quality statutory duties.	Quality and Performance	Constitutional Standards/ Quality	3	4	12	1) **Governance of Operational/Performance Management:** Derby and Derbyshire CCG representatives chair the monthly Operational Resilience Group (ORG) which is represented by all NHS Provider Organisations and both Local Authorities. The ORG is charged with the responsibility of proposing a series of mitigating actions to the drivers of adverse A&E 4 hour performance, to the A&E Delivery Board. 2) **Provider led mitigations:** The CRH, working closely with Community and Local Authority Organisations, are focussing on methods to reduce Delayed Transfers of Care as a means to provide bed capacity to promote better flow. In addition, the CRH continue to open a number of extra "winter" beds to meet demand. The UHDB are using agency staffing as a way of mitigating the shortfall in Tier 4 Registrar Capacity (where the current vacancy rate is 3.44 WYE).	ORG/A&E Delivery Board Actions: Taking a PMO approach to system-wide projects including: - Undertake a system wide demand and capacity analysis to understand the drivers of performance at both the CRH and UHDB. - Enabling the direct booking of GP appointments via 111, when clinically appropriate. - Increased Clinician to Clinician contact availability to assist EMAS clinical decision making and avoid unnecessary conveyances. - Identifying other failed pathway referrals that lead to unnecessary ambulance conveyances, forming a plan to remedy these. - Proactively manage High Intensity Users of urgent care to avoid their need to use emergency services. - Providing PCN-based enhanced care in Care Homes to improve quality and reduce unwarranted referrals. - Improving ambulance handover times through increased senior ownership within EDs and applying Releasing Time To Care principles in EMAS. - Expanding the mental health Crisis Service and enhancing the home treatment offer to improve gatekeeping. - Increasing A&E Mental Health Liaison team capacity to speed up response times. - Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. - Establishing an Orthopaedic Assessment Unit at RDH to treat patients in a more appropriate setting and improve flow. - Establishing a Surgical Assessment Unit at CRH to treat patients in a more appropriate setting and improve flow. - Increased GP Streaming at UHDB through commissioning changes and staff upskilling. - Embedding a weekly review process for patients with a length of stay of 21+ days in acute trusts. - Understanding Community demand and capacity to support the Improving Flow D2A pathways in South and City. - Increase OPAT capacity to enable more patients to be discharged from acute hospitals on IV antibiotics. - Altered handovers to enable more timely transfers from MAU/AAC to base wards at UHDB. CRH Actions: Maintain a level of "winter" bed provision as necessary and focus on Red2Green delivery. UHDB Actions: Maintain a level of "winter" bed provision as necessary and focus on Red2Green delivery. In addition, all staff, except for ANP staff, are now using the MetricAid electronic rostering system to ensure maximum staffing of shifts.	December update: (provided January 20) The midlands area performance against the 4 hour target is is 28% below the England performance with the second highest level of attendances. 22% of breaches are attributed to the Midlands area (5% of which are based at UHDB and CRH). December - CRH reported 58.7% (YTD 73.0%) and UHDB reporting 61.4% (YTD 67.1%). CRH - The trust continue to experience a high number of attendees compared to 2018/19 with 15.8% more attendances during Dec2019, resulting in OPEL4 being declared during the month. The trend of growth is is within the 81+ age group with a 'majors' presentation requiring an admission. There were 18x 12hour Trolley Wait breaches during the month of December 2019, due to a lack of ward capacity elsewhere in the Trust. For context there had been 15 over the whole of the preceeding 12 months. Many of these extra patients are frail elderly or patients with respiratory conditions, with a noted rise in abdominal pain presentations. The numbers of these are being clarified. The acuity of the attendances is increasing, with 27.2% of A&E attendances resulting in admission to either an assessment unit or a ward during November. There is continued difficulty recruiting to middle grade and consultant medical posts. UHDB - The volume of patients has increased with an annual 7.2% increase of Type 1s, averaging at 28 more patients per day. Attendances in the Derby network (i.e. including Type 1s, MIUs, DUCC & GP Streaming) averaged at 799 per day during December 2019. The acuity of the conditions presented has also increased, with attendances classed as Major/Resus making up 55.5% of patients at Derby (236 attendances per day) and 40.2% of patients at Burton (103 patients per day). 24.5% of attendances result in admission to either an assessment unit or an inpatient ward. In actual terms there are an average of 9.2 extra admissions per day compared to 2018/19 (an 11.4% rise). At Burton there were 36x 12hour Trolley Wait breaches during the month of December 2019, due to a lack of ward capacity elsewhere in the Trust. For context there had been one other over the whole of the preceeding 12 months. Derby had 4x 12hour Trolley Wait breaches during the month of December 2019 (2 due to availability of medical/surgical beds and 2 due to availability of mental health beds). There has been an overall rise in patients classed as Major, with a rise in the numbers of these patients being treated by the appropriate clinicians but in the Minors area. On a day-to-day basis the numbers of patients arriving at ED rises during the morning and arrivals remain high through the afternoon & evening. Discharges of minor patients are also high during this time but the major & resus discharges are not, culminating in a higher number of patients classed as 'In Department' by late afternoon. This coincides with more inpatient discharges being delayed until around 4pm, reducing the bed capacity and therefore delaying admissions from ED. Gp streaming at RDH has been subject to a number of trials over the winter period swapping from DHU owning the process to an ED Nurse streaming instead. This has resulted in a lower number of patients reaching the GP streaming service and is subject to further training and trials to increase the number of patients. The current Remedial Actions plans have been reviewed and are updated on a monthly basis for discussion at CMDG. The system-wide Organisational Resilience Group (ORG) meet on a weekly basis to discuss & escalate Urgent Care issues and take a PMO approach to projects to remedy current issues.	5	4	20	5	4	20	3	3	9	CRH - March 2019 - UHDB ongoing issues	Linked to Strategic Risks 1, 3, 4, 5, 6	Jan-20	Feb-20	Zara Jones Executive Director of Commissioning Operations	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations
007	19/20	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.	Quality and Performance	Quality/ Reputational	3	4	12	• System leadership group meets bi-monthly to review performance and address system issues, chaired by CCG SRO. • System wide plan developed identifying priorities for joint action and delivery • Additional funding and capacity in place for crisis response and forensic • Quality standards in place within contracts for NHS providers monitored monthly • Investment in Speech and Language Therapist for mental health wards to improve formulation in mental health care. • Contractual recovery plan for NHS LD specialist inpatient assessment and treatment to be completed by end June with expert input from national leads 9 July 2019. • Weekly system pressures meetings in place with CCG and system partners.	• NHSE assurance meetings continue monthly. * TCP Executive Board has increased frequency to meet monthly * TCP Delivery Group agreed to meet weekly during October/November * AMH OOA plan in place and agreed with NHS E/I * Reduction in monthly admissions into AMH beds required * Improvements in discharge planning required	* We remain non-compliant to the revised national trajectory. * New national monitoring arrangements announced in September 19, CCG requirement to visit all OOA placements every 6/8 weeks * Programme identified as "challenged" by NHS E/I in relation to achievement of trajectories. * Detailed stock-take undertaken and recovery action plan completed and submitted to NHS E/I * Monthly review and monitoring of agreed actions through programme delivery group * Qualitative service review visit undertaken 17 & 18th Sept by national LD leads, EBE and regional TC manager confirmed system wide areas for improvements * Specialist Supported living providers market development undertaken in Oct 2019 to support procurement process. * £245k Additional monies received from NHS E to support reduction in admissions and expediting discharges. * Attendance at regional meeting with national TCP lead and regional perfotrmance lead highlighting areas for improvements * Additional monies available to expedite discharge. All cases beign reviewd to confirm clinical appropriateness of expediting discharge plans * New guidance expected following publication of findings following review of Bethany's case by NHS i/E and House of commons human rights committee * TCP Executive Board meeting monthly * TCP Delivery Group meeting weekly * December 19 Update - No further update required January 2020 - No update to be added	4	4	16	4	4	16	2	3	6	April 2020	Links to Strategic Risks 1, 3, 4, 5, 6	Jan-20	Feb-20	Brigid Stacey - Chief Nursing Officer	Jennifer Stothard - Transforming Care Delivery Manager for Learning Disabilities and/or Autism Programme Derbyshire Partnership
009	19/20	Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 115 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 businessess 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 outomes . Nationally General Practice is experiancing increased pressures which are multi facited and include the following areas :- *Workforce - recruitment and retention of all staff groups *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements	Primary Care Commissioning	Primary Care	5	4	20	**Early warning systems**: CCG works with LMC and other partners to systematically identify and support practices that may be in trouble, including: reviewing information on practice performance via an internal, cross directorate review of practices looking at a range of data sources; linking with the LMC to pool soft intelligence on practice 'health' and to jointly support struggling practices; directly approaching practices identified as at risk **CCG support: C**CG commissions and funds a range of supportive measures designed to increase the resilience of General Practice, in line with the GP Forward View and GP Contract. Key working groups and committees have been established to support the delivery of the work programmes, these include: *Primary Care Leadership Committee *Primary Care Workforce Steering Group - sub group GPN 10 Group *Primary Care Estates Steering Group *General Practice Digital Steering Group The groups have a wide range of objectives and outomes to mitiagate this corporate risk, these include , managing allocation and monitoring of additional funding to support the PC workforce (recruitment and retention, new roles) Funding of practice nurses to promote the National GPN , work with CCG nursing team. Identification and delivery of training to support and improve GP practice resilience; funding increased capacity; supporting practices to manage workload, development of leadership roles. Utilisation of the GP Task Force and Health Education Derbyshire to support the delivery of these objectives **Peer support:** the Primary Care Networks will provide a way that practices can support each other in smaller groups. Over time this will provide a safe forum for practices to seek help from peers and another route for help for struggling practices who are not willing to approach the CCG directly **Strategy**: implementation of the CCG's primary care strategy will bring additional resources, capacity and support to General Practice, and develop its role at the centre of an integrated system, thus increasing resilience and mitigating against individual practice failure. The CCG has financilly supported the development of the GP alliance, who have supported the development of the PC strategy and are also undetaking a review of PC demand and capactiy in order to have a understanding of access to Primary Care in Derbyshire .	The Derbyshire wide Primary Care Strategy agreed and in place. Primary Care Networks (PCNs) established county wide. PCNs undertaking self-diagnostic to establish current position and development needs. Funding identified to support development. First cross directorate review meeting of practice data set for September. Primary Care Team to continue to work closely with practices to understand and respond to early warning signs including identification of support/resources available including practice support in discussions around workload transfer from other providers. Derbyshire wide Primary Care Commissioning Committee to oversee commissioning, quality and GPFV workstreams. Assurance provided to NHS England/JUCD through monthly returns and assurance meetings.	Development and implementation of Derbyshire wide Primary Care Strategy. Implement STP/Derbyshire wide plans to invest in and develop practices at scale Continue to work with LMC, Federations and emerging groups to support sustainability of general practice. Primary Care Team to continue to work closely with practices to understand and respond to early warning signs including identification of support / resources available including practice support in discussions around workload transfer from other providers. Derbyshire wide Primary Care Commissioning Committee to oversee commissioning, quality and GPFV workstreams. Assurance provided to NHS England / JUCD through monthly returns and assurance meetings. Rationale for the Very High Risks Scores It is the view of the Primary Care Team and the Primary Care Commissioning Committee that the risks need to remain at their current risk scores. Whilst the CCG continues to mitigate the risks in this area we do not feel we can downgrade the risk at the moment. There are a number of reasons for this: the number of GP practices; the independent nature of GP practices; the disproportionate effect that even a single practice closure would have on its registered patients. Even one small practice out of the 115 failing to deliver can have a disproportionate effect on the registered list population. The Primary Care Commissioning Committee will keep the very high risks scores under review and will update the Governing Body accordingly. Reviewed September 2019, no further update but revised target date. The risk is discussed at PCCC every month , currently the committee is satisfied by the mitigation that are being applied to manage the risk It is the opinion of the committee that the risk is maintained at this level Update will be provided for December following Primary Care Commissioning Committee on 18th December 2019 January update: •The mitigations for the risk have been reviewed and updated , providing more detail of the individual mitiagations and presented to PCCC 22/01/2020 reassesment of the risk scores undertaken was undertaken and the risk scores remain the same. . GP practices are Independent Contractors, with numerous diverse interlinked elements that can affect their business delivery and sustainability, whilst actions can be established to mitigate the identified risk , ultimately the functionality of GP provision remains an independent business decision.	4	4	16	4	4	16	4	3	12	November 2019	Links to Strategic Risks 1, 3, 4, 5, 6	Jan-20	Feb-20	Dr Steve Lloyd - Medical Director	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
015	19/20	There are 115 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 businessess 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 outomes . Nationally General Practice is experiancing increased pressures which are multi facited and include the following areas :- *Workforce - recruitment and retention of all staff groups *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care	Primary Care Commissioning	Primary Care	4	5	20	**Primary Care Quality Team**: team providing monitoring of and support to practices county wide, proactive and reactive, direct contact available to practices to clinical team members, via telephone and email, for advice and support of any clinical queries and patient safety issues. Communication pathways established including membership bulletin, Information Handbook, web site development and direct generic inbox **Primary Care Quality and Performance Committe**e: The Committee will oversee monitoring support and action plans for the delivery of Primary Medical Services, gain assurance regarding the quality and performance of the care provided by GP practices, identifying risks to quality at an early stage. Monthly meetings established. **Cross directorate internal review (hub) proces**s - Primary Care Quality dashboard and matirx developed, discussed monthly at Hub meeting, integration, sharing and triangulation of PC data from Primary Care Quality, Contracting and Transformation. Provides the opportunity to oversee multiple data sources and gain information from wider CCG teams in order to gain collective view on quality of care offered and to identify areas of best practice and areas of concern where support or intervention is needed. Provides the opportunity to review and create action plans to support practices who may be experiencing / demonstrating difficulty or signs of potential deficit in quality or unwarranted variation of care provision. **Supporting Quality Improvement visits:**18 month rolling programme of practice visits with a focus on quality and support is being delivered, this provides the opportunity of direct clinical face to face discusion beteeen individual GP practices and CCG. Provides an safe opportunity to discuss individual practice quality metrics and for the practices to highlight / raise any issues or concerns directly to the CCG. **Clinical Governance leads meetings:** Established and held quarterly across Derbyshire PCN footprint, provides the interface between CCG and individual practices, opportunity to share best practice, practice concerns, learning and recommendations, support the implentation of GP practice governance. **Quality Schedule**: being developed as part of the enhanced service review to provide a formal mechanism to contract for improved quality standards in areas such as sepsis and safeguarding - following model developed with acute and other provider organisations. Primary Care Quality Schedule Included (April 2020) to DCCG Commisoned Primary Care Contracts, to maintain and support the delivery of continuous quality improvement in Primary Care.	Primary Care Quality Team now fully recruited to and delivering on quality programme including SQI visits. Continuing work to track and support quality of General Practice - Primary Care Quality and Performance Committee established and functioning well. Work is ongoing on development of quality schedule. Production of a Primary Care dashboard being finalised, review of quality resporting methodology and governance structures to PCCC being undertaken. Primary Care Dashboard and Matrix established. Supporting Governance Framework implemented.	Primary care quality team now fully recruited to and delivering on quality programme including SQI visits. Continuing work to track and support quality of General Practice - Primary Care Quality and Performance Committee established and functioning well Work ongoing on development of qualtiy schedule Production of a Primary care dashboard being finalised , review of quality reporting methodology and governance structures to PCCC being undertaken. Rationale for the Very High Risks Scores It is the view of the Primary Care Team and the Primary Care Commissioning Committee that the risks need to remain at their current risk scores. Whilst the CCG continues to mitigate the risks in this area we do not feel we can downgrade the risk at the moment. There are a number of reasons for this: the number of GP practices; the independent nature of GP practices; the disproportionate effect that even a single practice closure would have on its registered patients. Even one small practice out of the 115 failing to deliver can have a disproportionate effect on the registered list population. The Primary Care Commissioning Committee will keep the very high risks scores under review and will update the Governing Body accordingly. No update for September 2019. The risk is discussed at PCCC every month , currently the committee is satisfied by the mitigation that are being applied to manage the risk It is the opinion of the committee that the risk is maintained at this level Update will be provided for December following Primary Care Commissioning Committee on 18th December 2019 This risk remains static. January update: The mitigations for the risk have been reviewed and updated , providing more detail of the individual mitiagations and presented to PCCC 22/01/2020 reassesment of the risk scores was undertaken and the risk scores remain the same. GP practices are Independent Contractors , with numerous diverse interlinked elements that can affect their business delivery and sustainability, whilst actions can be established to mitigate the identified risk , ultimately the functionality of GP provision remains an independent business decision.	4	5	20	4	5	20	4	4	16	March 2020	Links to Strategic Risks 2, 3, 4, 5	Jan-20	Feb-20	Dr Steve Lloyd - Medical Director	Marie Scouse - Assistant Chief Nurse Primary Care
027	19/20	DDCCG has a £61m underlying deficit at the start of 2019/20, an in year deficit control total of £29m and £69.5m of approved savings plan. There is a significant risk that the CCG will fail to meet its statutory financial duties in 2019/20	Finance	Finance	5	5	25	• The CCGs have in place a medium term financial recovery plan that sets out the projected financial 'do nothing' position and the QIPP schemes to mitigate this position to enable delivery of the assumed control total. • The GB have approved £69.5m of savings in 2019/20. These schemes are support by PIDs and where possible have been included in provider contracts • The Executive led Finance Recovery Group, accountable to the Derbyshire Finance Committee, meets weekly to oversee progress on the plan and instigate actions where necessary. • The JUCD Chief Executives meet regularly to oversee progress against setting, agreeing and delivering a system 2019/20 plan. • At plan stage the Derbyshire CCGs are holding a 0.5% uncommitted risk contingency • Medium term financial plan and annual financial plan have been signed off by the Governing Body • Budgets have been set with budget holders and then approved by the Governing Body • The budgets are aligned to Executive Directors ensuring senior oversight and management of budgets. • There is a budget escalation process in place overseen by the FRG and the Derbyshire Finance Committee	• Regular reporting to Derbyshire Finance recovery Group, Finance Committee and Governing Body. • Regular reporting on planning progress to JUCD Board • Regular discussions internally and externally to assess the delivery and robustness of the system finances	This risk remains live and continues to be discussed in relevant meetings to ensure financial risks are mitigated and understood. At month 9 the CCG reported a YTD overspend of £11.5m which is in line with plan. The CCG has received the 2nd quarter of Commissioner Sustainability Fund (CSF), which means the forecast outturn remains at 18.9m overspent which is again in line with the planned CSF adjusted Control Total. At month 9 the financial position remains in line with plan and the CCG is remains eligible for £29m of CSF, of which £10.2m has been received to date. If this happens the CCG will be able to report a breakeven position. Within this position the CCG has reported £4.5m of risk, which includes £3.2m related to Acute Provider activity and £0.8m on Practice Prescribing. This is being mitigated by contingencies, none of which is being used to support the YTD position. There remains a genuine risk that the CCG will fail to meet its statutory financial duties in 2019/20, although as we get closer to the end of the financial year this risk reduces. We have entered the winter months and are already seeing significant increases in activity , therefore it is not possible to fully assure the delivery of the financial position. After assessing the M9 QIPP savings delivery position the CCG is now reporting a £22.3m end of year under-delivery against the £69.5m plan. The CCG has undertaken a thorough assurance process of all QIPP savings schemes and all risk is now included in the forecast position. No additional risk to QIPP savings has been reported but should any risk materialise, sufficient mitigation should be available. Whilst the current level of forecast risk can be mitigated there is no other mitigation available if the forecasted financial position were to deteriorate further.	3	5	15	3	5	15	2	5	10	March 2020	Links to Strategic Risks 1, 2, 6	Jan-20	Feb-20	Richard Chapman, Chief Finance Officer	Darran Green- Assistant Chief Finance Officer
030	19/20	Non-compliance of completion of initial health assessments (IHA's) within statutory timescales for Children in Care due to the increasing numbers of children/young people entering the care system. This may have an impact on Children in Care not receiving their initial health assessment as per statutory framework.	Quality and Performance	Corporate	5	3	15	Implementation of additional medical advisor capacity. Monthly and quarterly analysis of performance.	Completion of Multi-agency IHA Action Plan. Increasing numbers of children/young people entering care. Multi-agency compliance with timescale pathway.	The multi-agency action plan continues to be implemented by the Children in Care team at Chesterfield Royal Hospital and Derbyshire County Council. There requires a period of time for the new pathway to be embedded. There was meeting planned for this week between all agencies to review and update the action plan but this has been rearranged due to the inspection at Derbyshire County Council this week. The risk is anticipated to be reduced as the new pathway becomes embedded into multi-agency practice. The risk currently remains as the compliance rate continues to drop for Initial Health Assessments therefore we are not in a position to reduce the risk at present. Action plan continues to be implemented - performance stable as of the end of June 2019. The multi-agency pathway is now in place, however performance has yet to show improvement therefore the risk remains the same until the pathway becomes fully embedded into practice. September update: Perfomance has improved slightly at the end of July as a result of the multi-agency pathway being embedded. There is currently sufficient clinic capacity to provide appointments within the 20 working day statutory timescales, however this has been reliant on a low number of children entering care during August and continues to be reviewed. The risk remains at 15 as the current improvement is yet to be sustained. October Update - perfomance has been stable but low at 32% compliance therefore risk remains high until improvements in complaince seen. There is currently sufficient clinic capcity to meet need. November Update: There is sufficient clinic capacity to meet the demands of children coming into care. There is another partnership meeting with Local Authority, CRH and Designated Professionals the beginning of December to explore how further improve compliance and processes within the system and review the IHA pathway (making any changes required). Performance is remaining stable but no significant improvements at this time. December update: Compliance for IHAs continues to improve slightly, although it has been acknowledged by the local area that further work is required. IHA pathway multi-agency meeting held on 13/12/2019 to explore the blockages. Outcome to be included in January 2020 update January 2020 update - IHA's are still out of timescale of 20 days (despite some initial improvements in December 2019), compliance concerns remain in the embedding of new IHA pathways in Social Care and clinic capacity issues in health. Compliance continues to be reveiwed and monitored. The Des Nurse for LAC is working closely with the LA Service Manager why IHA appointments offered have not been taken up within timescales. A new operational group has been agreed and is in the process of being established which will monitor performance and activity.	5	3	15	5	3	15	3	1	3	March 2020	Links to Strategic Risks 1, 2, 3, 4, 5	Jan-20	Feb-20	Brigid Stacey - Chief Nursing Officer	Alison Robinson, Designated Nurse for Looked After Children

Appendix 2 - Movement during January 2020

Risk Reference	Year	Risk Description	Previous Rating			Residual/Current Risk			Movement	Reason for Movement	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
002	19/20	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	⟷		Zara Jones Executive Director of Commissioning Operations	Quality and Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations
005	19/20	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	⟷		Brigid Stacey - Chief Nursing Officer	Quality and Performance	Ed Ronayne - Safeguarding Adults Manager
007	19/20	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.	4	4	16	4	4	16	⟷		Brigid Stacey - Chief Nursing Officer	Quality and Performance	Jennifer Stothard - Transforming Care Delivery Manager for Learning Disabilities and/or Autism Programme Derbyshire Partnership
009	19/20	Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care.	4	4	16	4	4	16	⟷		Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
013	19/20	Wait times for psychological therapies for adults and for children are excessive. This risk has been reset from a general concern at availability of psychology and Mental health staff -concerns for which actions have been taken in 2017-19.DHcFT have made significant efforts to address recruitment and retention for nursing staff and their workforce planning is good despite a context of a nationally poor picture in available workforce) The difficulty appears to be a combination of varied productivity, poor data to make analysis of the problem outdated specifications and activity requirements coupled with significant and rising demand and national work force training issue. 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)	4	3	12	4	3	12	⟷		Zara Jones Executive Director of Commissioning Operations	Quality and Performance	Dave Gardner - Assistant Director of Procurement & Commissioning
014	19/20	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.	4	3	12	4	3	12	⟷		Zara Jones Executive Director of Commissioning Operations	Quality and Performance	Dave Gardner - Assistant Director of Procurement & Commissioning
015	19/20	Due to the increased pressures around workload, workforce and financial concerns, there is a risk to General Practice in providing quality primary care services to patients.	4	5	20	4	5	20	⟷		Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Marie Scouse - Assistant Chief Nurse Primary Care
018	19/20	There is a risk of failure to implement and embed compliance activities required in UK Data Protection Legislation.	2	4	8	2	4	8	⟷		Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker, Director of Corporate Delivery
019	19/20	There is a risk of a successful cyber-attack, causing widespread disruption to systems and therefore the provision of services.	3	4	12	3	4	12	⟷		Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Paul Hetherington - Associate Director of Digital Development, Chrissy Tucker - Director of Corporate Delivery

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason for Movement	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
020	19/20	If the CCG does not maintain and review 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 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	⟷		Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery
024	19/20	If the CCG fails to engage with the membership and does not put in place succession planning relating to recruitment to clinical support roles, this will lead to gaps in the organisation and decrease in performance.	1	3	3	1	3	3	⟷		Helen Dillistone, Executive Director of Corporate Strategy and Delivery	Governance	Beverley Smith, Director of Corporate Strategy & Development
027	19/20	DDCCG has a £61m underlying deficit at the start of 2019/20, an in year deficit control total of £29m and £69.5m of approved savings plan. There is a significant risk that the CCG will fail to meet its statutory financial duties in 2019/20	3	5	15	3	5	15	⟷		Richard Chapman, Chief Finance Officer	Finance	Darran Green- Assistant Chief Finance Officer
028	19/20	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	⟷		Zara Jones Executive Director of Commissioning Operations	Quality and Performance	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning /Jennifer Stothard, TCP Delivery Manager
'029	19/20	The Derbyshire CCGs incurred a significant recurrent underlying deficit in 2018/19. The CHC financial position continues to be challenging in 2019/20 and there is a risk that the underlying position could deteriorate, putting pressure on the achievement of the financial targets and increasing the gap on the 2020/21 financial plan.	3	3	9	3	3	9	⟷		Brigid Stacey - Chief Nursing Officer	Quality and Performance	Nicola MacPhail, Assistant Director of Quality
030	19/20	Non-compliance of completion of initial health assessments (IHA's) within statutory timescales for Children in Care due to the increasing numbers of children/young people entering the care system. This may have an impact on Children in Care not receiving their initial health assessment as per statutory framework.	5	3	15	5	3	15	⟷		Brigid Stacey - Chief Nursing Officer	Quality and Performance	Heather Peet, Designated Nurse Looked After Children.
031	19/20	Failure to develop engagement methods and processes to support the emerging service developments of the Derbyshire system may mean the Derbyshire system would fail to meet statutory duties in S14Z2 of the Health and Care Act 2012 and not sufficiently engage local people in service planning and development.	2	3	6	2	3	6	⟷		Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement
032	19/20	Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development.	2	4	8	2	4	8	⟷		Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason for Movement	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
033	19/20	Lack of engagement in Derbyshire STP refresh in 2019, may mean the Derbyshire system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development	3	4	12	3	4	12	↔		Vikki Taylor -	Engagement	Sean Thornton Assistant Director Communications and Engagement
035	19/20	The current Gamete Storage policy does not include provision for gamete storage for transgender patients. Under the Equality Act – Transgender is a protected characteristic and as such should not be discriminated against. To update the policy would require agreement at CPAG and FRG (investment required).	1	1	1	1	1	1	↔		Steve Hulme, Director of Medicines Management & Clinical Policies	Clinical & Lay Commissioning	Tom Goodwin, Head of Medicines Management and Clinical Policies & Decisions
036	19/20	Because the CCG has not yet made a decision regarding the provision of a Data Protection Officer for General Practice a required by NHS England, there is a risk of reputational damage and damage to GP relationships with the CCG where effective provision is not in place, leading to risks of non-compliance with UK data protection law.	2	3	6	2	3	6	↔		Steve Lloyd, Medical Director	Governance	Paul Hetherington - Associate Director of Digital Development
038	19/20	Because of a lack of formal committee oversight of NECS performance reporting, the CCG is not receiving assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	2	4	8	2	4	8	↔		Helen Dillistone, Executive Director of Corporate Strategy and Delivery	Governance	Paul Hetherington - Associate Director of Digital Development
039	19/20	The CCG and the System is facing significant pressure in relation to S117 aftercare costs. At M9, the CCG reported a forecast overspend of £3.5m (24%) against budget (there was some significant budget setting error at the beginning of the year and cost shift from CHC in year but real growth remains a concern). Derbyshire CC are O/S £1.5m to budget and Derby City circa £0.5m O/S to budget. (Generally S117 costs are split 50-50).

S117 will also become a right to have as a Personal Health Budget from December 2019. | 3 | 4 | 12 | 3 | 3 | 9 | ↓ | This is on the basis that within the reported financial position at month 9, there is already a significant forecast overspend (£3.5m on a budget of £14.5m) and the movement from month 8 to month 9 was not significant. It is thought that the impact of any further adverse changes over the remainder of the year will not be as high. | Zara Jones, Executive Director of Commissioning Operations | Quality and Performance | Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning /Dave Stevens, Head of Finance |
| 040 | 19/20 | Data Quality issue with University Hospitals Derby Burton (UHDB) with incorrect data being provided for several consecutive months during the current financial year. | 3 | 4 | 12 | 3 | 4 | 12 | ↔ | | Zara Jones, Executive Director of Commissioning Operations | Quality and Performance | Helen Wilson, Deputy Director of Contracting and Performance |

NHS

Derby and Derbyshire

Clinical Commissioning Group

Governing Body Meeting in Public

6ᵗʰ February 2020

Item No: 220

Report Title	Governing Body Assurance Framework – Quarter 3
Author(s)	Chrissy Tucker, Director of Corporate Delivery
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy

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

Governing Body are asked to:

- **RECEIVE** and **GAIN ASSURANCE** from the Quarter 3 Governing Body Assurance Framework at Appendix 2.

Report Summary

Governing Body Assurance Framework

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

Following approval at the June Governing Body of the Strategic Objectives and Strategic Risks, the full GBAF Quarter 1 was presented to the Governing Body for assurance at the July 2019 meeting and Quarter 2 to the Governing Body in November 2019.

During the Quarter 2 review and update of the GBAF, our strategic objectives have been strengthened in terms of how we measure the achievement of our strategic objectives through our governance arrangements, process of the OEIPB and through ownership of the Corporate Committees. This process was reported to the Governing Body in November 2019.

The attached diagram at appendix 1, illustrates the link between the strategic objectives, GBAF strategic risks associated with each objective, the committee ownership of the risks and the OEIPB workstreams that determine the work of the strategic objectives.

GBAF Quarter 3

The Corporate Delivery Team has worked with the Executive Directors to review the GBAF for quarter by evaluating the key controls intended to manage the principal risks, describing what success will look like and how we will measure progress of the strategic objectives.

The Q3 GBAF summary and individual GBAF risk extracts are attached in Appendix 2 and updates are highlighted in red.

The responsible Committee has approved their assigned Q3 GBAF risks at their January meetings.

GBAF Quarter 4

For the GBAF Quarter 4, the Governing Body will be presented with a report to demonstrate the extent to which we have made progress on the achievement of our strategic objectives during the year.

Are there any Resource Implications (including Financial, Staffing etc)?
All members of staff are accountable for their own working practice, and have a responsibility to co-operate with managers in order to achieve the objectives of the CCG.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not required for this paper. Notwithstanding this, where any issues/risks that have been identified from Data Protection Impact Assessment (DPIA) appropriate actions will be taken to manage the associated risks.

Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not required for this paper. Notwithstanding this, where any issues/risks that have been identified from a Quality Impact Assessment appropriate actions will be taken to manage the associated risks.

Has an Equality Impact Assessment (EIA) been completed? What were the findings?
An EIA is not found applicable to this update on the basis that the GBAF is not a decision making tool; however, addressing risks will impact positively across the organisation as a whole.

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Due Regard is not found applicable to this update on the basis that the GBAF is not a decision making tool; however, addressing risks will impact positively across the organisation as a whole.

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update.

Have any Conflicts of Interest been identified/ actions taken?
Not applicable to this update.

Governing Body Assurance Framework
The paper provides the Governing Body the Quarter 3 GBAF.

Identification of Key Risks
The GBAF identifies the strategic/ principal risks which are linked to the corporate/ operational risks identified in the Corporate Risks Register.

Strategic Objectives Process map

NHS Derby and Derbyshire Clinical Commissioning Group

How the CCG will mitigate these risks	STRATEGIC RISK 1 — Ineffective commissioning may prevent the ability of the CCG to improve health and reduce health inequalties	STRATEGIC RISK 2 — Capacity and capability constraints may mean we do not deliver all of our strategic priorities	STRATEGIC RISK 3 — Insuffiicient workforce capacity in our providers may prevent the delivery of our strategic priorities and NHS Constitutional standards	STRATEGIC RISK 4 — Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required	STRATEGIC RISK 5 — Our commissioned services are not what our patients need	STRATEGIC RISK 6 — The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the system and or the CCG to move to a sustainable financial position	How the CCG will monitor delivery	Responsible Committee
STRATEGIC OBJECTIVE 1 — To reduce measurably our health inequalities and improve the physical health, mental health and wellbeing of our population	✓	✓	✓	✓	✓	✓	OEIPB WORKSTREAM(S) — 1. Commissioning Strategy 2. Clinical Leadership	1. Clinical and Lay Commissioning Committee 2. Quality and Performance
STRATEGIC OBJECTIVE 2 — To reduce measurably unwarranted variation in the quality of healthcare delivered across Derbyshire	✓	✓		✓		✓	OEIPB WORKSTREAM — 1. Commissioning Strategy	1. Quality and Performance Committee
STRATEGIC OBJECTIVE 3 — To plan and commission quality healthcare that reasonably meets the needs of our population and improve its outcomes	✓	✓	✓	✓	✓	✓	OEIPB WORKSTREAM — 1. Commissioning Strategy	1. Clinical and Lay Commissioning Committee
STRATEGIC OBJECTIVE 4 — To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards	✓	✓	✓	✓	✓	✓	OEIPB WORKSTREAM — 1. Financial 2. Corporate Governance 3. People Strategy	1. Finance Committee 2. Governance Committee 3. Governance. Committee
STRATEGIC OBJECTIVE 5 — Work in partnership with stakeholders and with our population to achieve the above four objectives	✓			✓	✓	✓	OEIPB WORKSTREAM — 1.Engagement	1. Engagement Committee

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Strategic Objective: 1,2,3,4,5	GBAF RISK 1	Executive Lead: Brigid Stacey/ Zara Jones
		Assigned to Committee: Quality and Performance

What would success look like and how would we measure it?	Risk Description
• Services commissioned across patient pathways rather than by conditions. • PLACE commissioning of services, linked to the STP objectives. • This will be measured by achievement of performance targets, NHS Oversight Framework indicators and Delivery of the Organisational Effectiveness Improvement Plan Board (OEIPB) Action Plan	**Ineffective commissioning may prevent the ability of the CCG to improve health and reduce health inequalities.**

Risk rating	Likelihood	Consequence	Total
Initial	4	3	**12**
Current	3	3	**9**

Risk Appetite	Level	Category	Target Score
	Moderate	Commissioning and Contracting	**8**
	2	4	

GBAF Risk 1

Date reviewed	January 2020

Rationale for risk rating (and any change in score):
• Capacity in commissioning has improved.
• PLACE areas are now supported by a CCG Functional Director.
• QIA/EIA process in place.
• OEIPB process in place.

Link to Derby and Derbyshire Risk Register

Risks 002, 005, 007, 009, 010, 013, 014, 019, 020, 024,027, 028, 029, 030

KEY CONTROLS TO MITIGATE RISK

Internal
• QIPP and Service Benefit Reviews challenge process.
• Prioritisation tool.
• Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions.
• Robust QIA process for commissioning/ decommissioning schemes and System QIA now in place
• Clinical Quality Review Group (CQRG) measures built into all contracts
• OEIPB Board and Action Plan
• OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report
• 2020/2021 Commissioning Intentions published and on website
• 2020/2021 Contracting approach and objectives developed

External
• NHSE and NHSI assurance arrangements
• CQC inspections and associated commissioner and provider action plans
• Programme Boards
• STP Oversight
• Meetings with Local Authority to identify joint funding opportunities.
• System wide efficiency planning has commenced for 2020/2021 showing commitment to joint system working

SOURCES OF ASSURANCE

Internal
• Quality & Performance Committee
• Risk management controls and exception reports on clinical risks to Quality & Performance Committee
• Performance reporting framework in place
• Lay representation within Governing Bodies and committee in common structures.
• NHSE assurance meetings to provide assurance.
• OEIPB Action Plan and Highlight Report owned by Quality & Performance Committee
• Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24
• STP Refresh Summary
• OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report
• Measurement of performance targets

External
• Quality Surveillance Group
• Recovery Action Plans
• Commissioning Boards
• Health and Well-being Boards
• Legal advice where appropriate
• NHSE Assurance Letters

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal	**External**	**Internal**	**External**
• None Mitigating actions in place	• None Mitigating actions in place	• None mitigating actions in place	• None Mitigating actions in place
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal	**Timeframe**	**External**	**Timeframe**
• None	• None	• None	• None

Strategic Objective: 1,2,3,4	GBAF RISK 2	Executive Lead: Brigid Stacey
		Assigned to Committee: Quality and Performance

What would success look like and how would we measure it?	Risk Description
• Clear strategic direction from the STP. Clinical leadership in place across all priorties • Staff delivering the right services, in the right place at the right time. • This will be measured by achievement of performance targets, NHS Oversight Framework indicators and Delivery of the Organisational Effectiveness Improvement Plan Board (OEIPB) Action Plan.	**Capacity and capability constraints may mean we will not deliver all of our strategic priorities.**

Risk rating	Likelihood	Consequence	Total		Date reviewed	January 2020
Initial	3	4	12			

GBAF Risk 2 — GBAF Risk 2...

Risk rating	Likelihood	Consequence	Total
Current	3	4	12

Rationale for risk rating (and any change in score):
- The STP Clinical leadership group is becoming established.
- The Systems saving group is bringing key partners together to deliver the financial priorities and has increased joint ownership of priorities
- PLACE commissioning is developing.

Risk Appetite	Level	Category	Target Score
	Moderate	National Quality and Direction	8
	2	4	

Link to Derby and Derbyshire Risk Register
009,013, 014, 015, 018, 019, 020, 027,028, 029. 030,

KEY CONTROLS TO MITIGATE RISK

Internal	External
• Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions • Robust QIA process for commissioning/ decommissioning schemes and new System QIA panel in place • Clinical Quality Review Group (CQRG) measures built into all contracts • Financial Recovery Group (FRG) oversight. • Contract Management Board (CMB) oversight • Quality & Performance Committee • OEIPB Board and Action Plan • OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report • Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group • Internal resource planning work led by HR	• NHSE assurance arrangements • Provider Governance arrangements are clear and include any subcontracting responsibilities. • CQC inspections and associated commissioner and provider action plans • NHSI assurance arrangements • STP Oversight • System Quality & Performance Group established and meets on a monthly basis

SOURCES OF ASSURANCE

Internal	External
• Quality & Performance Committee • Risk management controls and exception reports on clinical risk to Quality & Performance • Performance reporting framework • Lay and Council representation within Governing Bodies and committees in common structure. • Clinical committee established at Place, • Quality assurance visits • NHSE assurance meetings to provide assurance. • OEIPB Action Plan and Highlight Report owned by Quality & Performance Committee • Draft Joined Up Care 5 Year Strategyy Delivery Plan 19/20 - 23/24 • STP Refresh Summary • OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report • Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group	• Collaboration with Healthwatch • Health and Well-being Boards • 360 Assurance audits • NHSE/I assurance meetings • CQC Inspections and action plans • Quality Surveillance Group • Minutes of System Quality & Performance Group

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal	**External**	**Internal**	**External**
• None Mitigating actions in place	• None Mitigating actions in place	• STP planning in development and refresh in progress	• None Mitigating actions in place

ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal	**Timeframe**	**External**	**Timeframe**
• None	• None	• Increased system working with system partners to deliver transformation change. • Refer issues to System Quality and Performance Group.	• Ongoing • Monthly System Quality & Performance Group meeting.

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Strategic Objective: 1,3,4	GBAF RISK 3	Executive Lead: Brigid Stacey/ Steve Lloyd
		Assigned to Committee: Quality and Performance

What would success look like and how would we measure it?	Risk Description
• Workforce capacity in place so services are staffed by permanent staff with minimal levels of agency staffing. • This will be measured by achievement of performance targets, NHS Oversight Framework indicators and Delivery of the Organisational Effectiveness Improvement Plan Board (OEIPB) Action Plan.	**Insufficient workforce capacity in our providers may prevent the delivery of our strategic priorities and NHS Constitutional standards.**

Risk rating	Likelihood	Consequence	Total		Date reviewed	January 2020
Initial	4	4	**16**			

GBAF Risk 3

Current	3	4	**12**

Rationale for risk rating (and any change in score):
- Workforce capacity is varied across the providers; some areas such as Learning Disabilities have high levels of vacancies and sickness. Agency staff are limited in these complex areas.
- Despite significant winter pressures Providers continue to work to ensure minimal levels of agency staffing

Risk Appetite	Level	Category	Target Score
	Moderate	Commissioning and Contracting	**8**
	2	4	

Link to Derby and Derbyshire Risk Register
Risks 002, 005, 007, 009, 010, 013, 014, 015, 018, 019, 020, 024, 028, 030.

KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE	
Internal	**External**	**Internal**	**External**
• Quality leads assigned to contracts and included in commissioning reviews and decisions • Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. • Robust QIA process for commissioning schemes via the quality schedule. • Robust Quality and Performance governance embedded within the CCG • OEIPB Board and Action Plan • 2020/21 Commissioning Intentions finalised and agreed with Providers. • Population Health Management in development • OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report • 2020/2021 Commissioning Intentions published and on website • 2020/2021 Contracting approach and objectives developed • New System QIA panel in place chaired by DDCCG	• NHSE assurance arrangements • Derbyshire and Derby Healthwatch reviews and engagement. • Provider Governance arrangements are clear and include any subcontracting responsibilities. • CQC inspections and associated commissioner and provider action plans • Ofsted	• Clinical & Lay Commissioning Committee minutes • Quality & Performance Committee minutes • QIA panel outputs • Quality & Assurance Committee minutes • Performance reporting framework • Monitoring to continue through infidel provider CMBs and the Q&P committee • OEIPB Action Plan and Highlight Report owned by Quality & Performance Committee and Clinical & Lay Commissioning Committee. • 2020/21 Commissioning Intentions finalised and agreed with Providers. • Population Health Management supported by Public Health Directors and Governing Body. • Establishment of Strategic Advisory Group. • Governing Body developing CCG Strategy. • 2020/2021 Contracting approach agreed by Governing Body January 2020	• NHSE assurance processes • Local Council scrutiny • Patient and public engagement • Adult care board • Peoples commissioning board • Health and Well-being Boards • Workforce is monitored through the individual provider safety Committees • CQC inspections • Ofsted

• System Quality & Performance Committee established			

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal	**External**	**Internal**	**External**
• Winter Pressures could impact	• Winter Pressures could impact • Written Statement of Action (WSOA) report published from CQC and Ofsted inspection of SEND with areas of inspection	• None Mitigating actions in place	• None Mitigating actions in place

ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal	**Timeframe**	**External**	**Timeframe**
• Winter Plan being drafted and finalised, agreed by A&E Delivery Board and discussed as Quality & Performance Committee • The CCG and Derby City Council to deliver actions from WSOA and repeat inspection in 18 months time	• Ongoing • March 2021	• The CCG and Derby City Council to deliver actions from WSOA and repeat inspection in 18 months time	• March 2021

Strategic Objective: 1,2,3,4,5	GBAF RISK 4	Executive Lead: Zara Jones Assigned to Committee: Clinical & Lay Commissioning

What would success look like and how would we measure it?	Risk Description
• Delivery of system transformation schemes – improved outcomes and reduced cost. Improved / sustained relationships with system partners – increased collaboration and strengthened planning and delivery, less duplication and more shared accountability for delivery. Improved and streamlined contracting approach for 20/21 with contracts agreed earlier and aligned to system requirements.	**Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.**

Risk rating	Likelihood	Consequence	Total		Date reviewed	January 2020
Initial	4	4	**16**		**Rationale for risk rating (and any change in score):**	
Current	3	4	**12**		• System working is still developing, however scale of transformation required is clear and principles of collaborative system working are agreed. The pace required and scale of transformation remains a risk for the CCG and wider system. Not all the success measures are easily measurable making the score more subjective.	

Risk Appetite	Level	Category	Target Score		**Link to Derby and Derbyshire Risk Register**
	Moderate	Collaborative working	**8**		002, 005, 007, 009, 010, 013, 014, 015, 020, 028, 030.
	2	4			

GBAF Risk 4 — GBAF Risk 4...

(Chart showing values from 20 down to 0 across months April, May, June, July, August, September, October, November, December, January, February, March. Line starts at ~16 in April-May, drops to ~12 by June and remains flat through December.)

KEY CONTROLS TO MITIGATE RISK

Internal
- Senior members of staff are fully involved in STP workstreams
- Link with STP and PMO
- Strong CEO lead and influence on STP
- Good clinical engagement i.e. Medical Director a key player in CPRG
- CPAG and new Clinical Pathways Forum
- Commissioning Intentions 19/20 finalised and agreed with Providers and published on website
- Clinical Leadership Framework in place
- Deep Dives on areas of poor performance involving provider partners e.g. Q&P deep dives
- Lessons learned application to 20/21 planning and delivery through Finance Committee and shared with GB and system

External
- Governance structure becoming embedded
- Good CEO/DoF system engagement
- JUCD Board now fully functioning as a group of system leaders
- Systems Savings Group
- Future in Mind Plan agreed by the CCG, Derby City Council and Derbyshire County Council
- System Quality and Performance group established to support in-year delivery strategically, linked to the transformation agenda
- System Planning leads oversight of contracting and planning for 20/21, linked to DoFs group to ensure we set the right framework for delivery of our transformation as a system.

SOURCES OF ASSURANCE

Internal
- Clinical & Lay Commissioning Committee meetings
- Governing Body
- PMO
- Executive Team
- OEIPB Board and Action Plan
- OEIPB Highlight Report owned by Clinical & Lay Commissioning Committee
- Clinical & Lay Commissioning Assurance Report provided to Governing Body.
- STP System Refresh
- Draft Joined Up Care 5 Year Delivery Plan 19/20 – 23/24
- Commissioning Intentions published and available on the CCGs website

External
- JUCD Board
- System Forums incl.delivery boards, planning leads
- CEO/DoF meetings
- CPRG meetings
- NHSE/I reviews
- Derby City Council
- Derbyshire County Council
- Future in Mind Plan published on Derby City Council website
- Future in Mind Plan published on Derbyshire County Council website
- STP refresh

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal • Not able to influence decisions • Limited CCG capacity to contribute to all meetings	**External** • National directives • 'Club v's country' i.e. organisational sovereignty over system	**Internal** • None. Mitigating actions in place	**External** • None. Mitigating actions in place
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal • System savings work in place and ongoing • Joined Up Care Derbyshire Workstream Delivery Boards / Assurance • Strategic commissioner and ICS / ICP development	**Timeframe** • Monthly review	**External** • Continued work with system partners to develop and deliver transformation plans	**Timeframe** • Monthly review

Strategic Objective: 1,3,4,5	GBAF RISK 5	Executive Lead: Helen Dillistone Assigned to Committee: Engagement Committee

What would success look like and how would we measure it?

- Services are commissioned to meet the best possible outcomes for the population. The CCGs systems and processes in the commissioning of services are open and transparent. Decisions are taken with the appropriate level of engagement with individual patients and communities.
- This will be measured by achievement of performance targets, NHS Oversight Framework indicators and Delivery of the Organisational Effectiveness Improvement Plan Board (OEIPB) Action Plan.

Risk Description

We do not commission services that meet the patients' greatest need

Risk rating	Likelihood	Consequence	Total
Initial	3	5	15
Current	2	5	10

Risk Appetite	Level	Category	Target Score
	Low	Commissioning	6
	2	3	

GBAF Risk 5 — GBAF Risk 5...

Chart y-axis: 0, 5, 10, 15, 20. X-axis: April, May, June, July, August, September, October, November, December, January, February, March

Date reviewed	January 2020

Rationale for risk rating (and any change in score):

- The CCG recognises the risk of operating in a complex and financially challenged environment and the need to balance good decision making with appropriate engagement and involvement.

Link to Derby and Derbyshire Risk Register
Risks 001, 002, 007, 009, 010, 013, 014, 015, 020, 024, 028, 030.

KEY CONTROLS TO MITIGATE RISK

Internal
- Adoption of the Commissioning Prioritisation Framework to guide the commissioning development work of the CCG.
- Use of the CCG's commissioning intelligence function to quantify and understand care need, inequality and cost.
- Engagement function with clearly defined roles and agreed priorities.
- Engagement Committee to provide challenge and internal scrutiny.
- Alignment of CCG and JUCD communications and engagement agendas where necessary to provide streamlined and coherent approach.
- Identified involvement of communications and engagement lead involvement in all projects.
- Clearly defined offer and ownership of communications channels to support consistency of approach and clarity of message.
- Improved coordination of membership engagement mechanisms, linked to planning. Settled Comms and Engagement function with clearly defined roles and agreed priorities.
- Links to QIA/EIA Panel, work streams and

External
- Engagement Committee has dual responsibility for the alignment of JUCD and CCG communications and engagement agendas where necessary to provide streamlined and coherent approach.
- Relationship development with local parliamentary and council politicians.
- Structured approach to broader stakeholder engagement.
- Proactive formal and informal Engagement with Overview & Scrutiny Committees, with clear business plan.
- Co-production approach to planning utilising existing local experts by experience (Lay Reference Groups)
- Joined Up Care Derbyshire Comms and Engagement collaboration and planning.
- Legal/Consultation Institute advice on challenging issues.

SOURCES OF ASSURANCE

Internal
- Confirm and challenge and outputs for Engagement Committee providing assurance to GBs.
- Governing Body assurance of Engagement Committee evidence from training and development.
- Commissioning cycle to involve patient engagement.
- EIA and QIA process.
- QIA/EIA panel.
- Communications & Engagement work plan and links to QIPP tracker which aims to maintain understanding of emerging work and implications
- Systematic completion of S14Z2 forms at PID stage will provide standardised assurance against compliant decision making and recording of decisions at project level.
- Training for Engagement Committee membership to ensure robust understanding and application of guidance and statutory responsibility.

External
- Membership (and other stakeholder) feedback via annual 360 survey.
- Approval of commissioning strategy and associated decisions by the Clinical Lay Commissionoing Committee.
- Approval of engagement and consultation processes from Overview and Scrutiny Committees.
- NHS England CCG Assurance – Green * Rating for 2018/19 assessment
- Internal Audit Report.

PMO planning processes to keep sighted on emerging work. • Simple engagement model now approved to support project flow through consistent process. • S14Z2 form now part of PID development process and embedded into CCG PMO documentation. • Strengthening of CCG committee cover sheets to ensure committees making implementation decisions have full assurance that duties have been met. • 2020/21 Commissioning Intentions finalised and agreed with Providers. • Population Health Management in development • OEIPB • Governing Body • Commissioning Intentions published and on website		• 2020/21 Commissioning Intentions finalised and agreed with Providers. • Population Health Management supported by Public Health Directors and Governing Body. • Establishment of Strategic Advisory Group. • Governing Body developing CCG Strategy. • Commissioning Intentions published and on website	

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal	**External**	**Internal**	**External**
• EIA/QIA process to be adopted by JUCD . • PMO process currently only applicable to schemes listed within financial recovery plan .	• Potential lack of provider engagement in JUCD communications and engagement work. Lack of clarity in place development.	• None	• None

ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal	**Timeframe**	**External**	**Timeframe**
• Clear work programme being developed for CCG communications and engagement offer and team project delivery. • Tracking of 19/20 QIPP programme and emergence of 20/21 schemes • Training support for project managers in development on commissioning cycle to standarise processes, building on recent project management training.	• Programme agreed in stages between October 18 (channels/offer development) and March 20 (CCG projects). • Ongoing, with weekly checks at Comms & Engagement Team meetings. • Q3 2019/20	• 360 Assurance completed review of comms and engagement processes in QIPP delivery, action plan agreed and delivered. • JUCD & CCG agendas aligning via System Savings Group.	• 30.1.20 • Ongoing

Strategic Objective: 1,2,3,4,5	GBAF RISK 6A	Executive Lead: Richard Chapman
		Assigned to Committee: Finance Committee

What would success look like and how would we measure it?	Risk Description
• Delivery of agreed 2019/20 financial position. • Exit run rate in line with MTFP or successor plan for CCG and LTFP. • This will be measured by achievement of performance targets, NHS Oversight Framework indicators and Delivery of the Organisational Effectiveness Improvement Plan Board (OEIPB) Action Plan.	**The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.**

Risk rating	Likelihood	Consequence	Total		Date reviewed	January 2020
Initial	5	5	**25**		**Rationale for risk rating (and any change in score):**	
Current	4	4	**16**		• CCG FOT meets 2019/20 control total. Underlying position is adverse to Medium Term Financial Plan.	

Risk Appetite	Level	Category	Target Score		Link to Derby and Derbyshire Risk Register
	Low	Financial Statutory Duties	**10**		Risk 002, 005, 007, 009, 010, 013, 014, 020 027, 029.
	2	5			

GBAF Risk 6A chart — values: April 25, May 25, June 21, July 25, August 25, September 25, October 25, November 25, December 16 (January, February, March blank). Y-axis 0–30.

KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE	
Internal	**External**	**Internal**	**External**
• Contract management incl. validation of contract information, coding and counting challenges etc. • Internal management processes – monthly confirm and challenge by FRG & FinCom • OEIPB Board and Action Plan. • OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report	• Standardised contract governance in line with national best practice. • System Finance Oversight Group (SFOG) established	• Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee. • February 2019 Internal Audit Financial Management review giving significant assurance • OEIPB Board and Action Plan. • OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report	• Internal audit review of Finance and Contract Management processes. • Regulator review and oversight of monthly financial submissions

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal	**External**	**Internal**	**External**
• Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.	• Absence of integrated system reporting of the health financial position.	• Regularisation of integrated activity, finance and savings reporting incorporating activity trajectoried matched to provider capacity to deliver and associated commissioner financial impact	• Absence of commitment to open-book reporting with clear risk identification.

ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal	**Timeframe**	**External**	**Timeframe**
• Strengthening of activity data reporting to ensure improved business intelligence to support decision making. • Development of an integrated Activity Finance & Savings report in process	• Ongoing • April 2020	• System Savings Group established and in place • System Finance Oversight Group in place • Transparency of open book reporting through System Savings Group	• Monthly • Monthly • Ongoing

Strategic Objective: 1,2,3,4,5	GBAF RISK 6B	Executive Lead: Richard Chapman
		Assigned to Committee: Finance Committee

What would success look like and how would we measure it?	Risk Description
• Delivery of agreed 2019/20 financial position on a system basis. • Exit run rate in line with MTFP or successor plan for CCG and LTFP or recovery plans where applicable for providers. • This will be measured by achievement of performance targets, NHS Oversight Framework indicators and Delivery of the Organisational Effectiveness Improvement Plan Board (OEIPB) Action Plan.	**The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the system to move to a sustainable financial position.**

Risk rating	Likelihood	Consequence	Total		Date reviewed	January 2020
Initial	5	5	**25**			

GBAF Risk 6B — GBAF Risk 6A...

Risk rating	Likelihood	Consequence	Total
Current	5	4	**20**

Rationale for risk rating (and any change in score):
- CCG FOT meets 2019/20 control total. Underlying position is adverse to Medium Term Financial Plan.
- CRH reports adverse to plan YTD & FOT
- UHDB reporting on plan but material risk exists.

Risk Appetite	Level	Category	Target Score
	Low	Financial Statutory Duties	**10**
	2	5	

Link to Derby and Derbyshire Risk Register
Risk 002, 005, 007, 009, 010, 013, 014, 020 027, 029.

KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE	
Internal	**External**	**Internal**	**External**
• Internal management processes – monthly confirm and challenge by FRG & Finance Committee • Integrated financial reporting incorporating I&E and savings positions and risk • OEIPB Board and Action Plan. • Clinical Leadership Framework in place across the system to support governance and clinical workstreams. • OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report	• Standardised contract governance in line with national best practice. • System Finance Oversight Group (SFOG) established • Requirement to agree a multi-year system recovery plan with regulator in order to mitigate impact score	• Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee. • OEIPB Board and Action Plan. • Clinical Leadership Framework in place across the system to support governance and clinical workstreams. • OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report	• Internal audit review of Finance and Contract Management processes. • Regulator review and oversight of monthly financial submissions

GAPS IN CONTROL		GAPS IN ASSURANCE	
Internal • Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.	**External** • Absence of a single system view of activity data which is timely, accurate and complete. • Absence of a system planning function on which partners place reliance. • Absence of integrated system reporting of the health financial position. • Regulatory and statutory financial duties mitigate against system collaboration and cooperation to reduce health cost.	**Internal** • Regularisation of integrated activity, finance and savings reporting incorporating activity trajectoried matched to provider capacity to deliver and associated commissioner financial impact	**External** • Absence of commitment to open-book reporting with clear risk identification. • Provider rules only allow reforecasting on a quarterly basis, unable to influence this • Provider Sustainability Fund rules incentivise delay in risk recognition meaning forecasting may not be fully objective, unable to influence this

ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
Internal • Development of new System Activity Finance & Savings report	**Timeframe** • Ongoing	**External** • Establish greater system working across finance teams • Development of new System Activity Finance & Savings report • System Savings Group established and in place • System Finance Oversight Group in place • Transparency of open book reporting through System Savings Group	**Timeframe** • Ongoing • April 2020 • Monthly • Monthly • Ongoing

NHS

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6th February 2020

Item No: 221	

Report Title	Joined Up Care Derbyshire Board
Author(s)	Vikki Taylor, Derbyshire STP Director
Sponsor (Director)	Chris Clayton, Chief Executive

Paper for:	Decision		Assurance	X	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 asked:

- To **NOTE** the update provided from the Joined Up Care Derbyshire Board meeting held on 16 January 2020.
- To provide **COMMENT** on the content of the report to help inform information updates provided in future.

Report Summary

Delivering Financial, Operational and System Goals

The system has a number of separate – but related - challenges to deliver in 2020. Financial recovery continues, with colleagues in the process of working across the system to understand how we tackle the challenge, with a further workshop this last week to make progress. In addition, the system is looking to introduce Integrated Care Partnerships in shadow form by April 2020, the implementation of Primary Care Networks and we do this all in the context of trying to manage rising demand, particularly in the urgent and emergency care sector.

The Board reiterated its commitment to a 'System First' mentally and challenged itself on how these significant challenges can be aligned, with proper resource allocated to support delivery. NHS England/Improvement have confirmed that the more the system is able to demonstrate a credible approach to solving the challenges, the more it will be able to operate with an 'arms-length' relationship from regulation. The achievements of the system in reaching £100m of savings in 2019/20 was noted as a significantly positive thing, in tandem with minimal negative impact on frontline patient care. Whilst the savings target is actually higher, the system working undertaken to save such a significant amount of money was a point not to be lost.

2020/21 Operational Planning
The operational plans to be developed for 2020/21 will function as annual plans for organisations and also as the delivery plan for year two of the five year strategic plan. Each organisation is required to complete a 2020/21 operational plan. As a result of this, systems will need to ensure that operational planning submissions are aligned to those made via the Strategic Planning and Long Term Plan Metrics tools. Operational Planning guidance is currently in development and is expected to be published following the conclusion of the strategic planning round.

It is expected that organisational plans will include:
- **Activity return**
- **Workforce**
- **Finance**
- **Narrative**

The STP is expected to have a significant role to play in operational planning, even though this nationally derived approach is more organisationally focused. Our ongoing focus on finance, the urgent and emergency care agenda and other matters benefit from the STP approach.

It is expected that systems must be able to demonstrate how the operational plans submitted for all the providers and commissioners in our system collectively deliver the 2020/21 component of our five-year strategic plan. It is expected that we will convene system partners to discuss identified areas of variation and to mitigate these in advance of plan submission. Where there remains variation when compared to the strategic plan, then we will collectively need to discuss this with the region so that the driver(s) for variation can be identified and corrective actions jointly agreed.

System Winter Pressures
Derbyshire has, like many other parts of the country, experienced significant pressures in managing urgent and emergency care (UEC) service provision during December and January. A regular UEC Escalation teleconference between system partners, led by Gavin Boyle, UEC SRO, reviews current organisational pressures, available capacity in different parts of the system and provides an opportunity to identify and agree mitigations in real time to ensure people can access and receive appropriate and safe care in a timely way.

The Board expressed its thanks to everyone across the system who is working incredibly hard to keep our patients safe and who continue to provide the highest possible quality of care.

Primary Care Networks
The Board reiterated its approach and support for colleagues in Primary Care in the way they are implementing Primary Care Networks. The national specification for PCN risks forcing Derbyshire practices – and the broader system - into taking potentially retrograde steps if it is delivered to the letter. Locally there has been tremendous progress in forming partnerships and aligning thinking for how primary care can support the broader system aim and we don't want to lose this momentum and commitment. The Board expressed its full commitment to primary care colleagues that the work of PCNs is supported as part of the broader system

approach and that the path being forged by primary care leaders is the correct path.

Place Strategy
The JUCD Board heard about the revised Place Alliance Strategy. The purpose of place is two-fold: Place is a transformative work stream and will aim to deliver new models of care, integration and cost efficiencies by working differently together to improve care in the community. This way of working will inform and support the system leadership in Derbyshire as it develops a new architecture and culture for system working which integrates good health and wellbeing support for those who live and work in Derbyshire.

There are five statements of intent within the strategy:

- We will boost 'out-of-hospital' care, and remove the divide between acute, primary, community health service and social care.
- Patients will have more choices avoiding the need to access emergency hospital based services.
- People will get more control over their health and more personalised care when they need it.
- Digitally-enabled primary and outpatient care will go mainstream.
- Local NHS and other organisations will increasingly focus on population health – moving to an Integrated Care System across Derbyshire

Integrated Care Providers
The JUCD Board previously approved a recommendation to develop four Integrated Care Providers (ICPs). The ICPs will require providers to move increasingly to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/PCN levels. The four ICPs will reflect the current Place Alliances in the following areas:
- Chesterfield, North East Derbyshire and Bolsover
- Derby City
- South Derbyshire, Amber Valley and Erewash
- Derbyshire Dales and High Peak

Discussions on the detailed implementation of ICPs continues, with the aim to also in collaboration with colleagues from district and borough councils to reflect the need to address the wider determinants of health. Updates will continue to be provided ahead of a detailed proposal coming back to JUCD Board in March.

Clinical Professional Reference Group
The January Clinical Professional Reference Group (CPRG) meeting was replaced with a clinical leadership meeting, which will finalise the revised Terms of Reference for the CPRG group, to agree clinical representation at key system wide meetings and to map out clinical assurance meetings by organisation. It is envisaged that chairing arrangements will also be revised to include wider representation from across the system, for example, a clinician from the commissioner and a clinician from a provider, which will support the transition to a shadow ICS.

The outputs of the clinical review including revised CPRG ToR will be presented to

JUCD Board in February, alongside other outputs of the governance and effectiveness review.

Improving Air Quality
The impacts of air pollution and climate change pose some of the greatest risks to population health. Within Derbyshire County and City, air pollution contributes to an estimated 530 deaths and 5400 life years lost.

Partners of the Joined Up Care Derbyshire have a considerable role in the contribution of both air pollution and greenhouse gas emissions locally and nationally. It is calculated that NHS England alone is responsible for 4% of the UK's total greenhouse gas emissions, with 19% from energy use and 16% from staff and patient travel.

The Board fully supported the drive for all partner organisations to work to see where they could change processes and culture to minimise the system's impact on air quality.

Streamlining Our System Approach
Joined Up Care Derbyshire submitted its refreshed STP plan at the end of last year, with the implementation of plans moving up a gear to make the improvements we have outlined to deliver our local priorities and those set out in the NHS Long Term Plan.
To support this, we are continuing to develop 'system' working through streamlined programme board meetings, joint financial discussions and frequent partnership development days, along with many other discussions.

With this comes an increased draw on the time people spend each week on 'business as usual' activities within their respective organisations, and on system activities with partners. It is often the case that staff are finding themselves double-booked in their diary due to meetings clashing, and struggling to balance the various calls on their time.
To reflect this, the system Chief Executives Officers Group, which includes Director representatives from our two local authorities and General Practice colleagues, agreed at a recent development day on the need to better coordinate our ways of working across the system to increase the effectiveness of our teams. This could include a more aligned pattern to meeting dates and venues, and place of working. In the first instance it has been agreed to establish a Joined Up Care Derbyshire STP corporate day – Fridays – when leadership and wider teams are focused on system working and co-ordinate where possible meetings to occur on these days. The alternate weekly System Chief Executive meeting already takes place alternate Fridays so this is a step in the right direction.

In addition, each organisation is being asked to review the timing and location of their main corporate meetings to ensure these can be aligned better to avoid obvious clashes. This will include board meetings, sub committees, programme boards, where often the same people are invited to attend. Other colleagues will be reviewing the timings of workstreams and planning meetings to the same effect. Streamlining the amount of meetings is also planned, with the Mental Health Programme Board working in new ways to avoid duplication on time, a pilot which

can be adopted in time by other groups.

Board Meetings in Public
The January 2020 meeting of the Joined Up Care Derbyshire Board was the first to be held in public and there were members of the public and media in attendance. Future meetings will continue to be held in public and more information is available at **www.joinedupcarederbyshire.co.uk**

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

None as a result of this report.

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

Not applicable to this report.

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

Not applicable to this report.

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

Not applicable to this report.

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 report.

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

Not applicable to this report.

Have any Conflicts of Interest been identified/ actions taken?

Not applicable to this report.

Governing Body Assurance Framework

To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.

Identification of Key Risks

Not applicable to this report.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

6th February 2020

Item No: 222

Report Title	Safeguarding Adults Annual Report
Author(s)	Bill Nicol
Sponsor (Director)	Brigid Stacey

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

Recommendations

The Governing Body is asked to **RECEIVE** assurance from the adult safeguarding team of work undertaken by them on behalf of the DDCCG.

Report Summary

The report is a summary of some of the priorities, activity, and achievements of the work undertaken by the Adult Safeguarding Team on behalf of the CCGs during 2018-19. It details the range of responsibilities that come under the remit of adult safeguarding.

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

The Deprivation of Liberty legislation is due to be replaced by Liberty Protection Safeguards during 2020, the full impact of this for the CCG is not fully known until the new Code of Practice is published later this year. We do know that the CCG will become a 'responsible body' and will have the authority to authorise a deprivation of liberty that meets the current definition of 'under constant supervision and control and not free to leave' for those package of care in the community funded fully via CHC.

The full impact and resource implications of this for the CCG adult safeguarding team are as yet still not known. Governing Body will be updated regularly as the position become clearer throughout 2020.

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?

This report details work completed to protect adults at risk from abusive behaviour and practice. As such all adults at risk are included regardless of age, disability, gender, religion, or sexuality.

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

Yes as outlined within the report.

Have any Conflicts of Interest been identified/ actions taken?

The Designated Nurse for Safeguarding Adults is the current Chair of the Board of Trustees at a charity based in Chesterfield that supports victims of sexual abuse and incest. For the purposes of the annual report no conflict of interest has been identified and this declaration is recorded on the CCG's conflict of interest register.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

5. To work in partnership with stakeholders and with our population to achieve the other 4 CCG's objectives.

Identification of Key Risks

The court of protection risk is identified on the CCG risk register as risk number 005, this will be updated as it becomes clearer how the 'responsible body function' will affect the CCG.

SAFEGUARDING ADULT ANNUAL REPORT

APRIL 2018 – MARCH 2019

Author : Bill Nicol
Assistant Director for Safeguarding Adults
November 2019

Contents	**Page**

1. Introduction

Due to the need for robust inter–agency collaboration Safeguarding Adults arrangements are, in the main, determined and influenced by strategic priorities set by multi – agency Local Safeguarding Adult Boards (SABs).

From April 2015, as a result of the Care Act (2016) these SABs have now been granted statutory status. The main thrust of this legislation from a safeguarding perspective is to place the well-being and safety of the adult at risk at the heart of the care and support system. This is defined as "Making Safeguarding Personal" and should ensure that the person at risk is consulted with throughout the totality of the safeguarding operational and decision-making process. This should also ensure that, wherever possible, safety planning and outcomes reflect the needs and wishes of the adult in need of support and protection.

Since the publication of No Secrets (2000) both the definition of Safeguarding Adults and its operational remit have grown significantly to encompass a diverse range of patient and public safety work-streams. The core functions of the CCGs Safeguarding Adults Service are detailed within the Memorandum of Understanding (2015).

This annual report therefore is written on behalf of NHS Derby & Derbyshire Clinical Commissioning Group for the 2018/19 when there were still four CCGs across the County; Southern Derbyshire, Hardwick, North Derbyshire and Erewash.

2. Core Function of the CCG Safeguarding Adults Team

2.1 The CCG is committed to safeguarding and promoting the safety and welfare of patients and family carers across all areas of the health economy.

The term Safeguarding Adults encompasses an ever- expanding range of public safety initiatives and disciplines. At its core is the assumption that any intervention assists the adult at risk to live a life that is free from abusive behaviour and practice. For this to be effective it is essential that organisations work collaboratively to ensure that all patient contact promotes safety, independence, self-empowerment, dignity and choice.

2.2 Whilst the lead responsibility for coordinating Safeguarding Adult's arrangements lies with the Local Authority Adult Social Care Department in both Derbyshire and Derby City Councils, truly effective safeguarding is based upon the existence of strong multi-agency partnership working arrangements with the existence of consistent operational processes and robust information sharing pathways.

2.3 The principal role of the Derby & Derbyshire Clinical Commissioning Groups is to ensure that both their own internal Safeguarding Adults structures and processes, and those within commissioned services, meet the required standard and are compliant with local and national drivers. The CCGs adult safeguarding service also provides a key role in promoting awareness and offering an operational consultancy service of safeguarding issues across Primary Care.

2.4 The Derby & Derbyshire CCGs are committed to the principles and definitions found within the multi – agency Safeguarding Adult Policy shared by both the County and City Safeguarding Adult Boards.

2.5   The purpose of this report is to provide information on the progress being made when safeguarding patients who may be unable to protect themselves from harm or abusive behaviours. The report also provides information on the activity of the CCG's Safeguarding Adults Team and their work in partnership with other key stakeholders. This report will set out the current national and local context and reflect the following themes:

- Governance, quality assurance, and accountability arrangements between the Derbyshire CCGs and NHS provider services
- Key Safeguarding Adults priorities, developments and challenges
- Future objectives, priorities, and developments
- Functions and activities of the CCGs Safeguarding Adults Team
- Staff Training & Development Programmes
- Contribution to local Safeguarding Adults arrangements

3.   Key Professionals

3.1   The 4 Derbyshire CCGs Safeguarding Adults Team consists of:

Bill Nicol, Assistant Director for Safeguarding Adults

Michelle Grant, Designated Nurse for Safeguarding Adults

Ed Ronayne, Safeguarding Adults Manager

Natalie Hall Senior Safeguarding Adults Administrator

3.2   The post holders work in conjunction with the CCG Chief Nurse and in partnership with NHS England and both the Derby City & Derbyshire Safeguarding Adults Partnership Boards. There are clear lines of communication and governance arrangements across the CCG as agreed within the CCG Memorandum of Understanding for Safeguarding Adults and as ratified by an external 360° audit.

3.3   An external audit concluded that the Safeguarding Adults Team provided "significant assurance" on behalf of the CCG.

4.   Key Roles of the CCG Safeguarding Adults Team Local Strategic Leadership & Governance

4.1   The Head of Safeguarding Adults is the Vice Chair of both the Derby City & the Derbyshire Safeguarding Adult Boards and is also Chair of both the Derby City & the Derbyshire Safeguarding Adult Boards respective Quality Assurance Performance Improvement Groups. The Designated Nurse for Safeguarding Adults is the Deputy Chair of the DSAB sub groups; MCA/DOL and Operational and Leadership.

4.2   In 2013 an Adult at Risk Committee – Health (ARCH) was established. This ensures that all NHS providers are given ample opportunity to debate and consider those Safeguarding Adults issues which are particularly relevant to the NHS community.   ARC-H members assisted the

Safeguarding Adults Team in revising both the Safeguarding Adult Assurance Framework (SAAF) evidence template and the Joint Safeguarding Assurance Framework (JSAF) template for Primary Care. Attendees also share information regarding challenges, progress, and priorities within their respective organisations.

4.3   The Safeguarding Adults Team also submits activity reports to the CCG's Quality and Performance Committee and their internal safeguarding committee on a quarterly basis.

4.4   The CCG Safeguarding Adults Annual Report is presented to the CCG Boards & the Safeguarding Adult Boards.

4.5   The Safeguarding Adults Team are responsible for ensuring that the CCGs and all NHS providers demonstrate strong Safeguarding Adults arrangements and possess effective operational policies, procedures, and staff guidance. NHS provider performance and activity are monitored through both the Safeguarding Adult Boards and the CCG's Safeguarding Adult Assessment Framework (SAAF).

4.6   In 2018-19 the CCGs Safeguarding Adults, Prevent and Domestic Abuse Policies were reviewed and updated to reflect national developments. No changes have been made to the CCG Deprivation of Liberty Policy – none being required.

These policies reflect the 6 Care Act guiding principles of:

- Empowerment – person led decisions and informed consent
- Protection – support and representation for those in need
- Prevention – take proactive action before harm can occur
- Proportionality – least intrusive response
- Partnership – services working with communities
- Accountability – transparency in safeguarding
  (Care Act 2015)

5.   Safeguarding Adults Inter-Agency Supporting Network

5.1   The Safeguarding Adults Team attend and contribute to a number of strategic committees and associated sub-groups which support a Safeguarding Adults & Public Protection infrastructure.

These include:

- Domestic Abuse & Sexual Violence Strategic Board
- Domestic Homicide Review Panels
- Dignity Award Steering Group
- Prevent Coordinators Group
- Multi-Agency Public Protection Levels 2, 3, and 4 (MAPPA)
- Mental Capacity & Deprivation of Liberty Committee
- Adult Safeguarding Customer Inclusion Group
- Human Trafficking & Community Safety
- Hate Crime Practitioners Network
- Financial Scamming Task Group
- CQC Information Sharing Forum

- Safeguarding Adult Review Panels
- Vulnerable Adult Risk Management Review Meetings (VARM).
- Safeguarding Adult Boards Core Business Group
- Staff Development Committee
- Homelessness Strategic Board
- Quality Assurance Committees
- NHS Provider Trust Internal Safeguarding Adult Committees (UHDBFT, CRHFT, DCHSFT, DCHFT, and, EMAS)

5.2   The existence of these groups is further evidence of the expanding areas of safeguarding responsibility. Inter-agency and partnership working are essential components in keeping adults safe from abusive behaviour. It is imperative that the CCG's Safeguarding Adults Team contributes and influences the design and implementation of local public protection arrangements, policies, and operational practice.

5.3   Throughout 2018-19 the CCG Safeguarding Adults Team have been available to provide operational and referral advice across the healthcare economy. This professional consultancy role encompasses all aspects of patient and public safety; including abuse and neglect, domestic abuse, mental capacity and deprivation of liberty, Hate Crime, Modern Slavery, and Prevent.

5.4   The last few years have seen a sharp increase in the number of adult safeguarding referrals. A breakdown of activity is available as an attachment to this report. The average increase is 15% per annum. Work is being undertaken to better understand the reasons behind this surge in activity

6.   Staff Training Programme

6.1   The CCGs Safeguarding Adults Team continues to provide a wide range of training opportunities to both CCG staff and Independent Contractors including Primary Care staff with the delivery of Level 3 Safeguarding Adults and Prevent (WRAP) training . The programme is supported by the CCG Mental Capacity Act eLearning module and innovative Mental Capacity Act and Safeguarding Adults mobile phone Apps and Podcasts on many Safeguarding Adults issues including Domestic Abuse, Self-Neglect, Financial Abuse and MCA.

6.2   The CCGs Safeguarding Adult Team produced and distributed their annual staff training brochure which incorporates the appropriate levels and learning outcomes from the new Intercollegiate Document (2018) for Safeguarding Adults.

6.3   The CCGs Safeguarding Adults and Children's Team worked together to organise a joint Safeguarding Adults and Children's Conference which focussed upon the issues of Victims of Domestic Abuse; UK children going to fight for ISIS; County Lines and Cyber Safety. This was attended by over 150 staff representing a range of health providers and partner agencies.

6.4   The team also worked with colleagues across Derbyshire to deliver multi-agency staff training on behalf of the SABs.

6.5   Two bespoke training events for GP Safeguarding Adults Leads were also delivered. These were well received and focussed on raising awareness of Domestic Abuse from a police perspective.

6.6 The table below details Safeguarding Adults Training events delivered during 2018 - 19 across the four NHS Clinical Commissioning Groups, available for staff within both the CCGs and across Primary Care.

SAFEGUARDING ADULT TRAINING - APRIL 2018 - MARCH 2019

Course Title	Total Attended	Total GP's Attended	How many sessions delivered
PREVENT	184	57	12
Named Lead Workshop	39	39	2
Adult Safeguarding Level 1 & 2	276	81	13
Adult Safeguarding Level 3	96	37	1
Independent Contractors	64	0	2
GRAND TOTAL	**659**	**214**	**30**

Breakdown of Training Sessions Delivered

- PREVENT
- Named Lead Workshop
- Adult Safeguarding Level 1 & 2
- Adult Safeguarding Level 3
- Independent Contractors
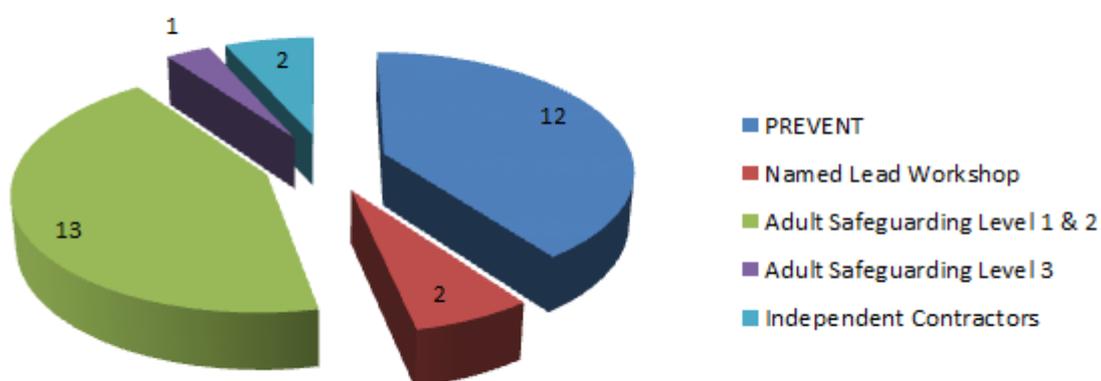
Grand Total of Staff Attending Training

- Total Attended
- Total GP's Attended
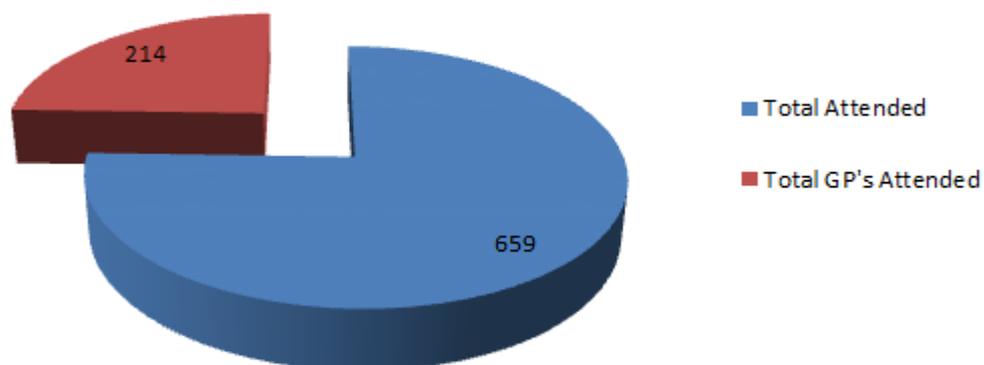
7. Safeguarding Adult Reviews and Domestic Homicide Reviews

7.1 The Assistant Director Safeguarding Adults has represented the CCGs at 4 Domestic Homicide Reviews (DHR). The Safeguarding Adults Managers have produced Independent Management Review Reports on behalf of the relevant GP Practices.

7.2 Although there were no immediate issues of concern identified for the CCGs there remains an need to ensure more consistent information sharing between the domestic abuse Multi-Agency Risk Assessment Conferences (MARAC) and GPs. MARACs are essential when formulating risk assessments and protection plans for those adults deemed to be at risk of death or life threatening injury as a result of domestic abuse and violence. The MARAC processes have been under review and amendment and the CCG safeguarding adults team will endeavour to ensure that domestic abuse practice changes will be shared with Primary Care.

7.3 Following a pilot study to promote and facilitate more consistent information sharing between the Derby City MARAC and GP Practices the CCGs Safeguarding Adults Team have continued to monitor and evaluate levels of communication. This work stream has now expanded across Derbyshire as well as Derby City with evidence to suggest that GP engagement with requests for information for the purposes of MARAC is low in some geographical areas.

7.4 The Team have also participated in two further Safeguarding Adult Reviews in 18/19. The Designated Nurse for Safeguarding Adults has been in the independent author of SAR18A commissioned by the Derbyshire SAB in 2018, the report is now finalised and has been shared with the Derbyshire Coroner. A decision on whether HMC will open an inquest into the death of the young adult is awaited. The decision to publish the full report or the learning points is also awaited by the DSAB.

8. Vulnerable Adult Risk Management

8.1 The Safeguarding Adults Team has worked in collaboration with partner agencies to review the Vulnerable Adult Risk Management (VARM) process. The VARM is a multi-agency procedure that is followed in order to identify individuals who are deemed to be at serious risk within their communities due to self-neglect, hoarding, and/or a failure to engage risk reduction and engagement strategy to engage with the adult. Unlike Safeguarding Adults this process is not led by the Local Authority but is the responsibility of any partner agency that identifies an adult deemed to be under threat. The VARM process has generally achieved good results and positive outcomes for people at risk across Derbyshire. A review on the efficacy of the VARM programme took place during 2016-18 and the results and recommendations were presented to the CCGs and the Derbyshire Safeguarding Adult Board. This review resulted in significant amendments to policy, process, staff guidance, and the design of an information leaflet for adults at risk.

8.2 The CCGs also make a financial contribution to a Hoarding Grant in partnership with Derbyshire Fire and Rescue, Derbyshire Adult Care, and Environmental Health Services. This funding is used to purchase refuse skips thus enabling house clearances. This has resulted in very positive outcomes for adults at risk.

9.   Safeguarding Adult Assurance Framework

9.1   During 2018-19 the CCG Safeguarding Adults Team visited the following NHS providers as part of the ongoing Safeguarding Adult Assessment Framework (SAAF) process;

- Chesterfield Royal Hospital NHS Foundation Trust
- University Hospital of Derby and Burton NHS Foundation Trust
- East Midlands Ambulance Service
- Derbyshire Health United
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Barlborough NHS Treatment Centre.
- Cygnet Hospital
- Ashgate Hospice
- Midlands and Lancashire Clinical Support Unit.

9.2   The CCG Safeguarding Adults Team assess and evaluate the evidence submitted by the NHS providers. The SAAF seeks information and assurance on how the Trusts are performing across the following areas of practice:

- Safeguarding Adults
- Domestic Abuse
- Prevent
- Mental Capacity Act & Deprivation of Liberty
- Inter-Agency Commitment & Contribution to Work Programmes
- Staff Training
- Operational Policy & Procedures
- Internal Governance Arrangements
- Making Safeguarding Personal
- Case Examples & Outcomes
- Implementation of National Statutory Legislation

9.3   The CCGs Safeguarding Adults Team meet with the Providers to offer feedback and, where appropriate, to seek further detail and assurance. The Safeguarding Adults Team continues to meet with these NHS providers on a 6 monthly basis to confirm progress against agreed actions and priorities.

The CCGs Safeguarding Adults Team also attends the NHS Trust's Internal Safeguarding Adults Committees. This provides an additional opportunity to evaluate the progress being made towards achieving SAAF targets and to promote strong communication between the CCGs and NHS provider settings.

9.4   The CCGs Safeguarding Adults Team, in partnership with key Safeguarding Adult Board members, have conducted an audit of over 250 adult safeguarding case files. An audit tool was developed to reflect the adult safeguarding requirements detailed within Section 8 of the Care Act (2014). The audit encompasses an assessment of referral quality, inter-agency collaboration, recording standards, referral pathways, Section 42 Enquiries, outcomes, and making safeguarding personal.

Evaluation reports have been compiled by the CCGs Head of Safeguarding Adults and have been presented directly to the Safeguarding Adult Boards and to the CCGs via their Quality Committees and Joint Commissioning Group.

9.5　The purpose of the exercise is therefore to scrutinise levels of inter-agency working, evaluate referral standards, measure the efficacy of operational procedures, and identify any areas for improvement within practice. This exercise will continue throughout 2017 – 18 and beyond.

9.6　In October 2018, 116 Derbyshire GP Surgeries were invited to completed the JSAF. The return rate across all 4 CCG's was 100%.

We are of the view that the JSAF is useful both in providing a level of assurance to the CCGs and also by supporting Practices when collating evidence in preparation for CQC inspections. The CCGs Children & Safeguarding Adults professionals are able to provide an assessment of the evidence submitted within the JSAF upon request. Following a Joint Targeted Area Inspection of children's services earlier this year the JSAF has been changed to reflect the fact that this is a 'self-assessment'.

9.7　The Safeguarding Adults Team in partnership with the Childrens Safeguarding Team now have a programme of Practice visits to provide additional assurance of safeguarding standards whilst also supporting Practice Safeguarding leads in meeting key lines of enquiry and national standards.

10.　Mental Capacity Act/Deprivation of Liberty

10.1　A Supreme Court Judgement in March 2014 defined what constituted a Deprivation of Liberty (DoL). This is known as the 'Acid Test' and applies to any person ('P') who is deemed to be under constant supervision and control and who is not free to leave. Since this time the Safeguarding Adults Team has been responsible for reviewing and assessing the legal and practice implications for the CCG as new case law develops.

10.2　There are two ways in which the legislation around a Deprivation of Liberty can affect the CCG. For those patients that are living in a care home and in receipt of CHC funding their DoL is authorised by the Local Authority. If 'P' subsequently challenges the DoL stating they wish to return home (whether or not this is possible) then section 21A of the Mental Capacity Act is triggered and the CCG must appoint Solicitors to act on our behalf when the challenge is heard in Court.

10.3　When 'P' is living in their own home or supported living and is in receipt of CHC funding then the authorisation of the DoL is done using a Re X streamlined application to the Court of Protection and is heard on the papers alone with no requirement to attend court in person. In both authorisation scenarios the Designated Nurse and Adult Safeguarding Manager work closely with our colleagues in the CHC to ensure that all necessary paperwork and attendance at court is covered.

10.4　The costs of these cases can vary for the s21A challenges dependent on the number of court hearings required to settle the case. The CCG currently employs Browne Jacobson LLP to act on our behalf, in complex cases the legal bill has been as high as £44,000 but the average cost is between £10,000 - £15,000. For the Re X cases Browne Jacobson LLP charges £1,500 plus the court fee of £400. The CCG also incurs legal fees when we have to appoint solicitors to act on our behalf in health and welfare (H&W) decisions when we fund via CHC, these costs too can be variable.

10.5 The number of both types of cases continues to increase and will continue to do so. There are changes to the DoL legal framework planned in late 19/20 but until royal assent is granted and a new Code of Practice is issued the changes under the new title Liberty Protection Safeguards (LPS) remains subject to some speculation. What we do know is that NHS hospitals and CCG's will be granted responsible body status which in principle will mean that the NHS can authorise their own LPS for those whose care we are responsible for. Therefore lessening the burden on the Local Authorities but passing the responsibility onto health services.

10.6 The table below demonstrates the number of Re X cases and s21A/H&W cases from 2016 to 2018 by financial year.

11. Dignity in Care

11.1 The CCG Safeguarding Adults Team have been key partners in promoting the Dignity in Care Award across a diverse range of care settings and agencies since its inception in 2012. Since the development of the Derby Making Safeguarding Personal subgroup award submissions have increased with some coming from the NHS and we look forward to seeing a further increase in the coming year. The CCG will continue to promote the award and encourage participation across all NHS settings.

12. Safeguarding Adults Operational Activity

12.1 Both Derbyshire and Derby City Local Authority Adult Care have collated statistical information which details safeguarding referral activity. This takes the form of an annual return to central Government entitled Safeguarding Adults Collection (SAC).

12.2 For a detailed breakdown on referral rates and demographics see Appendix 1 & 2 below. Derbyshire recorded a total of 3077 which was an increase of 485 from the previous year whilst Derby City recorded 2712 an increase of 63 abuse notifications. The most common abuse types in Derbyshire were Neglect (861) and Physical Abuse (727) with Derby City having Physical Abuse (387) and Neglect (361).

The most common setting for the abuse was the adults' home. This represented 55% of total referrals.

The Safeguarding Adult Boards and their respective Performance Improvement Sub Groups analyse this data to identify trends, practice priorities and demands. These Appendices demonstrate a variety of factors relating to the referral including gender, age, ethnicity, referral source and physical characteristics of the adult at risk.

13. Some Key Priorities for 2019– 2020

- Ensure ongoing CCG compliance with the Care Act (2014) and the Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework
- Ongoing completion of NHS England Safeguarding Assurance Toolkit (SAT)
- Evaluate the quality assurance programme for Primary Care (JSAF)
- Ensure ongoing CCG compliance with national legislation including Domestic Abuse, Mental Capacity Act, Prevent, and Modern Slavery

- Coordinate, deliver, and evaluate the staff training programme in line with the Intercollegiate Document
- Work with the Safeguarding Children's Team to jointly develop a programme of level 3 training Workshops for the Primary Care Networks
- Continuation of the safeguarding adults case file audit
- Ongoing revision and implementation of the SAAF process
- Collaboration with key stakeholders to achieve the Safeguarding Adults Boards strategic objectives
- Ensure Safeguarding Adults meets the needs of the CCG following the transformation resulting from the Sustainability & Transformation Programme
- To coordinate and lead on Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs) and monitor the implementation of subsequent action plans. To obtain evidence that learning from reviews has been embedded into clinical practice
- Maintain active participation in shaping local partnership strategies, priorities, and arrangements
- Continue to co-ordinate and monitor the Re X cases and S21A challenges to Deprivation of Liberty authorisations
- To review how we can reduce the cost to the CCG of the Re X cases
- To monitor the progress of the LPS and be involved as far as possible in planning for the proposed changes to ensure the CCG is prepared to take on the 'responsible body' role.
- Act as a point of reference on Safeguarding Adults casework for colleagues across the NHS.

14. CONCLUSION

14.1 We have ensured that the four Derbyshire Clinical Commissioning Groups have been actively represented at a wide and diverse range of safeguarding initiatives and work streams. We have continued to assist partner agencies in implementing the Safeguarding Adult Board strategic priorities and work plans. We have continued to raise the profile of this work across a range of staff groups. We have delivered a comprehensive and varied staff training programme. The quality assurance process has been strengthened and this has provided many positive examples of good practice in demanding times and against many other competing priorities. We will endeavour to ensure that all patients are safe from abusive behaviours and practices.

Bill Nicol
Assistant Director for Safeguarding Adults
NHS Derby and Derbyshire CCG

Conclusions

3626 Safeguarding Enquiries Concluded between 01/4/2018 - 31/03/2019.
1449 (40%) met Section 42 criteria
2177 (60%) did not meet the criteria

Age Group and Gender

Female / Male / Unknown

Lacks Capacity

Yes / No / Unknown / Not Recorded

Advocate -	Count
No	892

Safeguarding Conclusions

All Areas

2018-19 Q1 | 2018-19 Q2 | 2018-19 Q3 | 2018-19 Q4

Conclusions ⬤ Section 42

Result of Action Taken

1449

- Risk Reduced
- Risk Remained
- Risk Removed
- Not Recorded

33% / 19% / 6% / 43%

Referring Agency
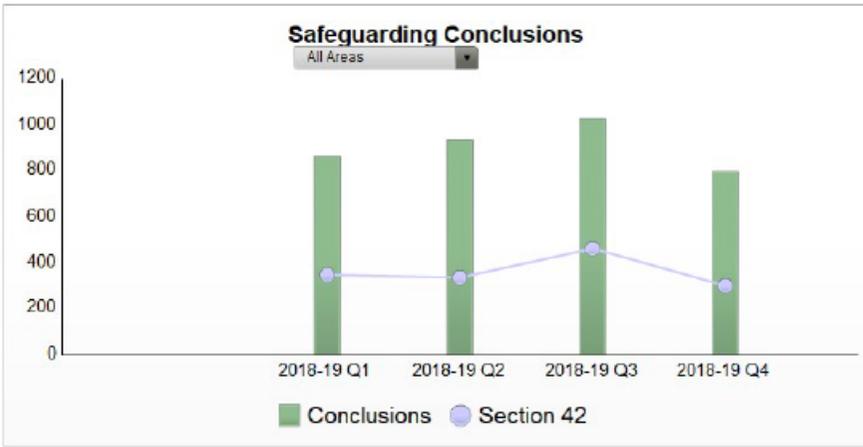
3626

PSR	Count
PSR Physical Support	1349
Other	916
PSR Learning Disability	321
PSR Social Support	297
PSR Support with Memory &	290
PSR Mental Health Support	265
PSR Non-PSR	104
PSR Sensory Support	84
Grand Total	3626

Referring Agency	Count	Met Criteria	%
Other	1956	809	41.4%
Hospital	331	101	30.5%
EMAS	271	60	22.1%
Care Home	548	233	42.5%
Police	120	32	26.7%
DCC	154	113	73.4%
CQC	69	37	53.6%
Other (please spec	120	40	33.3%
GP/CCG	21	11	52.4%
Housing/Environm	13	6	46.2%
DCHS	13	2	15.4%
Member of the pu	6	4	66.7%
Probation	3	1	33.3%
Anonymous	1	0	0.0%
Self Referral	0	0	0.0%

The column chart in the centre shows the number of concerns closed in the last 16 months by quarter. The grey line shows how many of the concerns met Section 42 criteria. The yellow line shows the numbers where no Section 42 decision was recorded.

To view the actual figures for a particular quarter, hover your cursor over a column which will then display this information.

All other graphs and tables show the figures for the previous 12 months.

You can select an individual area from the drop down below
Safeguarding Conclusions

Views Sought	Count	%
Yes	835	57.6%
No	377	26.0%
Not Recorded	237	16.4%
Grand Total	1449	

Views Sought

377 / 237 / 1449

- Yes
- No
- Not Recorded
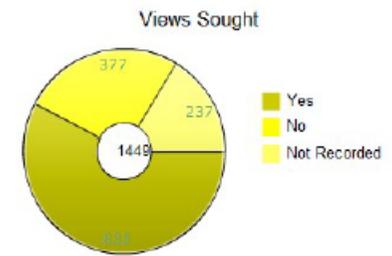
Client Response

Between 01/01/2018 and 31/03/2019, there were 859 'Closure Summaries' completed, for 777 clients, as shown:-

Age Group and Gender

1. Were you asked at the point of first contact in relation to the Safeguarding what you wanted as an outcome

- I was asked and felt I could say what I wanted the outcome to be
- I was asked but it was not clear what I was being asked
- I was not asked what I wanted the outcome to be
- Not answered

2. Did you feel listened to during conversations and meetings with people about helping you feel safe

- I was always listened to
- I was listened to quite a bit
- I was not listened to very much
- I was not listened to at all
- I was always listened to

3. How happy are you with the end result of what people did to try and keep you safe

- I am very happy with the end result
- I am quite happy with the end result
- I am not very happy with the end result
- I am not at all happy with the end result
- Not answered

4. Are you satisfied that you have achieved the Outcomes you wanted at the end of the Safeguarding

- Yes I feel these were listened to and achieved
- Yes I feel these were listened to and mainly achieved
- Yes I feel these were listened to but were not achieved
- These were not listened to and were not achieved
- Not answered

The four pie charts show the responses received to questions in the Closure Summary regarding the client's experience of the handling of the safeguarding Concern.

Figures for a particular area can be selected from the dropdown

Safeguarding Activity Report – Year End 2018/19
(Concluded Section 42 Enquiries where Criteria is Met or Not Met but Continue with Safeguarding)

Derby City Council

Location of Risk	Total	%
Own Home	856	53%
Residential CH	181	11%
Hospital - Mental Health	135	8%
Nursing CH	134	8%
In the Community	130	8%
Other	108	7%
Hospital - Acute	36	2%
Hospital - Community	20	1%
In a community service	10	1%

Source of Risk	Total	%
Service Provider	335	21%
Individual - Known	306	19%
Relative/Family Carer	296	18%
Other - Self Neglect	230	14%
Spouse/Partner	176	11%
Individual - Unknown	153	10%
Hospital - Secondary Health	51	3%
Other - Public/Private/Vol	49	3%
Primary Health Care	8	0%
Community Health Care	2	0%
Not Known	2	0%
Police	2	0%

Type of Risks (multiple)

Type of Risks	Total	%
Physical	600	22
Neglect	464	17
Psychological	449	17
Financial	342	13
Self Neglect	285	11
Domestic Abuse	252	9
Sexual	126	5
Organisation	90	3
Sexual Exploitation	37	1
Discrimination	20	1
Modern Slavery	14	1

Legend: Physical, Neglect, Psychological, Financial, Self Neglect, Domestic Abuse, Sexual, Organisation, Sexual Exploitation, Discrimination, Modern Slavery
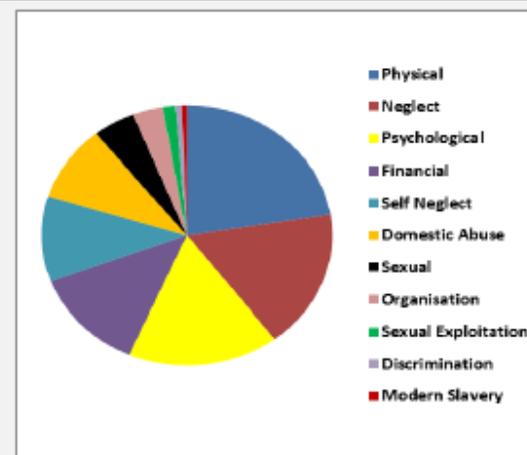
Outcome Expressed and Achieved?

Was the Adult / Rep asked what their outcomes were?	Total	%
Yes and Outcomes Expressed	1021	68
Yes but no Outcomes Expressed	232	16
No	150	10
Don't Know	46	3
Not Recorded	43	3

Were Outcomes Achieved?	Total	%
Fully Achieved	517	51
Partially Achieved	442	43
Not Achieved	60	6
Blank	2	0

Headline Information

Number of Safeguarding Referrals 10.7% (3004) higher compared to this time last year (2712)

93% Risk Reduced or Removed and 7% Risk Remains

Safeguarding Activity Report – Year End 2018/19 (Safeguarding Referrals)

Derby City Council

Client Referrals

3004 Safeguarding Referrals
1530 Enquiries Met Criteria, of which 90% closures completed
112 Enquiries did not meet the criteria but the council decided to continue to have a safeguarding enquiry, of which 91% completed
496 Enquiries Not Met Criteria, of which 97% completed

Referral outcomes not leading to IEF

SA Episode not started	52
SA Episodes started but not ended	162
IEF started but not completed	57
Closures with Missing IEF Forms	99
Link to Existing Safeguarding Episode	323
Signposted to Other Agency	47
No Further Action from Contact	93
Information/Advice Given Only	30
Arranged to call back later	3
Total	866

Age Group and Gender

Age Group	Male	Female
18-24	95	171
25-64	583	776
65-74	172	174
75-84	203	314
85-94	146	291
95+	14	65

Ethnicity

Ethnicity	Total	%
White	2238	74.5%
Not Known	298	9.9%
Asian / A British	188	6.3%
Not Declared	121	4.0%
Black / B British	76	2.5%
Mixed	50	1.7%
Other	33	1.1%
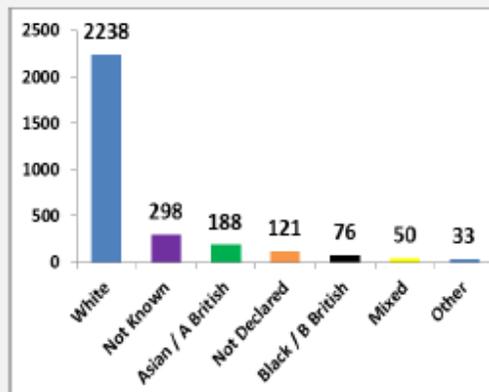
Primary Support Reason

Primary Support Reason	Total	%
Physical Support	848	28%
MH Support	593	20%
Social Support	526	18%
Support with Memory	427	14%
LD Support	293	10%
Ilo Service	265	9%
Sensory Support	52	2%
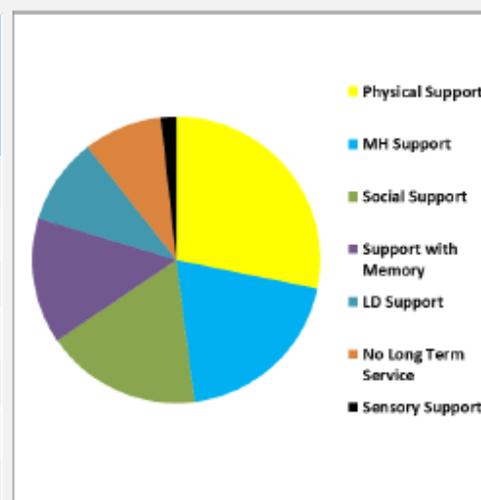
Reporting Agency (concluded enquiries)	Criteria Met	Met %	Criteria Not Met	Not Met %
Health - Hospital	341	60%	228	40%
Independent Care Home	240	62%	145	38%
Internal	113	48%	120	52%
Other	93	49%	95	51%
Independent Dom Agency	89	43%	117	57%
Health - EMAS	80	39%	124	61%
Health - Mental Health	77	52%	71	48%
Police	68	24%	217	76%
Health - Other	58	54%	49	46%
Housing - LA	52	46%	62	54%
Housing - Non LA	42	55%	34	45%
Health - GP	37	44%	48	56%
CQC	34	43%	45	57%
Independent Provider	30	59%	21	41%
Family/Relative	30	48%	33	52%
Health - A&E	17	46%	20	54%
Health - Other Primary	14	30%	32	70%
Anonymous	10	71%	4	29%
Self	10	45%	12	55%
Independent - Other	8	32%	17	68%
Education Services	6	43%	8	57%
Not Known	6	29%	15	71%
Health - Immediate Care	4	67%	2	33%
Fire Service	4	57%	3	43%
Care Line	2	100%	0	0%
Concerned Individual	2	50%	2	50%
Health - CCG	1	50%	1	50%
Friend	1	33%	2	67%
Carer	1	20%	4	80%
Neighbour	0	0%	3	100%

Governing Body Meeting in Public

6th February 2020

Item No: 223	

Report Title	Derby and Derbyshire Air Quality Strategy and Action Plan
Author(s)	Jane Careless Public Health Lead Derbyshire County Council
Sponsor (Director)	Helen Dillistone – Executive Director of Corporate Strategy and Delivery

Paper for:	Decision		Assurance		Discussion		Information	X
Assurance Report Signed off by Chair			N/A					
Which committee has the subject matter been through?			JUC Derbyshire Board Derbyshire Health and Wellbeing Board Derby City Health and Wellbeing Board					

Recommendations
To **RECEIVE** for information an Air Quality Strategy for Joined up Care Derbyshire and **NOTE** the process for the development of a delivery plan.

Report Summary

The impacts of air pollution and climate change pose some of the greatest risks to population health. Within Derbyshire County and City, air pollution contributes to an estimated 530 deaths and 5400 life years lost. Long-term exposure to air pollution (over years) can reduce life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to high levels of air pollution can also cause a range of health impacts, including exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality. The impact of air pollution often disproportionately affects the young, older people, those with underlying health conditions and the most disadvantaged within our communities.

Partners of the Joined up Care Derbyshire have a considerable role in the contribution of both air pollution and greenhouse gas emissions locally and nationally. It is calculated that NHS England alone is responsible for 4% of the UK's total greenhouse gas emissions, with 19% from energy use and 16% from staff and patient travel.

Even modest decreases in air pollution can lead to population impacts including increases in life expectancy and reduced morbidity, including hospitals admissions and GP consultations.

Similarly interventions to address air quality will likely deliver wider public health benefits, including increases in physical activity, support reductions in health inequalities and support strategy to address climate change impact.
The cumulative effect of a range of interventions to improve air quality has been shown to have the greatest potential to reduce impacts on health. Across Derbyshire effective strategy is therefore required which utilises a multi-organisational approach, involving a range of partners and disciples. The partners of the Health and Wellbeing Board agreed to develop an Air Quality Strategy in January 2019, which was signed off by both County and City

Boards at the end of 2019. Through the adoption of the Health and Wellbeing Board Air Quality Strategy by Joined up Care Derbyshire, partners can utilise their own and collective influence to reduce their impact own contribution to local air pollution, facilitate wider change, influence others and mitigate against impacts on health. The adoption of the Derbyshire Air Quality Strategy by both Health and Wellbeing Boards and Joined up Care Derbyshire would ensure consistency of approach and importantly a strengthened of outcomes.

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

The Air Quality Strategy has been developed by partners of the Derbyshire Air Quality working group which includes representatives from Local Authority planning, highways, environmental health, Voluntary Sector, Health, Public Health and Academics. The Strategy utilises nationally available best practice and evidence, and builds on local data on air pollution. Reductions in air pollution can support reduction in health inequalities across Derbyshire.

Have any Conflicts of Interest been identified/ actions taken?

N/A

Governing Body Assurance Framework

N/A

Identification of Key Risks

N/A

Derbyshire County and Derby City

AIR QUALITY STRATEGY 2020-2030

Air pollution in Derbyshire?

Air pollution is the biggest environmental health risk, contributing to an estimated 530 deaths and 5400 life years lost in Derbyshire County and City, and an economic cost to the UK of around £20 billion a year[1].

Studies demonstrate long-term exposure to air pollution (over years) can reduce life expectancy, mainly due to cardiovascular and respiratory diseases and lung cancer. Short-term exposure (over hours or days) to high levels of air pollution can also cause a range of health impacts, including exacerbation of asthma, increases in respiratory and cardiovascular hospital admissions and mortality[2].

The impact of air pollution often disproportionately affects the young, older people, those with underlying health conditions and the most disadvantaged within our communities.

Reductions in air pollution require both global, national and local action.

Even modest reductions in air pollution levels could have significant direct and indirect benefits[3], including;

Hospital admissions
GP consultations
Mortality
Congestion

Physical activity
Economic growth
Improved mental health

Sources of air pollution are predominantly the result of human activity, and include transport sources, combustion from heating, industrial activities and certain farming activities[4].

Attributable fraction of deaths estimated as due to long-term exposure to anthropogenic particulate air pollution

Attributable fraction %
Source: PHE Public Health Outcomes Framework data tool

4.70 – 5.06% (2)
5.06 – 5.46% (3)
5.46 – 5.84% (2)
5.84 – 6.22% (2)
6.22 – 6.60% (1)

High Peak
Chesterfield
Bolsover
North East Derbyshire
Derbyshire Dales
Amber Valley
Erewash
City of Derby
South Derbyshire
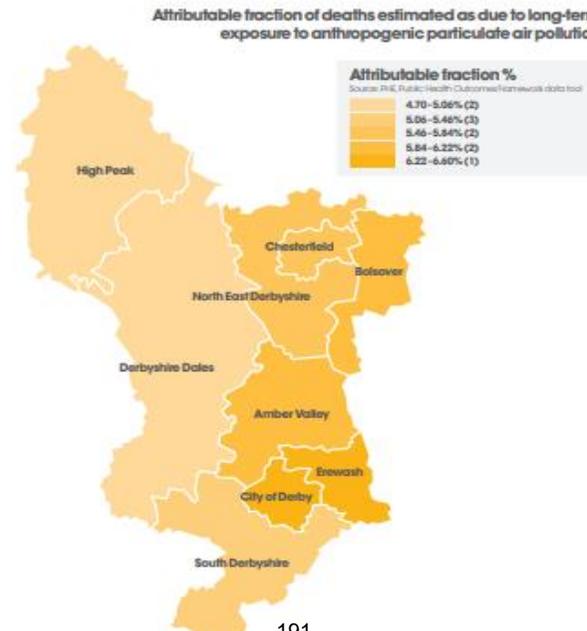
Air pollution levels vary across the County and City due largely to the proximity to sources of pollution. Information regarding local air quality levels can be found at;

Derbyshire County mapping portal
Derby City mapping portal

The partners of the **Joined up Care Derbyshire** alone cannot improve air pollution in Derbyshire. As partners we are however well placed to use our individual and collective influence as employers, providers and commissioners, to reduce our own contribution to local air pollution, facilitate change, influence others and protect health.

OUR VISION

Together we will reduce the health impact of poor air quality for the people of Derbyshire County and Derby City.

How will we make this happen?

Working together as partners of Joined up Care Derbyshire, we will seek to reduce the health impact of poor air quality for the population of Derbyshire.

The cumulative effect of a range of interventions has the greatest potential to reduce local air pollution and improve population health. The board will develop an annual action plan which will utilise the available evidence and best practice.

Guiding principles;

- Partners of JUCD will work collaboratively with the Health and Wellbeing Board and associated Air Quality Working group to improve air quality, sharing best practice, driving change, and supporting and influencing local policy and strategy.
- Partners will reduce the impact services have on local air pollution levels.
- Partners will act as a champion within their own organisation, to ensure organisational practice seeks to reduce the impact on Derbyshire's air quality.

The strategy will utilise three key priorities; Seek to reduce the sources of pollution, prioritise those interventions which offer additional health benefits, and mitigate the impacts on health. Due to the nature of the rapidly changing evidence base and likely change in air quality over the next 10 years, the Air Quality Working Group will review evidence and data to support Joined Up Care Derbyshire in reviewing the Strategy as required to ensure this continues to support its guiding principles.

What will success look like and how will this be monitored?

Joined up Care Derbyshire cannot alone improve air quality, however its partners will use its individual and collective influence to reduce our own impact on local air pollution, facilitate change and influence others. The strategy therefore aims to support reductions in the following population outcomes.

Monitoring of the strategy will be undertaken through the Derbyshire Air Quality Working group, reporting at least annually to Joined up Care Derbyshire and Health and Wellbeing Board. This will include providing oversight of key population outcomes, performance against the strategic priorities and progress on the annual the action plan.

Population Outcomes;

Outcome	Baseline (2017)
Fraction of mortality attributed to particulate matter air pollution* (source; PHOF 3.01[7])	4.5%
Average annual average concentrations of nitrogen dioxide and range (source; local air pollution monitoring data)	28.19μ/m3 City upper limit 61.9μ/m3 County upper limit 49.9μ/m3
Average particulate matter (PM2.5)* (source; PHOF[7])	9.2μ/m3
Number of air quality monitoring sites. Number of air quality monitoring sites with Particulate matter 2.5 above 10μ/m3 annual average and Nitrogen Dioxide above 40μ/m3 across Derbyshire** (source; local air pollution monitoring data)	272 Data unavailable PM2.5 13 Nitrogen Dioxide
Number of Air Quality Management Areas	8

Reference; * https://fingertips.phe.org.uk   ** World Health Organisation Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide (2005)

STRATEGIC PRIORITIES

Priority	Facilitate travel behaviour change	Reduce sources of air pollution	Mitigate against the health impacts of air pollution
Outcome	Partners will increase the number of people using sustainable and active travel options, amongst the workforce and wider population.	Partners will reduce their own contribution to local air pollution and facilitate change to reduce sources of air pollution locally.	Partners will seek to reduce the impacts of air pollution on health.
Population Outcome measures*	% of adults walking and cycling for travel at least three days per week	Number of electric charge points Number of registered ULEVs	

The outlined population outcomes seek to use recognised data collection processes where available. Baseline and trend data in relation to the outlined population outcomes can be found in Appendix 1.

Facilitate travel behaviour change

Background

Shifting everyday travel away from private car usage, towards walking and cycling and public transport and provide sustainable solutions to reduce air pollution locally. Promotion of walking and cycling can also provide additional health benefits increasing physical activity, improving mental health and reducing obesity.

Interventions to facilitate travel behaviour change can include awareness campaigns, infrastructure improvements, schemes which incentivise sustainable travel options.

Strategic Action

- Participate in engagement campaigns
- Facilitate sustainable travel choices for service users and employees
- Utilise policy to promote sustainable travel
- Utilise schemes to support and incentivise sustainable travel

Baseline

Data is currently unavailable which demonstrates staff and service user sustainable travel activity. Data collection mechanisms will therefore need to be developed by partners and reported annually.

Performance Measure	Baseline 2020
% of staff travelling sustainably to work within health and wellbeing board partner organisations	Unknown
% of service users travelling to provided services sustainably	Unknown

Turning the curve;

Objective; Partners will increase the number of people using sustainable travel options, amongst the workforce and wider population.

Baseline; Current baseline data is unavailable

Monitoring; Data will be collated by partners of Joined up Care Derbyshire through the Air Quality Working Group annually

Impact; Changes in travel behaviour are generally gradual and therefore small incremental changes are expected.

Reduce sources of air pollution

Background

The most effective interventions will involve reducing sources of air pollution. Across Derbyshire the main sources of air pollution include transport and heat sources. There are a number of ways partners can support local reductions in air pollution, including increasing the uptake of lower emission vehicles, reducing travel and reducing emissions from heating sources.

Baseline

Data is currently unavailable which demonstrates the use of ULEVs across Derbyshire and also the mileage undertaken by partners. Data collection mechanisms will therefore need to be developed by partners and reported annually.

Performance Measure	Baseline 2020
% of partner fleets utilising ULEVs	Unknown
Number of public EV charge points on JUCD sites	Unknown
Grey fleet mileage undertaken by JUCD	Unknown
Number of sites with heat sources utilising fossil fuels	Unknown

Strategic actions

- Participate in engagement events to promote awareness of the sources of air pollution
- Facilitate the uptake of ULEVs amongst employees and within own fleet
- Utilise policy to reduce sources of pollution including mileage reduction, solid fuel burning and uptake of ULEVs.
- Work collectively to help de-carbonise transport and contribute to a D2 Low Carbon Growth agenda.
- Explore opportunities to promote low-carbon heating

Turning the curve;

Objective; Partners will reduce their own contribution to local air pollution and facilitate change to reduce sources of air pollution.

Baseline; Current baseline data is unavailable

Monitoring; Data will be collated by partners of Joined up Care Derbyshire through the Air Quality Working Group annually

Impact; Changes in fleet require financial investment and for some partners alternative vehicles may not be currently available. Gradual incremental changes are therefore expected.

Mitigate against the impacts of air pollution

Background

Improvements in air quality require national and local intervention. Whilst reducing sources of air pollution is the priority to improving air quality locally, there is a need to ensure the mitigation of the health impacts where individuals may be exposed to higher levels of air pollution. Interventions to mitigate the impact of air pollution may include utilising planning policy, providing advice to individuals with long term conditions and utilising mitigation measures.

Strategic Priorities

- Monitor air pollution levels locally with particular reference to vulnerable sites
- Utilise policy to reduce exposure to air pollution
- Provide advice to individuals with long term conditions around the impacts of air quality
- Utilise schemes to mitigate the impact or air pollution on health

Baseline

Data is currently unavailable which demonstrates the level of mitigation measures in place locally. Data will therefore be collated through planning authority partners by the Air Quality Working Group annually.

Performance Measure	Baseline 2020
Percentage of relevant care pathways which include advice on the impacts of air quality on health	Unknown
Number of JUCD sites with air pollution levels above WHO thresholds	Unknown

Turning the curve;

Objective; Partners will seek to reduce the impact of air pollution on health.

Baseline; Current baseline data is unavailable

Monitoring; Data will be collated through the Air Quality Working Group annually

Impact; Changes will be dependently on stages of planning authorities within the planning policy development cycle.

APPENDIX 1 – County baseline data

Facilitating travel behaviour change

Derbyshire County; Percentage of adults walking for travel at least three days per week (Source; Public health outcomes)
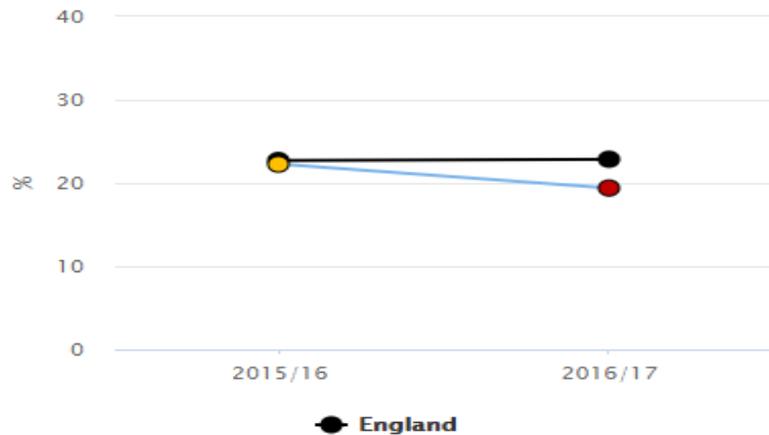
Derby City; Percentage of adults walking for travel at least three days per week (Source; Public health outcomes)
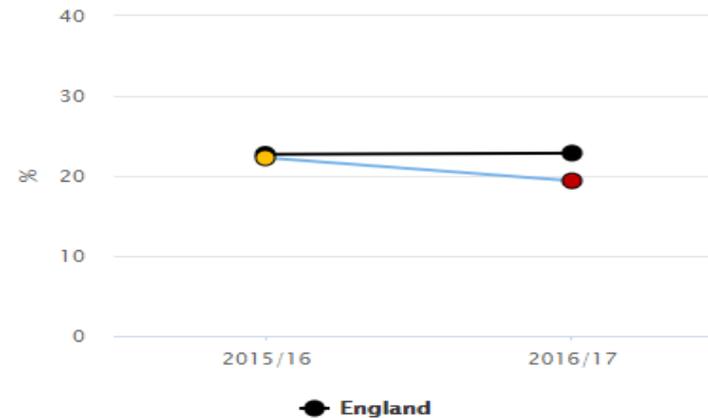
Turning the curve; Travel behaviour change requires gradual incremental change. Impact would seek to reverse the current declining trend.

Reduce sources of air pollution

Number of public electric charge points (Source Goultralow)

National ULEV mapping portals provide information on the number of public electric charge points. This data has not previously been analysed or monitored.

https://www.goultralow.com/how-do-you-charge-an-electric-car/charging-point-map/

Turning the curve; We would look to see an increase in the current upward trend

Number of registered ULEVs (Source DVLA VEH0132)

Figure 1: EV's per 1,000 Population – Derbyshire Districts
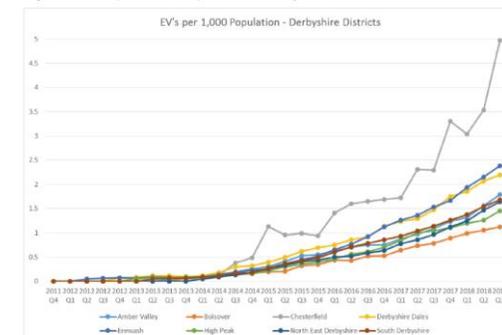
Department for Transport VEH0131; Plug in cars and vans and quadracycle's licensed at end of quarter.

Turning the curve; We would look to see an increase in the current upward trend

References;

1. Public Health England (2014) Estimated local mortality burdens associated with particulate air pollution https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/332854/PHE_CRCE_010.pdf
2. Public Health England (2019) Health Matter; Air pollution https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution
3. DEFRA (2017) A briefing for Directors of Public Health https://laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf
4. Public Health England (2018). Health Matters https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution
5. Public Health Outcomes Framework https://fingertips.phe.org.uk/search/air%20pollution#page/0/gid/1/pat/6/par/E12000004/ati/102/are/E06000015

Derbyshire County and Derby City

AIR QUALITY STRATEGY; Action Plan

Annual action plan 2020-2021

Overarching actions

Action	Performance measure	Lead	Timescale
Partner organisations of JUCD provide an operational representative on the Air Quality Working Group	% of partner organisations represented on the AQWG	ALL	January 2020
Local authorities provide resource to develop combined annual status report to enable monitoring of air pollution levels and trend.	Annual status report	Borough and District Councils	January 2020
Ensure inclusion of air quality improvement and mitigation within strategic policies	Number of strategic policies referencing air quality	ALL	Ongoing
Utilise best practice and available evidence to inform local decision making		Public Health	Ongoing
Partner organisations will utilise awareness days to promote sustainable travel and raise awareness around air quality	% of organisations taking part in promotional events	ALL	Ongoing

Faciliate travel behaviour change

Action	Performance measure	Lead	Timescale
Partner organisations develop policies to promote sustainable travel by service users	% of provider organisations with policies to increase sustainable travel by service users.	ALL	2021

Action	Performance measure	Lead	Timescale
	% of service users travelling sustainably		
Partner organisations develop policies to promote sustainable travel by employees	% of provider organisations with policies to increase sustainable travel by employees	ALL	
Explore opportunities to facilitate the use of ebike use.	Number of sites and ebikes available for public hire	ALL	Ongoing
All partner organisations will provide an operational representative at the Sustainable travel group.	% of organisations with representation on the Sustainable travel group	ALL	2020
All partner organisations will provide cycling storage across their estate	% of estate with cycling storage % of organisations with cycling storage across all estate	ALL	2022

Reduce sources of air pollution

Action	Performance measure	Lead	Timescale
All partner organisations utilise national campaigns to promote awareness of the sources of air pollution and encourage behaviour change	Number of campaigns organisations engage with. Number of people reached by campaigns	ALL	Ongoing

Partners will seek to reduce the use of solid fuel burning	Number of sites using solid fuel as heating source	ALL	Ongoing
Partner organisations utilise procurement opportunities to reduce impact of activity on air pollution, including requirements for all commissioned transport or fleet services to address air pollution.	% of organisations with policy within procurement process to support air pollution improvement.	ALL	2021
Partner organisations undertake a fleet review	% of organisations having undertaken a fleet review	ALL	2021
Partner organisations develop policies or plans to ensure the acceleration of the conversion of their own fleets to low emission vehicles.	% of organisations with targets for conversion of fleets % of organisations with policies to ensure the lowest emission vehicles are utilised.	ALL	2021
All partner organisations will develop policy and practice to facilitate the take up of ULEVs amongst the workforce.	Number of ULEV charge points available within organisations. % of employers using ULEVs	ALL	2022
Acute Trust will sign up to and participate in the "Clean Hospital" framework8.	Number of Acute Trusts signed up to Clean Hospital framework.	Acute Trust	2021
All partner organisations will have workplace travel planning policies which reduce grey fleet mileage and promote and facilitate work from home policies, teleconferencing, promotion of sustainable travel	% of organisations with workplace travel plans % of staff travelling sustainably to work	ALL	2021

Action	Performance measure	Lead	Timescale
	Number of miles travelled annually		

Mitigate against the impact of air pollution

Action	Performance measure	Lead	Timescale
Where air pollution exceeds EU limits at vulnerable sites, organisations will explore the feasibility of mitigation measures.	% of vulnerable sites within areas of EU exceedance with mitigation measures in place	Borough and District Derby City Council	Ongoing
Partner organisations develop policies to ensure corporate anti-idling practices	% of organisations with policy incorporating anti-idling practices	ALL	2022
Health professionals will provide advice to those with long term conditions around the impact of air quality and management of long term conditions	% of organisations with pathways for long term conditions including air quality considerations Number of employees provided with training around air quality	Primary Care Acute Trusts Pharmacy Services	2022

An Air Quality Strategy for Joined Up Care Derbyshire

Jane Careless; Public Health Lead (Health Protection)

The impact of air pollution

Contributing to an estimated 530 deaths and 5400 life years lost in Derbyshire

Modest reductions in air pollution can have direct and indirect benefits for health, environment and society

Short term exposure; Exacerbations of asthma Increase respiratory and cardiovascular admissions

Long term exposure; Cardiovascular risk Respiratory diseases and lung cancer.

Estimated Total NO2 Levels 2015
Based on: DEFRA Local Air Quality Management Estimates,
Derbyshire Traffic Monitoring Estimates,
Derbyshire Air Quality Monitoring Data
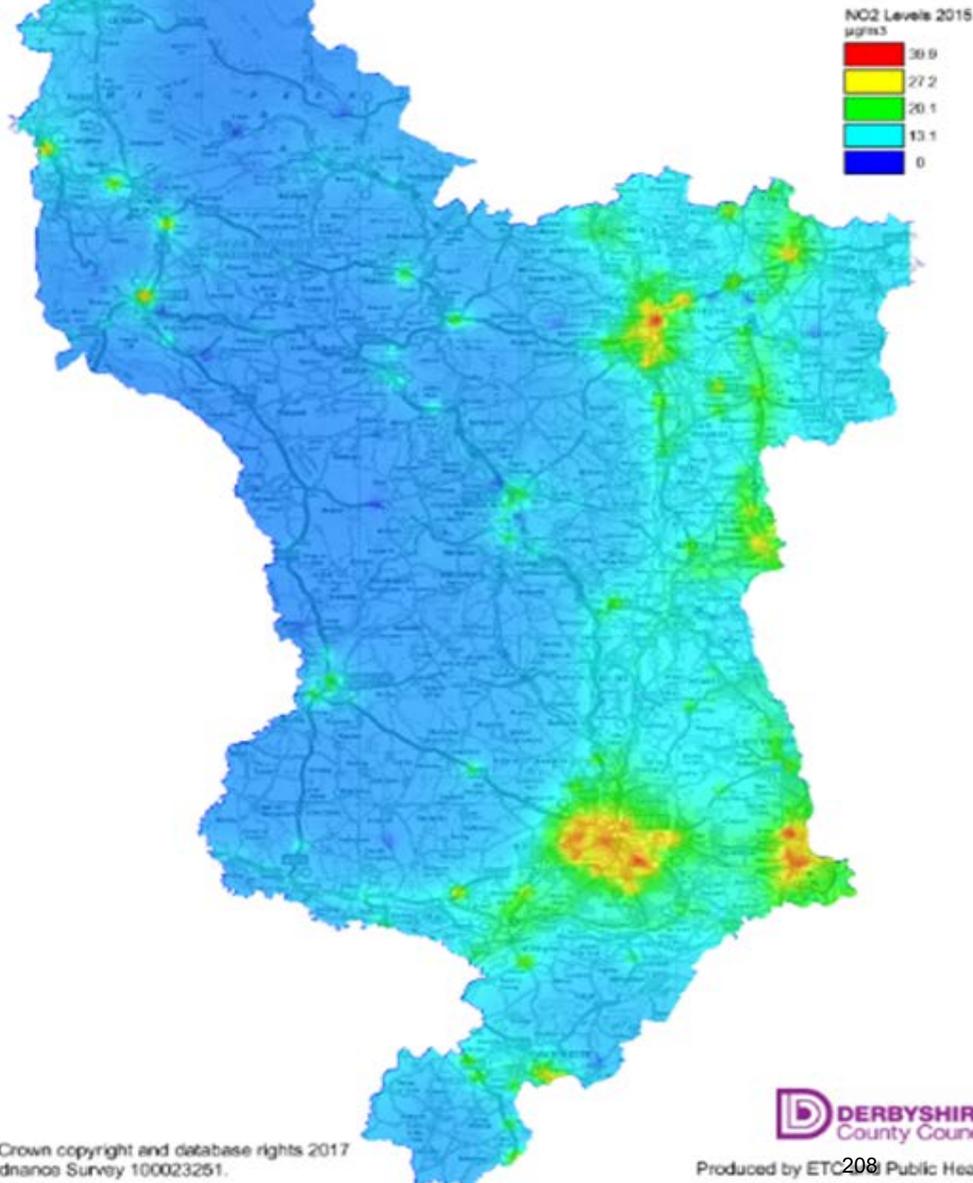
Air pollution levels vary across County and City due largely to proximity to source of pollution.

Road transport largest contributing factor for Derbyshire.

Other sources include solid fuel burning, brake and tyre wear.

Developing a strategy

Health and Wellbeing Board agreed a Strategy to;

"Use individual and collection influence to reduce contribution to local air pollution, influence others, facilitate change and protect health".

- Provide opportunity to align Air Quality Strategy across Derbyshire County and City, and ensure cumulative benefit.

- Cumulative effect of a range of interventions has greatest potential.

- Utilises available evidence.

- Three key strategic priorities

Strategic priorities

STRATEGIC PRIORITIES

Priority	Facilitate travel behaviour change	Reduce sources of air pollution	Mitigate against the health impacts of air pollution
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The outlined population outcomes seek to use recognised data collection processes where available. Baseline and trend data in relation to the outlined population outcomes can be found in Appendix 1.

Annual action plan

Annual action plan 2020-2021

Overarching actions

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Ensure inclusion of air quality improvement and mitigation within strategic policies	Number of strategic policies referencing air quality	ALL	Ongoing
Utilise best practice and available evidence to inform local decision making		Public Health	Ongoing
Partner organisations will utilise awareness days to promote sustainable travel and raise awareness around air quality	% of organisations taking part in promotional events	ALL	Ongoing

Faciliate travel behaviour change

Action	Performance measure	Lead	Timescale
Partner organisations develop policies to promote sustainable travel by service users	% of provider organisations with policies to increase sustainable travel by service users.	ALL	2021

Resources

- Public Health England; Review of interventions to improve outdoor air pollution https://www.gov.uk/government/publications/improving-outdoor-air-quality-and-health-review-of-interventions

- Every breath we take (RCP) https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

- Air quality a briefing for DPHs http://www.adph.org.uk/2017/03/air-quality-a-briefing-for-directors-of-public-health/

- NICE guidance https://www.nice.org.uk/guidance/ng70

- A breath of fresh air; addressing climate change and air pollution together for health http://www.ukhealthalliance.org/report-breath-fresh-air/

**MINUTES OF DERBY AND DERBYSHIRE AUDIT COMMITTEE
HELD ON 21 NOVEMBER 2019**

COMMITTEE ROOM, SCARSDALE, CHESTERFIELD AT 9.00AM

Present:

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

In Attendance:

Richard Chapman	Chief Finance Officer
Helen Dillistone	Executive Director of Corporate Strategy and Delivery
Debbie Donaldson	EA to Chief Finance Officer (minute taker)
Janet Dean	Client Manager, 360 Assurance
Darran Green	Assistant Chief Finance officer
Suzanne Pickering	Head of Governance
Simon Stanyer	Audit Manager, KPMG (by telephone)
Dave Stevens	Assistant Chief Finance Officer (for Item I)
Tim Thomas	Director, 360 Assurance
Chrissy Tucker	Director of Corporate Delivery
Helen Wilson	Deputy Director of Contracting and Performance (by telephone for item AC/1920/07 Contract Management Report)

Apologies:

Bruce Braithwaite	Secondary Care Consultant
Niki Bridge	Deputy Chief Finance Officer
Frances Palmer	Corporate Governance Manager

Item No	Item	Action
AC/1920/175	**Welcome and Apologies** The Chair welcomed members to the Derby and Derbyshire Finance Committee. The Chair expressed his thanks to Jill Dentith for Chairing the last Audit Committee meeting in his absence. Apologies were received from Bruce Braithwaite, Niki Bridge and Frances Palmer.	
AC/1920/176	**Declarations of Interest** The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG.	

	Declarations made by members of the Derby and Derbyshire Finance 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: www.derbyanddderbyshireccg.nhs.uk <u>Declarations of interest from today's meeting</u> There were no declarations of interest made. The Chair declared that the meeting was quorate.	
AC/1920/177	**Minutes of the Derby and Derbyshire Audit Committee held on 23 September 2019** The Minutes of the Derby and Derbyshire Audit Committee held on 23 September 2019 were presented. **The Minutes from the Derby and Derbyshire Audit Committee held on 23 September 2019 were agreed and signed by the Chair.**	
AC/1920/178	**Matters Arising – not elsewhere on agenda** The Chair highlighted item AC/1920/164, bottom of page 3 of the minutes and asked whether the contracts register, referred to in this paragraph had been completed. Darran Green reported that the contracting team were working on this register; the finance team had given them a list of all the payments made this year to over 1500 organisations as a starting point, in order to work out who the CCG should have contracts with. Darran Green agreed to give an update on this work to the next meeting in January. **There were no further matters arising not elsewhere on the agenda.**	DG
AC/1920/179	**Derby and Derbyshire Audit Committee Action Log** AC/1920/136 Review of Losses and Special Payments – proposal to add Primary Care Networks and Payments on the Internal Audit Plan: Janet Dean reported that this item had been included in the proposed planning for the year 2021. This would be reviewed as part of the first draft of the Audit Plan when the Chair meets with 360 Assurance in January 2020. AC/1920/139 Internal Audit Reports: Mandatory Training – Suzanne Pickering tabled a snap shot of the results of the overall Mandatory Training, which showed that 79.14% of the CCG's staff were compliant. It was noted that Governance Committee regularly tracks Mandatory Training. This action could now be closed. AC/1920/139 Internal Audit Reports: Review of Compliance with	IG/J Dean

	the Procurement, Patient Choice and Competition Regulations 2013 and Public Contract Regulation 2015 – Suzanne Pickering reported that Craig Cook (Contracting) had taken this action. This item also tied in with proposed contract register addressed in Matters Arising above. It was noted that every new contract the CCG entered into needed to be recorded on this register. The Chair requested an update in January 2020.	SP/DG
	AC/1920/165 Internal Audit Reports: Action Tracker – Communications and Engagement Reviews – Suzanne Pickering reported that the tracker had been completed. This action could now be closed.	
	AC/1920/165 Internal Audit Reports: Action Tracker – members of staff had been reminded and encouraged to update the action tracker. This action could now be closed.	
	AC/1920/165 Internal Audit Reports: Counter Fraud – Suzanne Pickering reported that she had met with Ian Morris to discuss this item. 360 Assurance were currently undertaking a benchmarking exercise to review fraud risks across their client base. It was intended that a paper be produced to inform the Audit Committee about the CCG's risk scores relative to similar organisations to enable it to seek assurance that risks were being managed in line with the CCG's own risk management policies. There was, however, no timeline for this exercise at present, but the Chair asked that this be put on the forward planner for September 2020.	SP/IM
	AC/1920/165 Internal Audit Reports: Counter Fraud – Mandate Frauds/Phishing emails to GP practices – Suzanne Pickering was linking in with Ian Morris and Ruth Lloyd (Information Governance Manager) in terms of how this would be taken forward within the CCG. It was noted that 360 Assurance had shared the benchmarking exercise with the CCG. This action to remain open with an update to next Audit Committee in January 2020.	SP
	AC/1920/166 Annual Audit Letters (KPMG) – The letters had been published on the CCG's website. This action could now be closed.	
	AC/1920/168 Governing Body Assurance Framework Q1: Governance Team to review wording/process mechanism of GBAF (by building in measures) for Q2 for approval by Governing Body – Suzanne Pickering reported that this was now complete and evidenced in Q2 later in the agenda and had been reported to Governing Body two weeks ago. This action could now be closed.	
	AC/1920/168 Governing Body Assurance Framework Q1: Report detailing work done by other Sub Committees to Audit Committee – a report detailing the work done by other sub committees was on the agenda for this meeting. This action could now be closed.	
	AC/1920/169 Risk Register Update September 2019 – Review of Format of this report – Suzanne Pickering reported that this had been completed. This action could now be closed.	

	AC/1920/169 Risk Register Update September 2019: Risk 14 – Suzanne Pickering reported that the risk description for this had been updated. This action could now be closed. AC/1920/170 Conflict of Interest Update Report: Gifts and Hospitality Register – Suzanne Pickering reported that CCG staff had been reminded to complete the Gifts and Hospitality Register and as a result we now had 7 declarations. This action could now be closed. AC/1920/170 Conflict of Interest Update Report: Political Party Membership - With regard to political party membership of clinicians at GP surgeries, the Chair asked whether there was a requirement for a declaration to be made. Suzanne Pickering reported that the guidance had been reviewed and there was no information stating that this was to be declared. This action could now be closed. AC/1920/172 Forward Plan – Suzanne Pickering reported that the Annual Self-Assessment and Analysis had been populated onto the Forward Plan. This action could now be closed. **There were no further actions**.	
AC/1920/180	**Waiver of Standing Orders and SFI's** Richard Chapman reported that the following Waivers had been signed off by Dr Chris Clayton: • NECs IT final expansion to Ilkeston Derbyshire Medicines Order Line (MOL) and re-contract of NECS-3738. • NUMED Patient Information Screens in Derbyshire GP practices. • Avanti Financial Solutions: Professional financial accounting for the consolidation of the 2018-19 accounts and scoping for 2019-20 interim and final accounts (Joel Martin). It was noted that an IR35 assessment for Joel Martin had been completed as he was found to be out of scope. • Legal advice and services (Mills and Reeve) – the CCG was currently in the process of re-procurement of legal services and the existing purchase order value had been exceeded. The Chair highlighted the statement on the top of the DFI Waiver Form, *"Accountable Officers should approve over £250k, however this is illegal under EU law so should carefully be considered by the Accountable Officer"* – he felt very uncomfortable with this statement on the form. Helen Dillistone agreed to review this sentence and amend if required accordingly. **Audit Committee NOTED the approval of the above four Single Tender Waivers.**	HD

AC/1920/181	**Internal Audit Reports:**	
	Internal Audit Progress Report: Janet Dean highlighted the following key messages:	
	• Head of Internal Audit Opinion Stage Two Survey: The survey had been closed down on 19 November 2019 and Janet Dean had drafted the Head of Internal Audit Opinion Stage Two which would be issued shortly.	
	• Joined Up Care Derbyshire report had been issued in draft across the health community in Derbyshire. Helen Dillistone reported that there was to be another governance review of the Joined Up Care Derbyshire Board; Janet Dean was asked to make contact with John McDonald or Vikki Taylor to organise.	J Dean
	• Data Security Toolkit interim report had been issued and 360 Assurance would be returning to do the final report ready for the submission.	
	• Terms of Reference had been issued for the mandated review of Primary Medical Care, Conflicts of Interest and Policy Management Framework. The CCG's response to these was awaited. It was noted that Darran Green would be the CCG's lead point of contact going forwards for all matters relating to Audit Committee; he would ensure appropriate action was taken/passed to relevant Executive Directors if required. It was noted that the TOR for Primary Medical Care had been agreed; Suzanne Pickering to liaise with 360 Assurance regarding TOR for Conflicts of Interest and Policy Management.	SP/J Dean
	• The CCG had commissioned 30 days from the PPV Service for 2019-20. Some of the allocation had been used to undertake a review of claims for the Care Homes Enhanced Service/Riversdale Surgery. The CCG needed to advise how they wished the remaining time to be used. Darran Green agreed to liaise with Hannah Belcher re remaining days on PPV Service.	DG
	• It was noted that the percentage of actions implemented by the original due date resulted in the CCG currently having Moderate Assurance (64%) for follow up and implementation of actions. It was noted that there was a need to encourage people to be more proactive with regard to actions.	
	• Attention was brought to the Client Briefing attached to the progress report.	
	Governance and Risk Management Report: Janet Dean presented the Governance and Risk Management Report and highlighted the following key issues:	
	• This report was a point in time review, and a split opinion had been given.	
	• The Risk Management element of the review had been given Significant Assurance.	
	• A piece of work on Risk Management had been	

	undertaken in 2018-19, actions from this had largely been implemented and embedded.	
	• The Governance element of the review had been given Limited Assurance.	
	• At the time of the review the CCG was progressing with arrangements to support and assess the delivery of its recently approved strategic objectives. As a result 360 Assurance, at the time of its review, were unable to fully evidence that these arrangements were embedded.	
	• The newly formed OEIP Board had only begun to report to Governing Body from October 2019 on the performance of key work streams designed to support delivery of organisational priorities.	
	• It was noted that plans were in place to address these issues and 360 Assurance would assess progress in these areas during the year which would be taken into account as part of the 2019-20 Head of Internal Audit Opinion.	
	• Tim Thomas had met with Helen Dillistone to discuss the outcome of the review, and it was noted that Helen had expressed her disappointment with the conclusion of that review at that meeting.	
	• Helen Dillistone confirmed that the CCG would proactively, and in a positive way, take the report and actions and work through them.	
	• It was noted that 360 Assurance had taken all the CCGs comments on board.	
	• The Chair was keen to obtain assurance that the CCG had effective governance; he did not want to feel that the CCG was working off an insecure base. He asked 360 Assurance what suggestions they had for reviewing this area again and whether it had been added into the Internal Audit Plan. The Chair wanted to ensure that the CCG could make substantial improvements in this area before the end of the year.	
	• The Committee was disappointed that 360 Assurance had produced a report on such a limited snapshot of the whole governance system and process.	
	• Tim Thomas and Helen Dillistone agreed to have a conversation outside of this meeting to discuss timing and scope of the follow-up.	HD/TT
	Audit Committee NOTED the limitations of the report in terms of the timing and planning of it. The Chair was keen that the CCG did not go another six months carrying a limited assurance on its governance processes. The Chair requested additional assurance with regard to Governance processes to this Committee in the New Year in order that he may report back to Governing Body. Helen Dillistone agreed to give an update to Audit Committee at its next meeting in January 2020.	HD
	Contract Management Report: Helen Wilson joined the meeting by telephone for this item.	

	Janet Dean highlighted the following key issues regarding this report: • This report was a point in time review, recognising that the CCG was developing in terms of governance. • Some of the Contract Monitoring meetings that were scheduled to take place had not. • There were problems with regard to data from UHDB and to a lesser extent at CRHFT, which had caused difficulties with picking up errors. Richard Chapman reported that the CCG had appropriate controls in place to ensure that it was sighted on the potential risk of these items, which were not within its direct control, and assured Audit Committee that the CCG was taking appropriate action to ensure that the Provider, whose direct control they were within, was carrying out appropriate actions to remedy the situation. • Insufficient processes around receiving and reviewing remedial action plans. • This had led 360 Assurance to make a number of recommendations and give Limited Assurance. • It was recognised that the organisation was working hard to get processes in place. • Helen Wilson reported that there were no specific challenges to the Audit and that it related to the concluded 2018-19 contract period and the first quarter of this year. A number of things found in this Audit had ceased to be an issue at the point the Audit was conducted. It was noted that the Audit was bringing to a close a period of transition for the CCG. • It was noted that there were challenges for the future, particularly around working within an ICP. Helen Wilson confirmed that the contract management team were researching alternative forms of contracts and looking at integrated care provider structures so that they were prepped for moving towards different structures/changes in direction of travel. • A follow up would be undertaken by 360 Assurance, and it was hoped that any outstanding actions would be addressed on the Action Tracker. An update was to be provided at the next Audit Committee in January 2020. **The Chair thanked Janet Dean for this report and NOTED that a series of actions were outstanding and that a follow up report would be provided to the next Audit Committee in January 2020. It was NOTED that there were some challenges for the longer term, which were already being engaged with through our System partners, which may or may not form part of this year's control framework. As far as the data quality issues with Providers, it was hoped that Audit Committee would get further assurance from the Finance and Commissioning Directorates that these were being addressed in January 2020.**	 J Dean HW

AC/1920/182	**KPMG Progress Report**	SS
	Simon Stanyer reported that KPMG would be bringing their Audit Work Plan to the next Audit Committee meeting in January 2020. Simon highlighted the work undertaken with regard to the Mental Health Investment Standard Audit, which would be discussed in further detail later in this meeting.	
	Audit Committee NOTED this verbal update.	
AC/1920/183	**Finance Report**	
	Richard Chapman gave a verbal update rather than a written finance report and highlighted the following:	
	• M7 position would be finalised later today • There were no material concerns; both YTD and FOT were on plan and risk had decreased slightly from M6. • It was noted that the CCG was reporting achievement of its Control Total.	
	Audit Committee NOTED this verbal Finance Report.	
AC/1920/184	**Aged Debtor Balance Write Off**	
	Darran Green presented the Aged Debtor Balance Write Off report and highlighted the following:	
	• An invoice had been raised to a GP for an overpayment that the Payroll team had calculated due to a late completion of an employer leaver form. • The GP informed the CCG that he did not believe he owed the outstanding debt as he had not been paid for being a lead on diagnostics work streams for a period of 6 months from April 2017-September 2017. • Payroll had confirmed that the amount the GP was owed was more than the outstanding debt amount. • The debt balance write off was £1,284.65. • It was noted that this amount was an outstanding debtor within Southern Derbyshire CCGs accounts and carried forward into Derby and Derbyshire's outstanding debtors. • A letter of compromise agreement with the GP would need to be raised in order to ensure this matter was fully and finally settled. • There was a need to ensure that this did not happen again in the future. Line Managers needed to ensure that paperwork was signed and passed to Payroll in a timely manner.	DG
	Audit Committee APPROVED the debt balance write off for the amount of £1,284.65.	
AC/1920/185	**Review of Losses and Special Payments**	
	Darran Green reported that there were no Losses and no Special	

	Payments, apart from the issue detailed in the previous item.

It was noted that members of staff had been reminded of the NHSE and HM Treasury guidance around what constituted a loss or special payment in order for them to review transactions that they were aware of in the first 6 months of this year, and requesting that they highlight anything that would constitute a loss or special payment.

Audit Committee NOTED this verbal report. | |
| **AC/1920/186** | **Aged Receivables and Payable Credit Notes**

Darran Green presented the Aged Receivables and Payable Credit Notes report and highlighted the following:

- As at 31 October 2019, the report identified the total outstanding debt owed to the CCG in accounts receivable and payables.
- The CCGs policy was to chase outstanding debt from organisations when it exceeded a 90 day period.
- The report contained a detailed table which was split by organisation on debt which was over a 90 day period and also included relevant comments.
- Aged receivables had reduced considerably from the previous month
- Attention was brought to an invoice to Birmingham and Solihull CCG for £158k where there was a dispute regarding which CCG was the responsible commissioner for a patient. This was being pursed through an arbitration process with NHSE. The patient was not registered with a GP in either CCG but it was believed that the unregistered patient had a S117 entitlement with Birmingham and Solihull CCG. A further update on this would be presented to the next Audit Committee meeting in January 2020.
- Accounts Payables – Credit Notes: The table on page 6 of the report was highlighted. This report would be brought back on a quarterly basis.

Audit Committed NOTED the report contents regarding the level of debt owed to the CCG ad the number of days this had been outstanding, and welcomed the fact that this report would be brought back on a quarterly basis. | DG |
| **AC/1920/187** | **Mental Health Investment Standard – Audit**

Dave Stevens reported on the Mental Health Investment Standard 2018-19 Audit and highlighted the following key issues:

- The Audit had been undertaken by KPMG in order to give Audit Committee assurance on the outcome of the 2018-19 Mental Health Investment Standard.
- The CCG had expected to have published the outcome of this Audit by 30 September 2019. It was noted that NHSE had | |

	asked for a pause on the Audit due to ongoing work and high level discussions taking place between NHSE and the Audit firms undertaking this work.	
	• One issue of significance had been identified and required a change to the reporting for all 4 CCGs to be made - the baseline spend data on non-core mental health had not been collected in sufficient detail in 2017/18 to enable the growth on that baseline spend in 2018/19 to be definitively stated. It specifically related to the mental health-related Prescribing expenditure. For 2018/19, robust detailed information was not available at the time, so the spend was reported on plan; however, the CCG had already identified a data source for its reporting in 2019/10.	
	• It had been agreed with the Auditors that the CCG would use this data source to re-run the Prescribing data for 2017/18 and 2018/19. The outcome of this was that the spend in both years had been over-stated and so the CCG was required to change the reporting. Despite this change, all 4 CCGs continued to report achievement of the MHIS – collectively £4.5m more than required.	
	• Following this change, the Auditors had issued their opinions and for all 4 CCGs; an unqualified opinion was received	
	• The CCG would be taking the learning from this process into 2019-20. It was noted that as a result the Audit process would be a lot simpler when the CCG came to do it again in 9 months' time.	
	• This was a really good position for the CCG; the CCG was an outlier in a good way on this Audit opinion.	
	• Audit Committee thanked Kelly Monk for assisting KPMG with the work required on this Audit.	
	The Audit Committee NOTED the outcome of the external Audit of the four former Derbyshire CCGs performance against the 2018-19 Mental Health Investment Standard.	
AC/1920/188	**Governing Body Assurance Framework Q2** Helen Dillistone reported on the process to support the measurement and oversight of the CCG's strategic objectives and also presented the Governing Body Assurance Framework (GBAF) report for Q2, highlighting the following key issues: • Q2 position had been reported to Governing Body early in November 2019. • Governing Body had been given the outline of the recommended process around the measurement and oversight of the Strategic Objectives and how we intended to link that through the Improvement Boards which were now all in place. • Each Committee had responsibility for one of the six work steams which formed the pillars of the overall Organisational Effectiveness Improvement Programme (OEIP). • Each Committee would take a report each time it met to review key actions around that work stream.	

	• Each Programme had a 30-60-90 day work programme which was regularly updated and reported through each of the Committees, which in turn was reported to Governing Body. • The Strategic Objectives would be monitored and measured through the OEIP. • The achievement of NHS Constitutional performance targets would be discussed and evidenced through the Quality and Performance Committee. • NHS Oversight Framework performance targets replaced the NHS Improvement and Assessment Framework IAF). • With regard to GBAF Q2, there had been a robust conversation around the interconnectivity between Risk 4 and Risk 6. • It had been recommended to Governing Body that Risk 4 needed a further review by the relevant Committee to reduce the Risk from 16 down to 12. However, in triangulating Risk 4 and Risk 6 Governing Body were unsure whether Risk 4 could realistically be reduced when we were reporting the difficulties through Risk 6 on the delivery of the financial recovery element that relied on system working. It was noted that the Committee who had oversight of Risk 4 would be asked to review this position. • Richard Chapman highlighted discussions at Finance Committee and referred to the wording of Risk 6; it was noted that there were elements in Risk 6 which were not within the CCGs control. The likelihood of Risk 6 materialising, Finance Committee believed, could not be below 5 as it did not believe that partner organisations within the System were going to deliver their Control Totals. • In light of this, the wording of this Risk 6 required to be reviewed. Helen Dillistone agreed to take this action in order to ensure that this Risk accurately reflected the view of the Finance Committee and discussions at Governing Body. In parallel to that Risk 4 would also be reviewed. • How the CCG managed the GBAF process should form part of a development discussion for Governing Body. **Audit Committee RECEIVED, NOTED and gained assurance from the Q2 Governing Body Assurance Framework.**	HD
AC/1920/189	**Risk Register Update October 2019** Suzanne Pickering presented the Risk Register report covering the period to 30 October 2019, and highlighted the following key areas: • The organisation was still reporting that we had 7 very high risks. • There had been one risk increase in October (Risk 7) to a very high 15. • There were no decreases in September, but we had 9 in October, these were reflected in Appendix 2 of the report. • Risk 10 had been closed (EMAS risk) in September due to the CQC rating, which was now 'Good'.	

	• 4 new risks had been identified in September, 3 through Governance and 1 through CLCC. • Transforming Care Plans (TCP) had decreased in previous months, but due to an issue with regard to non-performance this had now increased from a high 12 back up to an extreme 15. The frequency of TCP meetings had now increased in order to monitor and manage this non-performance. **Audit Committee RECEIVED and NOTED:** • **The Exception Risk Register Report.** • **Appendix 1 summary as a reflection of the very high risks facing the organisation as at 31 October 2019.** • **Appendix 2 which summarised the movement of risk in September and October 2019.**	
AC/1920/190	**Conflict of Interest Update Report** Suzanne Pickering presented the Conflict of Interest report which incorporated the following: • Staff Register of Interests • Governing Body & Committee Register of Interests • Confidential Register of Interests • Gifts & Hospitality Register • Procurement Register • Breach Declaration Register Suzanne Pickering highlighted the following key issues: • CCG employees had individually received personalised Declaration of Interests forms via email. • As of 14 November the CCG had received 83% of completed staff forms; the remainder forms were being actively chased. • Responses from decision makers would be published on the CCG's website. • Declarations of Interests from GP practices had a completion date at the end of November, and these would be uploaded onto the CCG's website once returned. • With regard to the Gifts and Hospitality Register – an email had been send to all staff to raise awareness of the need to declare any received gifts and hospitality; reminder emails would be sent on a quarterly basis in line with NHSE Conflicts of Interest Indicator. There were currently 6 entries on the register (as set out in Appendix 5). • The Procurement Register continued to be updated on a regular basis; there were no breaches to report. • The Breach Declaration Register currently holds one breach, which was reported on at the last meeting. • The CCG had achieved the following training levels for conflicts of interest: Level 1 (73.38%) – 100% was required by January 2020, and Levels 2 and 3 (24.14%) for decision makers. Reminders to complete the training would be sent out	SP

	on a regular basis. A further training levels update was requested at the next Audit Committee in January 2020. • It was noted that Appendix 5 had the wrong title on it. Suzanne Pickering agreed to change this. **Audit Committee NOTED the Conflicts of Interest Update Report, for assurance; and RECEIVED the following registers:** • **Staff Register of Interests** • **Governing Body & Committee Register of Interests** • **Confidential Register of Interests** • **Gifts & Hospitality Register** • **Procurement Register** • **Breach Declaration Register**	SP
AC/1920/191	**CCG Committee Meetings Log** Suzanne Pickering presented the Committee Meeting Log which summarised discussions and approved items since April 2019 at the CCG's Committees, which included: • Clinical & Lay Commissioning Committee • Engagement Committee • Finance Committee • Governance Committee • Primary Care Commissioning Committee • Quality & Performance Committee **Audit Committee NOTED the CCG's Committee Meeting Log.**	
AC/1920/192	**Organisational Effectiveness and Improvement Plan – monitoring and delivery process.** Helen Dillistone referred to the GBAF report earlier in the meeting, where the role and responsibilities of the Organisational Effectiveness and Improvement Board (OEIPB) had been discussed in detail. **Audit Committee NOTED the process that has been agreed for the monitoring, delivery and assurance of the Organisational Effectiveness and Improvement Plan.**	
AC/1920/193	**Any Other Business** There was no further business.	
AC/1920/194	**Forward Plan** Audit Committee NOTED the Forward Plan, and the following additions were made: • External Audit Plan – January 2020 • Internal Audit Plan – Janet Dean, 360 Assurance to meet with Darran Green to discuss further.	J Dean/ DG

AC/1920/195	**Assurance Questions**	
	1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance processes? Yes. 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate a detailed report with sufficient factual information and clear recommendations? Yes. 3. Were papers that have already been reported on at another committee presented to you in a summary form? 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 Committee members to review the 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? Further work was required on Governance and Risk Management as discussed earlier in the meeting. 7. What recommendations does the Committee want to make to the Governing Body following the assurance process at today's Committee meeting? The Chair agreed to report the current status on the various Audit Plans to Governing Body.	
AC/1920/196	**Date of Next Meeting** Thursday 16 January at 10.00-1.00pm in the Robert Robinson Room, Scarsdale, Chesterfield.	

Signed: …………………………………..   Dated: ……………………………….

MINUTES OF GOVERNANCE COMMITTEE MEETING HELD ON
14 NOVEMBER 2019 IN ROBERT ROBINSON ROOM, SCARSDALE S41 7NW
AT 13:10 TO 15:00

Present:		
Jill Dentith (Chair)	JD	Governing Body Lay Member – Governance, DDCCG
Chrissy Tucker	CT	Director of Corporate Delivery, DDCCG
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery, DDCCG **(dialling in)**
Ian Gibbard	ICG	Governing Body Lay Member – Audit, DDCCG
James Lunn	JL	Head of Human Resources and Organisational Development, DDCCG
Lisa Innes	LI	Head of Procurement, Arden and GEM CSU **(dialling in – agenda item GC/1920/78 only)**
Martin Whittle	MW	Governing Body Lay Member – Patient and Public Involvement, DDCCG
Richard Heaton	RH	Business Resilience Manager, DDCCG
Rosalie Whitehead	RW	Risk Management and Legal Assurance Manager, DDCCG
Ruth Lloyd	RL	Information Governance Manager, DDCCG
Sean Thornton	ST	Assistant Director Communications and Engagement, DDCCG **(part meeting)**
Suzanne Pickering	SP	Head of Governance, DDCCG
In Attendance:		
Ilona Davies (Minutes)	ID	Executive Assistant to the Executive Director of Corporate Strategy and Delivery, DDCCG
Apologies:		
Dr Emma Pizzey	EP	Governing Body GP, DDCCG
Lisa Butler	LB	Complaints and PALS Manager, DDCCG

Item No.	Item	Action
GC/1920/63	**WELCOME, APOLOGIES & QUORACY** JD welcomed the members of the Committee to the meeting and confirmed that the meeting was quorate. Apologies were noted and recorded as above.	
GC/1920/64	**DECLARATIONS OF INTEREST** JD reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations declared by members of the 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 or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk <u>Declarations of interest from today's meeting</u> No declarations of interest were made.	
GC/1920/65	**EU EXIT UPDATE**	

	RH updated the Committee. The following key points were noted.	
	- Due to political developments the last assurance report was submitted on 28 October 2019 and reporting processes were "stood down" with effect from 29 October 2019 - The CCG is working to the new National Planning Timetable set out as part of the National Webinar on 29 October 2019 hosted by Professor Keith Willett – EU Exit Strategic Commander. - Communication with CCG's staff continues via the staff bulletin. **The Governance Committee NOTED the contents of this report for information and assurance.**	
GC/1920/66	**EPRR CORE STANDARDS 2019/20** **CCG Assurance Letter and update/next steps re. Derbyshire Providers** *ST joined the meeting.* RH confirmed that the CCG provided evidence against all the EPRR National Core Standards and, following approval of the documents presented at the last meeting of this Committee, submitted a return demonstrating full assurance, reflecting the position in recent years. The CCG and Derbyshire Providers final submissions will be collated as a regional response through to National, where all submissions will be reported to the NHS England Board by end March 2020. The summary to Governing Body by the Chair of this Committee will provide the assurance to NHSEI that EPRR is discussed and considered by the CCG's Governing Body. Reference to the level of compliance will be included within the Annual Governance Statement contained within the Annual Report and Accounts. The CCG, along with other Derbyshire Providers continues to make incremental improvements to the arrangements for EPRR across the Derbyshire footprint. There is substantial evidence of sharing of best practice and working together, not just with organisations within health but also with wider partners in the spirit of co-operation which was acknowledged as part of the "confirm and challenge" sessions. JD congratulated RH on getting EPRR signed off for the CCG. JD raised the Business Continuity Plan and asked if any learning from recent incidents had been considered. HD responded that CT had circulated the latest revised version of the plan earlier today. The learning has been mainly around communication process, which heavily relied on social media. CT added that following the merger work had been undertaken on cascading the communication process however, this was not completed by the time of the incident. Both email and social media had been used for communicating with staff, which worked well. The CCG is looking at a provider to assist with on call and can also provide message cascade service. **The Governance Committee** **NOTED the contents of this report for information and assurance;** **RECEIVED the NHSE/I Fully Compliant Assurance Letter;** **Recommended APPROVAL of the Final EPRR Core Standards submission for 2019/20 and send details of recommendation to Public Governing Body meeting for final approval.**	

GC/1920/67	**INFORMATION GOVERNANCE AND GDPR UPDATE REPORT INCLUDING IG ASSURANCE FORUM HIGHLIGHT REPORT**	
	RL presented the report. It was noted that the first section talks about IG team working with PMO colleagues to review the GPIA processes with them. The work is ongoing and is not considered a risk.	
	There were no subject access requests to report.	
	The trend analysis with regards to IG incidents was received and show an increase in reporting which is very positive.	
	JD queried if the spike was positive due to better reporting or due to the amount of incidents. RL clarified that the largest amount of incidents reported was due to finance team reporting a GC1 form which sometimes includes patients' data. The IG team are working with the owner of the form to amend it.	
	MW asked if 17 out of 39 reflected the expected position of the CCG's compliance with Data Security and Protection Toolkit. RL responded that it was and the CCG was about half way there.	
	The IG Assurance Forum received the IG training plan and approved it. It is presented to the Committee for final approval.	
	The Data Security and Awareness training is currently at 90% compliance for all staff as at October, which is very positive. In addition the IG team are undertaking focused communication to staff who have not yet completed the training.	
	ICG asked if there was a way of identifying which group of staff is yet to complete the training. RL said she was happy to provide a report if required. This will be presented as % of e.g. Governing Body members and will be completed post December's training organised for the Governing Body. **ACTION: RL**	**RL**
	RL concluded that as requested by the Committee the highlight report from the IG Assurance Forum was included at the end.	
	JL joined the meeting.	
	The Governance Committee • **APPROVED the Information Governance Training Needs Assessment;** • **RECEIVED the update regarding actions and compliance activities;** • **ADVISED of any further actions required of the IG team not identified within the report.**	
GC/1920/68	**360 ASSURANCE INTERIM MEMO – DATA SECURITY AND PROTECTION TOOLKIT**	
	RL presented the report. This is the interim submission and reflects October's position. Out of the 24 standards reviewed, 22 were found to be sufficiently evidenced.	
	Of the two which remain, one relates to the provision of post network penetration testing (which is a test of how easy or difficult it is to gain unauthorised access to the CCGs managed ICT Infrastructure) action planning, which is to follow the initial technical penetration test . This is planned for this financial year and	

	managed by NECS on our behalf.

The second relates to the assurance of compliance with national standards regarding website security which has been requested (but not yet provided) from the CCG's website service provider.

MW asked if the Committee would receive an update on wider risk exposures as noted on page 5 of the report. RL responded that a meeting had been booked with NECS to review the report on 20 November and she would be happy to update the Committee at the next meeting in January. **ACTION: RL**

JD noted that this was an area last year where the CCG was not compliant and asked to ensure that there were systems and processes in place to monitor and make sure that NECS deliver. SP confirmed that the team had ongoing meetings with NECS and noted all actions NECS commit to and what they agree to provide.

ICG referred to page 3 of the report and was concerned about the extent to which the CCG had overview of the peripheral systems engagement with core systems e.g. primary care and asked if the CCG understood how the CCG controlled the extent to which access to systems was being granted to primary care.

GS was confident that they could not configure anything to any great extent. The IT equipment had been locked down for external devices.

ICG queried if this configuration was standard. RL said that this question was for Paul Hetherington to challenge back what was the standard for onboarding and offboarding commercial third parties to our community of interest network and what control there was and user rights.

The Committee concluded that SP would pick up this as an action and query with Dr Steve Lloyd and Paul Hetherington. **ACTION: SP**

The Governance Committee NOTED the content of the Data Security and Protection Toolkit Interim memo. | **RL**

SP |
| GC/1920/69 | **FREEDOM OF INFORMATION REPORT QUARTER 2**

The Committee reviewed the standard quarterly report.

ST brought to the Committee's attention a graph on page 3 showing that around a third of the response was being responded to or sent within the last 5 working days of the working days target. This is being monitored.

The internal review conducted in the second quarter upheld the complaint in view of the policy documents which were not commercially sensitive. Lessons had been learnt from this review.

JD queried if the trend of potentially breaching the response time scales needed escalating. ST clarified that in his view this was an initial warning and there was no trend emerging as yet. ST and the FOI team will continue to monitor the response times.

The Governance Committee RECEIVED the quarterly report on CCGs' performance in meeting our statutory duties in responding to requests made under the Freedom of Information Act, and NOTED the achievement of 100% of requests responded to within 20 working days. | |

	ST left the meeting.	
GC/1920/70	**HEALTH AND SAFETY AUDIT UPDATE**	
	The Committee discussed the two documents presented for approval, namely: the Health and Safety Policy and Employee Safety Handbook.	
	JD queried dates in the action plan in the Health and Safety Policy. There are some dates that have not expired but are rag rated red. RH will amend to amber. **ACTION: RH**	**RH**
	MW referred to the Health and Safety Policy and felt it was not clear what "members" were being described in a reference made to "members' premises" on page 9. RH said the wording was generic and it would refer to people the CCG partnered with. MW added that there was a reference to "company's policies" on page 10 and recommended changing to "CCG's policies". RH will amend the wording. **ACTION: RH**	**RH**
	MW noted that in the Employee Safety Handbook there was a reference to not using a hand held mobile phone whilst driving however, he thought even hands free was not allowed. HD said that other organisations in the NHS are taking this stand and she would certainly endorse that the CCG did not encourage that. RH will check the HR policy and amend the wording accordingly. **ACTION: RH**	**RH**
	JD added that there was a factual mistake in the Handbook on page 11 as the CCG requires car tax and MOT certificate evidence to be provided by employees. RH to amend. **ACTION: RH**	**RH**
	JD asked JL to check that the reference to what constitutes a gross misconduct corresponded to HR policy; and the same with regards to smoking e-cigarettes statement. **ACTION: JL**	**JL**
	JD concluded the discussion that whilst the documents were in general acceptable, they must comply with CCG's other policies.	
	The Governance Committee • **RECEIVED ASSURANCE that Derby and Derbyshire CCG is coordinating work to meet its health and safety obligations to remain compliant with health and safety legislation; and** • **REVIEWED and APPROVED IN PRINCIPLE the CCG's Health & Safety Policy and Procedures; and Employee Safety Handbook with corrections to the wording as listed above and subject to cross check with CCG's other policies. The Committee does not require the documents to be presented again.**	
GC/1920/71	**WORKFORCE REPORT QUARTER 1 AND QUARTER 2**	
	The Committee discussed the reports.	
	It was noted that the move from Arden & GEM to DCHS has gone well and the managers were starting to go direct to the recruitment team.	
	CIC is an external organisation providing confidential care service to all staff with regards to financial, legal, and counselling advice. The CCG is only notified how many staff have accessed the service.	
	HR policies that had been aligned and ratified are available on the staff intranet.	

	ICG queried if the learning from exit interviews was collated and if it fed into staff retention. JL responded that high level breakdown of reasons for leaving was provided to Executive Team. Whilst the exit interview completion rates were lower than the CCG would like to see, the information was gathered and used to inform how the policies and practices are continuously reviewed. HR offered to conduct the exit interviews instead of a Line Manager, which may encourage some staff. JD suggested that HR looked at how the completion rates for exit interviews can be positively encouraged. JL is linking in with a leadership training team and it is proposed that this work is incorporated. **ACTION: JL** **The Governance Committee NOTED the contents of the Quarter 1 and Quarter 2 HR performance reports.**	**JL**
GC/1920/72	**HR POLICIES AND PROCEDURES (FOR APPROVAL)** JL informed the Committee that the following policies had been aligned post merger and were submitted for approval. • Disclosure and Barring Policy • Secondment Guidance and Procedure • Working Time Directive Policy The Long Service Award Policy has been updated with revised amounts paid for length of service following decision of Remuneration Committee. The Your Attendance Matters Policy had clarification relating to progression through the 4 stages and one slight amendment to the notice required for wellbeing meetings based on employee feedback added. JD queried if days in the notice period were calendar days or working days and was that stated in the policy. JL will check for consistency. **ACTION: JL** **The Governance Committee APPROVED the below listed policies and procedure.** • **Disclosure and Barring Policy** • **Secondment Guidance and Procedure** • **Working Time Directive Policy** • **Long Service Award Policy** • **Your Attendance Matters Policy**	**JL**
GC/1920/73	**Report from All CCG Staff Event** The Committee discussed the recent All CCG Staff Event on 15 October 2019 at The Riverside Centre in Derby. HD informed the Committee that feedback post event had been collated as well as themes from table discussions. The recommendations as set out on the first page of the report will be taken to the Governing Body meeting. Some of the work on values and behaviours has already been rolled out. It was noted that the biggest challenge would be around the CCG's leadership behaviour. Overall it was a very positive day. MW reflected that at the question and answer session post Harinder Dhaliwal's presentation, the room was silent and no questions had been asked however, the comments from feedback show the presentation had been very well received. HD spoke with Harinder Dhaliwal and given the presentation challenged the way of	

	thinking, she had not been surprised by the reaction.	
	ICG suggested for future event mixing up people from different teams as it seemed people clustered in their own teams at the event. HD noted and explained that this had been done in the past however, due to the volume of staff at this event a decision had been taken not to have a seating plan.	
	The Governance Committee NOTED the report from All CCG Staff Event.	
GC/1920/74	**360 ASSURANCE AUDIT REPORT – GOVERNANCE AND RISK MANAGEMENT ARRANGEMENTS**	
	SP introduced the audit report issued on the 23 October 2019 and presented to the Committee for assurance. The opinion was split into risk management and governance. Whilst the risk management received significant assurance, the governance received limited assurance. The Committee discussed in depth the findings.	
	The Committee recognised the positive opinion for risk management however, felt disappointed with regards to the opinion awarded to CCG's governance. A lot of work had been undertaken to ensure robust governance processes and the Board Assurance Framework was agreed as soon as possible following the merger. Therefore, the Committee felt the opinion was not a true reflection.	
	It was concluded that the issues in regards to the process of the review and the opinion will be picked up with 360 Assurance via the Audit Committee. **ACTION: SP**	**SP**
	JD requested that the Committee's disappointment is passed onto the governance team as the Committee did not feel the report reflected the input and the effort of the team. HD will convey the comments to the team.	
	The Governance Committee RECEIVED the Governance and Risk Management Arrangements Audit, and DISCUSSED the findings and the limited assurance of the Governance Audit.	
GC/1920/76	**STANDING ITEM: ORGANISATIONAL EFFECTIVENESS AND IMPROVEMENT ACTION PLAN AND HIGHLIGHT REPORT**	
	NB. This item was taken ahead of item GC/1920/75 as requested by CT.	
	CT explained that the Organisational Effectiveness and Improvement Action Plan had been put in place to measure the actions in CCG's strategic objectives, as requested by 360 Assurance. Each Committee is responsible for different workstreams. The Governance Committee will oversee governance and people strategy workstreams.	
	JD commented that it was very helpful to see what had been achieved to date and what work was outstanding. There were no questions from the Committee.	
	ICG raised a point of ensuring that a system view has been built into the plan. HD will take it forward and keep the Committee informed of discussions.	
	The Governance Committee AGREED the Organisational Effectiveness and Improvement Action Plan as presented, and RECEIVED the Highlight Report.	

GC/1920/75	**ESTATES UPDATE INCLUDING CCG DECLARATION OF SURPLUS**	
	CT informed the Committee that discussions and planning had progressed with NHSPS in relation to both the refurbishment of the additional space at Cardinal Square and the ongoing costs of the lease. Discussions are also taking place directly with the landlord to identify comparative costings and therefore the best option for the CCG.	
	JD queried whether there was any impact on the plans in view of recent business continuity issues. CT had discussed it with the landlord and they were putting appropriate business continuity measures in place. CT will ensure appropriate assurance is obtained that the resilience is built in.	
	CT confirmed the lease was 5 years with a break at year 3, and a few months' rent free as part of the deal.	
	It was noted that a notice had been served on Toll Bar House and the exit date was 6 May 2020.	
	It was also noted that NHSPS intend to market Babington and Newholme Hospital sites. A formal "declaration of surplus" from the CCG in order to facilitate sale of the sites was requested and has been provided.	
	The Governance Committee NOTED the report.	
GC/1920/77	**Complaints Report Quarter 2**	
	The Committee discussed the Complaints report noting the following key points:	
	• During Q2 (1st July 2019 to 30th September 2019) the CCG received 35 formal complaints from its resident population, of which 18 related to the CCG's statutory functions. This is an increase from quarter 1.	
	• Main themes were around Continuing Healthcare process and MOL in terms of implementation and access of service.	
	• Complaints attributed to the Clinical Quality Team related to a decision taken by the CHC Complex Case Panel, communication and staff issues within the Patient Experience Team, and process and communication issues around a report commissioned by the former Southern Derbyshire CCG into preventable neonatal deaths.	
	• Appropriate learning/actions have been identified.	
	MW queried why the report is presented at two Committees – Governance, and Quality and Performance. SP thought this was due to oversight of the Governance Committee whilst Quality and Performance Committee will discuss the detail behind data. SP will look into it to confirm. **ACTION: SP**	**SP**
	JD noted that numbers in section 2 – Breakdown of all Complaints Received needs to add up to 18. SP to feedback to LB. **ACTION: SP**	**SP**
	JD queried whether fully/partially upheld cases (as stated in section 6 – Closed Cases) meant that the cases were upheld because the complainant was correct or because the CCG's actions were correct as this was not clear from the graph. SP will speak to LB and provide comments post meeting. **ACTION: SP/LB**	**SP/LB**
	The Governance Committee NOTED the Complaints Report for Quarter 2.	

GC/1920/79	**RISK REGISTER REPORT AS AT END OF OCTOBER 2019**	

	NB: The Risk Register Report was taken ahead of the Procurement Report (item GC/1920/78).
	The following key points were noted.
	
	• No risks have increased since the last report.
	• Two risks have decreased since the last report:
	  1. <u>Risk 037</u> – Because of the novation of the contract from NHS England to the CCG, the CCG's current provision of GP IG services is not in place. This risk has reduced from a high 9 to a low 1. This action is now complete, the risk is now recommended for closure.
	
	  2. <u>Risk 038</u> - Because of a lack of formal committee oversight of NECS performance reporting, the CCG is not receiving 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. This risk has reduced from a very high 15 to a high 8. Mitigating actions are in place. Regular meetings are held between the CCG IG Lead and the NECS ICT Compliance Manager to deliver the requirements of the Data Security and Protection Toolkit.
	
	• One risk is recommended to be closed since the last report – Risk 37 as above.
	• No new risks have been identified since the last report.
	
	The Committee discussed the risks and agreed to close risk 38 however requested more dialogue and understanding in respect of risk 37. The risk will remain open until appropriate assurance is provide in respect of existence of a separate risk relating to primary care being monitored in a different forum.
	
	The Governance Committee RECEIVED and DISCUSSED the Governance risks assigned to the Committee as at 31st October 2019 and APPROVED the closure of Risk 038.	

GC/1920/78	**DERBY AND DERBYSHIRE CCG PROCUREMENT HIGHLIGHT REPORT** *LI dialled in.* LI informed the Committee that the Orthotics reprocurement had gone live and was due to close on 13 December 2019; IAPT Improving Access to Psychological Therapies was at the evaluation stage with moderation commencing on 25 and 26 November 2019. PICU Male beds is going to FRG Committee next week to undertake a short term 12 month 6 terms contract followed by a framework for spot purchase bids. MW queried the comment regarding the staffing issue and whether this was within the procurement team or the CCG. LI responded that the issue occurred within the commissioning team and the orthotic service specifically was delayed slightly due an interim individual leaving. The issue was being resolved. **The Governance Committee** • **REVIEWED the Highlight report for Derby and Derbyshire CCG;** • **NOTED status of projects - Pipeline, In-progress and Completed;** • **NOTED the priority status of service;** • **REVIEWED key issues and activities over the current period.**	

	LI left the call.	
GC/1920/80	**NON-CLINICAL ADVERSE INCIDENTS** CT had reported on the flooding issue but nothing else. There have been no incidents since the last meeting.	
GC/1920/81	**MINUTES OF THE MEETING HELD ON 12 SEPTEMBER 2019** **The Governance Committee APPROVED the minutes of the meeting on 12 September 2019 as a true and accurate record of the meeting.**	
GC/1920/82	MATTERS ARISING None.	
GC/1920/83	**ACTION LOG** **The Governance Committee REVIEWED the action log. Actions were updated and recorded.**	
GC/1920/84	**Governance Committee Forward Planner (For discussion/agreement)** The Committee reviewed its Forward Planner. SP will check the frequency of FOI and Complaints reports, to add to the planner. **ACTION: SP/ID** It was noted the Committee does not receive the GBAF. However, JD suggested adding it. **ACTION: SP/ID** 360 report will be added to the planner. **ACTION: SP/ID**	**SP/ID** **SP/ID** **SP/ID**
GC/1920/85	**ANY OTHER BUSINESS** There was no other business.	
GC/1920/86	**Future meetings – dates and times** • NEW DATE: 23 January 2020, 13:00 – 15:00, Robert Robinson Room, Scarsdale • 12 March 2020, 13:00 – 15:00, Robert Robinson Room, Scarsdale	
GC/1920/87	**ASSURANCE QUESTIONS** 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Is the Committee assured on progress regarding actions assigned to it within the Organisational Effectiveness and Improvement action plan? Yes 7. Does the Committee wish to deep dive any area on the agenda, in more detail	

| | | at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No | |
| | 8. | What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? As outlined above. | |

Date: Thursday 23 January 2020

Time: 13:00 – 15:00

Venue: ROBERT ROBINSON ROOM, SCARSDALE S41 7NW

**MINUTES OF ENGAGEMENT COMMITTEE MEETING HELD ON 4 DECEMBER 2019
IN CONFERENCE ROOM, TOLL BAR HOUSE, 1 DERBY ROAD, ILKESTON DE7 5FH
AT 10:00 TO 12:30**

Present:

Martin Whittle – Chair	MW	Governing Body Lay Member, DDCCG
Bernard Thorpe	BT	DCHS Lead Governor
Beth Soraka	BS	Engagement Officer, Healthwatch, Derby
Gill Orwin	GO	Governing Body Lay Member, DDCCG
Beverley Smith	BS	Director of Corporate Strategy & Development, DDCCG
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery, DDCCG
Ian Mason	IM	Lay Representative, Chair of High Peak PPG Network
Ian Shaw	IS	Governing Body Lay Member, DDCCG
Helen Henderson-Spoors	HHS	Business Intelligence Manager, Healthwatch Derbyshire
Jocelyn Street	JS	Lay Representative
John Morrissey	JM	Governor, Derbyshire Healthcare Foundation Trust
Ruth Grice	RG	Lay Representative
Lynn Tory for Denise Weremczuk	LT	Governor, CRH
Sean Thornton	ST	Assistant Director Communications and Engagement, DDCCG and JUCD
Trevor Corney	TC	Lay Representative

In Attendance:

Ilona Davies – Minutes	ID	Executive Assistant to the Executive Director of Corporate Strategy and Delivery, DDCCG
Jas Dosanjh	JD	Commissioning Manager – Urgent Care, DDCCG (part meeting)
Louise Swain	LS	Assistant Director Joint and Community Commissioning, DDCCG (part meeting)
Rob Steel	RS	Head of Communications, Derbyshire Community Health Services NHS Foundation Trust (DCHS) (part meeting)

Apologies:

Vikki Taylor	VT	Director, STP
Denise Weremczuk	DW	Public Governor and Lead Governor, CRH

Item No.	Item	ACTION
EC/1920/113	**WELCOME, APOLOGIES AND QUORACY** MW introduced himself as the Chair of the Committee and welcomed all to the meeting. A round of introductions took place. Apologies were noted as above. MW declared the meeting quorate.	
EC/1920/114	**Standing Item: DECLARATIONS OF INTEREST** MW reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the CCG. Declarations declared by members of the Engagement Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link:	

	  Declarations of interest from today's meeting JM declared that he was part of the election committee in Mid Derbyshire, which covers Belper. The Committee agreed for JM to remain in the meeting. No other declarations of interest were made.	
EC/1920/115	**WOUND CARE UPDATE** *LS joined the meeting.* Since the last meeting work progressed considerably. Clinics in most areas have been set up successfully. The results from Friends and Family Test were as follows: 21 completed, 17 of those were extremely likely to recommend, 3 likely, 1 neither likely nor unlikely. Comments included: staff were professional and service was efficient. Overall feedback was very positive. There were three complaints – one around travel and two relating to clinical concerns. The latter are under investigation albeit it is thought the tightness of bandage was an issue in one case. In terms of CQUINS that had been set by the CCG for DCHS to deliver around wound care, personalised goal setting has been launched in all clinics and staff had been very positive about that. Internal triangulation unit review rated Alfreton clinic as good. With regards to transport there has been an increase in the number of journeys that the patients have been taking. The contractor raised this as an issue however, the team were addressing it and patients continued to use transport and were getting to the clinics. The only issue is around Derby City clinics due to difficulties in identifying more clinics and in recruiting staff. Demand is much higher than expected and service is struggling to meet demand. The team are working with practices to develop an interim care model based on shared care between DCHS and practices to ensure patient safety is not compromised. JM asked whether wound care covered obstetric wound care such as caesarean wounds and if the plan was that GPs would not see any wounds. JM also queried it staff career was considered and if it was anticipated that people would spend their lives in wound care. LS clarified that the wound care covered complex cases and therefore the service for simple wound care would continue to be provided by each practice. In the shared care model the practice nurses are supporting patients with complex as well as simple wounds. In terms of the staff career, LS said the clinics were staffed by specialist wound care nurses. Within DCHS there is a proposal that the nurses will be rotated around clinics. BT asked when the interim model would take effect for Derby City. LS responded that they were hoping to finalise the model specification in the next couple of weeks. There are three clinics in Derby City, one opening this week and two in January and four new nurses have been recruited. In the interim, the delivery of wound care will be shared among DCHS clinics and primary care.	

	GO queried what was required to get the Derby city clinics up and running. LS thought that the requirement would be another 12 nurses. The plan is to have the clinics fully staffed within 12 to 18 months whilst continuing with shared care. Finding suitable premises for more locations remains and issue, London Road for Derby city is being considered as an option.

IM asked about the waiting times issue and what was the current wait time for High Peak. LS confirmed that the KPI was no longer than 2 weeks wait, figures for August 2019 in High Peak were 14.4 days wait to be referred to the clinic. IM was concerned if patients requiring daily dressing after being discharged would receive the treatment. LS assured they would in the practice.

LS clarified that GP continue to be paid the simple wound tariff for the simple wound service delivery and the complex wound care payment is being sorted.

MW queried the referrals to the services and if the right people were being referred.   LS confirmed that those with simple needs are remaining with practice. In terms of complex wounds, demand outweighs the capacity which means that GPs continue to deal with some complex wounds.

MW summarised the discussion that there was good progress in some areas but there were clearly concerns around waiting times and travel.   The Committee requested an update in 6 months' time. **ACTION: AGENDA/LS**

The Engagement Committee NOTED the verbal update in respect of wound care.

LS left the meeting. | **LS** |
| **EC/1920/116** | **NHS 111 – PRESENTATION**

JD gave a presentation on the NHS 111 service and asked the Committee for advice and guidance how to engage further with the local population.

IS queried if the issue of patients calling the previous service, NHS Direct, and then still presenting in A&E was happening with NHS 111. JD was not aware of the issue but said the service as of April 2019 offered signposting to specialist senior clinicians, which was showing to have an impact.

RG noted that elderly patients struggle with 4 hour call back times if on their own in the middle of the night.   If the waiting times for a call back were reduced, more people would be encouraged to use the service.

BT suggested advertising the service on screens in GP surgeries to increase awareness.

HD said that the service ought to be looked at in context of urgent care strategy and conversation with the public.   HD suggested considering how the system can better support seasonal trends in admissions.

IM commented that the service was excellent however, human behaviour needs changing and this was the difficulty. IM suggested promoting the service via fridge magnets so that the information was easily accessible or bookmarks given out within schools to promote the message to parents/carers.
LT proposed adding a message about calling NHS 111 to the practice voicemail | |

	message.	
	HHS offered using Health Watch to promote NHS 111. HHS and JD will meet outside of this meeting to discuss.	
	JD thanked the Committee for helpful suggestions.	
	The Engagement Committee NOTED the presentation on NHS 111 service.	
	JD left the meeting.	
	Post meeting note: Presentation circulated to the Committee on 4 December 2019.	
EC/1920/117	<u>**CONFIDENTIAL – BELPER ENGAGEMENT**</u> (Confidential due to purdah.) RH introduced a confidential summary of the communications plan in support of the revised proposals for a new health facility in Belper with a view of updating members of staff and public. The plan has been developed with the CCG's communications team. The former engagement process closed in March 2018. It was noted a further evening session with PPGs has been added and will take place on 17 December. RH tabled draft public information flyer and asked for comments by the end of the week. The flyer will be circulated post meeting. Proposed launch will be on 18 December. IS noted that the chart referred to areas A, B, C, D, but there was no reference to what those areas were. RH noted the point. **The Engagement Committee NOTED the update in respect of Belper Engagement MADE COMMENTS on the communications plan (executive summary) and the content of the draft public information leaflet as above. The confidential flyer will be circulated post meeting to provide an opportunity for further comments.** *RH left the meeting.* *Post meeting note: Confidential flyer circulated to the Committee on 4 December 2019.*	
EC/1920/118	**COMMUNICATIONS AND ENGAGEMENT STRATEGY – PRESENTATION** ST gave a presentation on the challenges identified which need to be addressed through the system Communications and Engagement Strategy. The following key points were noted. • The system is complex, with patients and staff struggling to effectively navigate around it • There were challenges around engaging with a broad spectrum of the population or staff not having a fixed base. • Inequality created by trend towards digital information not accessible to large proportions of the population. • Understanding the barriers to receiving or understanding health information	

and being better at proactive approach.
- Harnessing voluntary sector support.
- Recruitment and retention of staff in Derbyshire system.

The next steps in communications and engagement strategy will be to:
- Work with Engagement Committee and system Communications and Engagement colleagues to articulate challenges – **December 2019**
- Develop strategic initiatives to address each challenge – **December 2019**
- Prioritise the initiatives – **December/January 2019/20**
- Understand the requirement for investment and how this can support return on investment, potentially through POD/PID processes - **December/January 2019/20**
- Agree strategy with relevant committees and bodies – **December - February 2019/20**

ST will bring draft strategy to the February meeting. **ACTION: ST**

The Engagement Committee NOTED the presentation on Communications and Engagement Strategy.

Post meeting note: Presentation circulated to the Committee on 4 December 2019.

EC/1920/119	**Standing item: DEEP DIVE**	
	None this month.	
EC/1920/120	**Standing item: EXCEPTION RISK REPORT**	

The Committee discussed the Risk Report and the following key points were noted from the report.

- No risks have increased during November 2019.

- Risk 031 has been reworded to ensure it covers the breadth of scope required for mitigation and assurance.

- No risks have decreased in score during November 2019.

- Risk 33 – lack of engagement in Derbyshire STP refresh in 2019. It is proposed that this risk can now be closed; the Derbyshire STP refresh process has concluded and the final plan has been submitted to NHS England.

- It is anticipated that two new risks will need to be developed in relation to the STP and with the Committee's agreement these will be developed in more detail for review at the January meeting of the Engagement Committee:
  - o Engagement processes to support the implementation of the STP Plan - (transformation/service delivery risk)
  - o Engagement processes to support the strategic direction towards becoming an Integrated Care System (ICS) – (planning risk)

- No new risks have been identified since the last report.

The action column contains: **ST**

	IS suggested shortening the wording of Risk 31 further to ***"Failure to develop engagement methods and processes to support the emerging service developments of the Derbyshire system, including, but not limited to, Place Alliances, Primary Care Networks (PCNs) and Integrated Care Partnerships (ICPs). The Derbyshire system would fail to meet statutory duties in S14Z2 of the Health and Care Act 2012 and not sufficiently engage local people in service planning and development."*** The Committee agreed the change. ST will amend as agreed. **ACTION: ST**	**ST**
	It was agreed that the spreadsheet detailing risks will not be submitted to the Committee going forward as the Committee found the report sufficient, and any details will be explained in the report.	
	The Engagement Committee REVIEWED and UPDATED the Engagement Committee risks assigned to the Committee as at 30 November 2019 and AGREED to reword Risk 31 and close Risk 33. The Committee CONSIDERED whether the Committee wished to deep dive any of the assigned risks with the relevant lead, in more detail at the next meeting around the management of the risk for further assurance.	
EC/1920/121	**Standing item: ORGANISATIONAL EFFECTIVENESS AND IMPROVEMENT ACTION PLAN AND HIGHLIGHT REPORT**	
	ST presented the update on the short-term actions within the key areas of the Committee's oversight: public engagement, stakeholder relationship management and proactive communications. Two actions have been added with regards to communications and engagement strategy.	
	There were no questions.	
	The Engagement Committee RECEIVED an update on the communications and engagement actions identified for priority attention during quarter 3 of 2019/20.	
EC/1920/122	**JUCD PLAN REFRESH**	
	ST informed the Committee that the refresh plan was submitted on 15 November. There is a delay in publishing the final version due to the General Election.	
	ST will bring back the plan in January along with summary. **ACTION: ST**	**ST**
	KR added that a lot of engagement took place around STP refresh. KR will prepare a document highlighting themes from engagement. This will be available in January. **ACTION: KR**	**KR**
	The Engagement Committee NOTED verbal update on the plan refresh.	
EC/1920/123	**JUCD CITIZENS' PANEL – DIGITAL SURVEY – ONLINE ACCESS TO HEALTH SERVICES**	
	KR said that this was the first time Citizens' Panel was used for this survey. Whilst the data was inadvertently combined with self-selected, it is still useful.	
	JM asked if the results would be shared with PPGs. KR confirmed she was happy to share and added the report would be in the JUCD newsletter and on	

	the website. The Committee discussed the findings noting they were very positive. **The Engagement Committee NOTED the summary of findings, and will consider these in future discussions around digital primary and secondary care strategies.**	
EC/1920/124	**VCSE LEADERSHIP PROGRAMME** KR informed the Committee that JUCD were invited to be part of the second cohort of STP's/ICS's programme looking at enhancing partnership working with the VCS, enhancing the role of the sector in strategy development and the design and delivery of integrated care. Funding of £40,000 until March 2020 is to be used to support the development of alliances, or further develop existing activity. Application form has to be submitted early December and followed by a signed MOU. JUCD Board agreed that the leadership programme would be taken forward and the Integrated Volunteering Approach should be one of the first discussions to be had in the New Year. There were no questions. **The Engagement Committee NOTED the work taking place to strengthen partnership with the voluntary and community sector both as a service provider and as an advocate for the public and community voice; and that this is part of the development of the Integrated Care System (ICS).**	
EC/1920/125	**MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2019** The Committee accepted the minutes as a true and accurate record of the meeting.	
EC/1920/126	**MATTERS ARISING** None.	
EC/1920/127	**ACTION LOG FROM THE MEETING HELD ON 6 NOVEMBER 2019** The Committee reviewed the action log. Actions were updated and recorded.	
EC/1920/128	**ENGAGEMENT COMMITTEE PLANNER FOR DISCUSSION/AGREEMENT** Noted with addition of items as discussed above. No comments.	
EC/1920/129	**ANY OTHER BUSINESS** Additional charge for delivery of medications (RG) – This was a localised issue with one of the pharmacies and needs to be taken up directly with the pharmacy. EC and PCC Committees dates (IS) – The dates would be aligned for both	

	Committees to avoid diary clashes. *Post meeting note: Revised dates for EC were circulated on 5 December 2019.* Lay Patient Representatives beyond December – It was agreed to continue with the current Committee membership. However, the Terms of Reference will be revised in January. Membership and TOR on Agenda in January 2020. **ACTION: ST/ID** There was no other business.	**ST/ID**
EC/1920/130	**FUTURE MEETINGS IN 2020 – DATES AND TIMES (Updated post meeting)** Meetings will be held in <u>Room 16, Strutts Centre, Derby Road, Belper,</u> <u>Derbyshire DE56 1UU</u> Time: 10:00 – 12:30 Wednesday ~~22 January 2020~~ **AGREED DATE: 8 January 2020** Wednesday 08 January 2020 Wednesday 19 February 2020 Wednesday 18 March 2020 Wednesday **29** April 2020 Wednesday 20 May 2020 Wednesday 17 June 2020 Wednesday **29** July 2020 Wednesday 19 August 2020 Wednesday 16 September 2020 Wednesday 21 October 2020 Wednesday 18 November 2020 Wednesday 23 December 2020 – *Meeting Room 1, BABINGTON HOSPITAL, Belper* Wednesday 20 January 2021 – Venue TBC Wednesday 17 February 2021 – Venue TBC Wednesday 17 March 2021 – Venue TBC	
EC/1920/131	**ASSURANCE QUESTIONS** 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes 4. Was the content of the papers suitable and appropriate for the public domain? Yes 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes 6. Is the Committee assured on progress regarding actions assigned to it within the Organisational Effectiveness and Improvement action plan? Yes 7. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? None 8. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None	

MINUTES OF QUALITY AND PERFORMANCE COMMITTEE

HELD ON 19th DECEMBER 2019, CONFERENCE ROOM, TOLL BAR HOUSE, AT 9.30AM

Present:		
Richard Chapman	RC	Finance Director - DDCCG
Ali Cargill	AC	Assistant Director of Quality - DDCCG
Laura Moore	LM	Deputy Chief Nurse - DDCCG
Zara Jones	ZJ	Executive Director of Commissioning Operations
Andrew Middleton	AM	Lay Member, Finance
Brigid Stacey	BS	Chief Nurse Officer - DDCCG
Gill Orwin (Chair)	GO	Lay Member, Patient and Public Involvement
Jo Pearce (Minutes)	JP	EA to Brigid Stacey -DDCCG
Dr Emma Pizzey	EP	GP South
Dr Greg Strachan	GS	GP North
Martin Whittle	MW	Vice Chair and Lay Member, Patient and Public Involvement
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG
Sam Alder	SA	Senior Commissioning Manager for Urgent Care
Mick Burrows	MB	Director of Commissioning for MH, LD, ASD, and CYP
Nicola Smith	NS	Head of Children's Commissioning – Physical Health
Sarah MacGillivray	SM	Head of Patient Experience
Harriet Murch	HMu	Assistant Director Medicines Management - DDCCG
Bill Nicol	BN	Assistant Director - Safeguarding Adults
Michelina Racioppi	MR	Assist Director Safeguarding Children/Lead Designated Nurse
Lisa Falconer	LF	Head of Clinical Quality
Apologies:		
Dr Buk Dhadda	BD	Chair, GP Governing Body Member
Helen Hipkiss	HH	Deputy Director of Quality - DDCCG
Hannah Morton	HM	Healthwatch
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Steve Lloyd	SL	Medical Director - DDCCG
Craig Cook	CC	Deputy Director of Commissioning - DDCCG
Meryl Watkins	MW	GP City
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG

Item No.	Item	Action
Q&P 1920/174	**Welcome, Apologies & Quoracy** Apologies were received as above. GO declared the meeting quorate.	
Q&P 1920/175	**Declarations Of Interest** GO reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations declared by members of the Quality and Performance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk <u>Declarations of interest from sub-committees</u> No declarations of interest were made. <u>Declarations of interest from today's meeting</u> No declarations of interest were made.	
**FOR ASSURANCE**	
Q&P 1920/176	**Integrated Report** HW noted that the data within the report does not reflect the latest CCG position. The report has been updated since the time of writing and the updated version will be presented to the Governing Body in January 2020. The Urgent Care position at both providers is increasing with significant increases in both attendances and admissions. CRHFT has seen an increase in both admissions and acuity. Royal Derby Hospitals FT is reporting and increase in admissions of approx. 27% with no sign of escalation in acuity. This is impacting on the elective position and cancelled operations are being reported. The position is severe at Royal Derby Hospitals FT with 78 medical outliers in elective wards. This is planned to worsen with another 28 beds due to move in January 2020. There has been a delay in the treatment centre at Burton which was planned to deliver cold site elective activity and this is now planned to open on 1st April 2020. This is impacting on elective performance and waiting list deterioration is projected. CRHFT waiting list has been brought under target for November and are forecasting the year end delivery of the March 2019 outturn. Royal Derby Hospitals FT has brought in the DCHS elective activity which means 2.5k patients have been added the waiting list. Their own position has deteriorated by 3-4k and the Trust is keen to meet with the	

	CCG to discuss how they can be supported and possibly divert any activity. AM referred to the new UTC in Derby and asked if there is a plan to carry out detailed analysis around patient flow. SA replied to say the CCG are working on the UTC with focus on patient flow. The Directory of Services has been reviewed and approx. 50 diagnosis codes have been added which can be seen in the UTCs. Engagement is ongoing and the team now going out to more focussed communities which were initially omitted from the engagement work. GS referred to OPEL 4 being declared in the north of the county in November and asked if it had the desired effect. ZJ responded to say that this will trigger certain mechanisms such as gold calls with providers to look at what actions need to be taken to de-escalate. SA noted that the team monitors the OPEL calls on a daily basis. GS noted the OPEL report does not include the GP practices. SA replied to say that the Urgent Care team have tried to involve Primary Care as part of the system however there are difficulties in implementing this. ZJ asked if it would be helpful for the GPs to be informed when OPEL 4 declared.	
	Action - SA will liaise with the CCG comms team to look at ways of alerting GP practices when OPEL 4 is declared.	**SA**
	The Committee noted and approved the contents of the Integrated Report.	
Q&P 1920/177	**OEIPB** LM presented the report to the Committee. The report includes an update of the action plan in terms of progression which is as expected. LM highlighted that the CCG have appointed to the Designated Doctor role in the north of the county which is to replace Dr Trish Field who is taking retirement. In the south of the county Dr Jenny Evennett leaves her post on 3rd January 2020 and this post has not yet been filled. Therefore in the interim Dr Field will provide some cover until the post is appointed to.	
Q&P 1920/178	**TOR Review** The Committee noted that changes that have been made to the TOR. GO noted the difficulty of securing a patient representative to attend the meetings and asked for the of the views of the other Committee members. The members agreed that it would be useful to include relevant patient stories as a standing agenda item.	
	Action – LM will bring a patient story around maternity to a future meeting with an aim of including a patient story as a standing agenda item for the Quality and Performance Committee meeting. GO added that BD in his role as chair, would have to be included in this decision.	**LM**

	LM will bring the patient story when the maternity update is on the agenda to start the conversation. AM noted the TOR were written pre system working and queried whether any changes that need to be made to reflect this. LM confirmed the System Quality and Performance Group should be referenced within the TOR. **Action** - LM will feed back to Suzanne Pickering around SQPG and OEIPB being referenced in the TOR.	**LM**
Q&P 1920/179	**Improvements Plans - Urgent Care** SA noted the improvement plans and winter plan which has been in included in the report for information. The UC team have outlined some areas of key risks as a system and the mitigating actions which are part of the winter plan. Reviews of the Urgent Treatment Centre profiles have been updated to ensure A&E attendances are appropriate. Handover actions are in development with EMAS to ensure the process is as seamless as possible. Winter capacity plans are in action and there has been an increase in GP streaming hours with GPs seeing approx. 10 patients per hour. EMAS are also providing additional ambulances. MR and BN joined the meeting. Pathway One is recruiting a community response team for Amber Valley and Erewash which are areas with highest demand and issues. DCC have increased their payment incentives from two weeks to four weeks. There is a perceived risk around the lack of GP appointments which has been noted and this is driving patient behaviour. Data is being reviewed to understand the issues. There is also a risk around Flu and Norovirus that has been noted and the message around self-care is being endorsed.	
Q&P 1920/180	**Patient Experience** SM presented the report to the Committee. SM noted the patient experience feedback report and highlighted an overall positive picture with the exception of both Trusts ED departments which scored lower than national average on the friends and family test. There is an action plan in place to monitor this at CRHFT. In terms of Royal Derby Hospitals FT, SM will escalate through the patient experience team and will continue to monitor. There has been an improvement in both the response rates and the "would recommend" rates for both Trusts. SM confirmed that the report now includes examples of where patient experience feedback has made a difference. This applies to the majority of providers.	

	SM confirmed cancer wait times and patient experience has been explored with UHDBFT, further information has been provided by the Trust and SM confirmed her assurance there has been no impact on patient experience.		

SM also noted the reinstatement of the patient experience forum, linking in with Karen Ritchie, JUCD, the first meeting is in January 2020.

MW referred to the F&F test and queried how specific the data analysis can be. SM replied stating the CCG is not supplied with that level of data, however SM does investigate and areas of concern.

Q&P 1920/181	**Safeguarding Adults**

BN presented the report to the Committee.

BS joined the meeting.

The Annual Report details the work carried out across Derbyshire and Derby City for the CCG around Adult Safeguarding.
The main areas of improvement are around the assurance process and BN is assured Trusts are working hard under difficult circumstances to protect people from abusive behaviour in practice.

Referring to the MH Capacity Act, all Trusts have struggled and getting staff to understand their roles and responsibilities, however plans are in place and changes to the DoLS process will come into place in 2020.

The CCG have audited 350 Safeguarding cases with both Derby City and Derbyshire County participating in the work to identify themes and trends. Work has been done around informing other relevant parties when abuse occurs e.g Police and GP's.

MW referred to the ICS and asked if it is fit for purpose in terms of Safeguarding or is change needed. BN added there is work to done due to the nature of Safeguarding, big improvements have been made and BN noted his optimism on how this is moving forward, gaps will be identified as time moves on.

LF joined the meeting.

EP referred to the number of referrals that did not meet the criteria, BN replied to say he is concerned about the number of referrals due to various reasons. There was 3.5k safeguarding referrals in 2018 compared to 400 in 2010. This issue will be raised at a meeting that is planned for January 2020 with CQC. BN added he is working with DHU on writing a report around inappropriate referrals and BN hopes that this will be raised at both a regional and national level.

Q&P 1920/182	**Safeguarding Children**	
	MR presented the report to the Committee.	
	The report covers the period from March 2018 to April 2019 and MR noted and apologised for lateness of the report to the Quality and Performance Committee due to staff sickness.	
	The report gives an overview of the work carried out by the Safeguarding Children Team and also provides evidence and assurance that the CCG statutory responsibilities are being met in line with the NHSE assurance and accountability framework.	
	The team have been working on the assurance processes with GP's and providers which has proved effective and feedback will be brought back to a future Quality and Performance meeting.	
	The JTAI inspection findings are included in this report and the SEND inspection which took place earlier in the year will be included in the next report due in March 2020.	
	The CCG have been involved in the CDOP arrangements which have now been implemented. The health provisions for Starting Point and MASH have been agreed. An overview around Aston Hall along with key findings and actions has also been included in the report.	
	MR concluded the team have had a busy but successful year.	
	AM referred to section 5.2 and the lack of visits to the High Peak, North East Derbyshire and Amber Valley. MR noted that the Named GPs have attempted to visit in the past and following the submission of the JSAF specific GPs will be targeted for visits.	
	GS referred to section 5.4 and asked what the rationale was around targeting the practices that rated themselves green. MR replied that a number of practices were dip tested to enable the Safeguarding team to gather evidence from the practices to support their ratings. Focus was given to the practices that rated themselves Amber or Red. BN confirmed that any red rated practice received an immediate call and visit.	
	BS noted the CDOP target is currently being exceeded and all reviews are due to be completed by January 2020.	
	GO noted her assurance on the information received by the Safeguarding team.	
	BN and MR left the meeting.	
Q&P 1920/183	**Patient Safety and Deep Dive**	
	LF presented the Patient Safety Quarter 2 report and Deep Dive.	
	The report now includes SI by provider month on month. The	

| | Committee members confirmed that the additional information included has been a useful addition to the report.

EP noted that the figures for UHDBFT have increased and asked if this was due to a change in reporting methods. LF confirmed that the merge with Burton has had an effect on the figures with more SI's being reported at the Burton site. LM noted the backlog in terms of SI reporting which were related to historical cases for the Burton site. The CCG have been working with Trust for 6 months to work through the backlog figures. Confirmation has been received that the backlog has reduced from over 60 to 14 with the aim for all to be closed by 31st December 2019 however LM has been informed that the Trust will not hit this target. There are two reports that relate to SI's from April and June 2019 and it has been noted that there is still a significant amount of learning to come out of the reviews. LM suggested that the team from UHDBFT be invited to a future meeting for further discussion. The Committee supported the suggestion.

MB and NS joined the meeting

LF noted the introduction of the patient safety investigation framework from April 2020 for which the CCG are early adopters. The framework is due to be published in January 2020.

GS referred to Primary Care and noted there have been zero SI's reported in Q2. LM responded to say that the Head for Quality for Primary Care, Marie Scouse, is not in attendance at this meeting however Marie would flag any areas for concern with the Nursing and Quality team.

EP raised her concern around the high level of SI in relation to maternity for the Burton site and asked if the CCG are assured in terms of safety. LM confirmed that a more senior team have been put in place in the maternity department at Burton Hospital with significant work being undertaken around policies and procedures. Issues have been identified and SI's raised accordingly.

AC added that a review group has been formed which will visit the ante natal department to review leadership, governance and policies and procedures. The CCG are working closely with Trust as well as East Staffordshire CCG. The first review group will take place in early January; however no visit to the Trust has taken place yet. BS noted that the Committee would feel more assured if a visit had taken place by the time the next Quality and Performance meeting takes place on 31st January 2020.

LF left the meeting. | |
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| **Q&P 1920/184** | **Childrens Services**

MB presented the paper to the Committee.

MB highlighted that confirmation had been received that the WSOA has been accepted by OFSTED who are assured that the CCG plan | |

	addresses all areas of weakness and is focused on outcomes and engagement. OFSTED have requested some clearer milestones be included in the WSOA. The next step is to implement. A paper will be presented to GB stating the SEND position.	
	NM joined the meeting.	
	MW referred to the Kooth digital platform and asked how the CCG educate people and asked about the potential to make it a broader social platform. MB replied to say current platforms we have are Kooth, Qwell and also the Handi app which is used to avoid A&E attendances. The Handi app is being evaluated in terms of its impact and changes are being made where necessary.	
	GO noted that in terms of comms how many people are aware of these apps. MB replied to say that work is being to raise the profile of QWELL and the same could be done around the Handi app.	
	MB and NS left	
Q&P 1920/185	**End of Life**	
	NMcP presented the paper to the Committee.	
	NMcP noted that the JUCD EoL programme is now a standalone programme within JUCD. The programme is established with the EoL strategy being approved and the delivery plan being implemented. The EoL Operational Group and a number of delivery groups have been set up to implement the vision within the EoL strategy.	
	The CCG have recently received their allocation of £463k, from NHSE for STP's to improve EoL palliative care in hospice services. Proposals for how the funding is utilised will be received from the Hospices and palliative care providers through the EoL Operational Group which will have to align to the EoL strategy, the proposals will be fed into the EoL Programme Board. Key priorities within the strategy are to ensure any patient at the end of their life will have 24hr access to pain management and symptom control. Another key driver in the strategy is that patients will die in their place of choice.	
	GS asked about the low occupancy at Ashgate Hospice and NMcP confirmed that this is due to the hospice undergoing refurbishment.	
	GS referred to the lymphedema service and queried whether they only accept cancer referrals, LM replied to say this is part of the work around reviewing the Community Nursing specification and is being looked at by the Medical Directorate under the Cardio Vascular Disease umbrella as lymphedema is a un commissioned area.	
	HM joined the meeting	
	MW referred to the figures in Q2 for Blyth House and the number of subscriptions through CHC. NMcP explained that Blythe House have now joined the AQP framework however Blythe House wanted to	

	provide longer duration of calls due to their Gold standard which resulted in fewer patients being seen.	
Q&P 1920/186	**Outcome of Complex Case Panel Decisions** NMcP presented the paper to the Committee which comes to this meeting for governance purposes. These two cases were discussed through the complex case panel where the panel made recommendations to the Executive Team. In terms of a governance perspective the cases have been brought to this Committee for information. A decision needs to be made where any future cases should be heard, either the Quality and Performance Committee or the Governance Committee. NMcP gave the Committee a brief summary of the two cases. After discussion the Committee agreed that the cases should come to the Quality and Performance Committee for information. Any future cases will be presented in the form of a written report and be included in the confidential section of the meeting. **Action** – BS will inform Helen Dillistone, Executive Director of Corporate Strategy and Delivery of the recommendation for complex cases with significant complexities to be reported to Quality and Performance Committee.	**BS**
Q&P 1920/187	**Medicines Safety** HMu presented the paper to the Committee. The quarterly medicines safety report includes the work of the Derbyshire Medicines Safety Network. There have been some local incidents for which the learning from two GP's and relevant prescribers has been disseminated. The National Medication Safety Dashboard is included in the report; however the national data has not been updated. Updates will be included in the next report. An MOU has been signed with NHSEI around supporting NHSEI in the management of controlled drugs. HMu left the meeting.	
Q&P 1920/188	**Stockport Breast Surgery** HW presented the report to the Committee. The paper includes an update on progress with most patients being progressed through the system. Most patients opted for the default transfer and a small number specifying other providers. The patient experience report has been presented to Stockport CCG	

	which has highlighted some patient transport issues. These are being managed by Adam Reynolds along with the patient transport providers. In terms of next steps the CCG are waiting for confirmation from Stockport CCG that all patients were transferred with the relevant paperwork and they have completed their pathway. This has been escalated with Stockport CCG for a response. Going forward the whole service is subject to a review under the Manchester transformation plans. There is a meeting planned with the Trust for January to discuss future plans and the impact on Derbyshire patients. GO noted that it would be useful to see the contents of the patient feedback report. **Action** – HW will bring back the patient feedback report to the meeting in January along with actions taken.	**HW**
Q&P 1920/189	**Exception Risk Report** LM presented the paper to the Committee. There have been no decreases or closures of risks this month. The committee had asked for a deep dive into Risk 39 around S117 and a paper has been submitted to the confidential session of this meeting. It is hoped that Risk 007 around TCP will be reduced in time. In terms of Risk 030 around Initial Health Assessments, work is ongoing with CRHFT led by Dave Gardner, Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning, DDCCG who is aiming to meet with CRHFT in January 2020 to discuss the issues.	
Q&P 1920/190	**SI Update** LM noted the paper is for information and is being brought back to the Quality And Performance Committee following a request form a previous meeting.	
Q&P 1920/191	**Minutes Received from other sub-committees** The Committee noted the following minutes from the following sub Committees.	
Q&P 1920/172	**Minutes of the meeting held on 28th November 2019** The minutes of the meeting on 28th November 2019 were accepted as a true and accurate record of the meeting.	
Q&P 1920/173	**Matters Arising / Action Log not elsewhere on the agenda** The actions on the action log were reviewed. Updates were given and actions closed where appropriate.	

Q&P 1920/174	**Any Other Business**	
	LM referred to the recent SEND inspection and the WSOA. The WSOA has been approved by OFSTED with some prompts around timescales.	
	LM referred to an inquest into a case known to the CCG through Childrens Commissioning. The Designated Doctors for the North of the County and a member of the Childrens team for the CCG attended the inquest. The coroner's verdict found it was suicide and a deliberate act with intent. LM noted whilst there was no fault attached to the CCG or LA there was some learning that could be shared. As a result LM and Naomi Compton plan to meet in January 2020.	
Q&P 1920/175	**Assurance Questions**	
	• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes	
	• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes	
	• Were papers that have already been reported on at another committee presented to you in a summary form? Yes	
	• Was the content of the papers suitable and appropriate for the public domain? Yes.	
	• Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes with the exception of the Integrated Performance Report.	
	• 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? BS will invite UHDBFT to talks about SI's	
	• What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None	
	• Is the Committee assured on progress regarding actions assigned to it within the Organisational Effectiveness and Improvement action plan? Yes	

DATE AND TIME OF NEXT MEETING
Date: Thursday 30th January 2020
Time: 9.30am to 12.30pm
Venue: Conference Room, Toll Bar House, Ilkeston

Joined Up Care Derbyshire Board
Minutes of the Meeting held on
Thursday 19 December 2019 09h00 to 12h00
Conference room, Kingsway, Derby
CONFIRMED

Present:		Designation:	Organisation:
Andy Smith	AS	Strategic Director of People Services	Derby City Council
Angie Smithson	AS	Chief Executive	Chesterfield Royal Hospital NHSFT
Avi Bhatia	AB	GP & Chair	Derby & Derbyshire CCG
Brigid Stacey	BS	Chief Nurse	Derby & Derbyshire CCG
Caroline Maley	CM	Chair	Derbyshire Healthcare NHSFT
Chris Clayton	CC	Chief Executive	NHS Derby & Derbyshire CCG
Dean Wallace	DWa	Director of Public Health	Derbyshire County Council
Deborah Widdowson	DWi	Senior Delivery & Improvement Lead	NHS England & Improvement
Duncan Gooch	DG	Chair	Derbyshire GP Alliance
Gavin Boyle	GB	Chief Executive	University Hospitals Derby & Burton NHSFT
Helen Jones	HJ	Director of Adult Social Care	Derbyshire County Council
Helen Phillips	HP	Chair	Chesterfield Royal Hospital
Ifti Majid	IM	Chief Executive	Derbyshire Healthcare NHSFT
Kathy Mclean	KMc	Chair	University Hospitals Derby and Burton NHSFT
Karen Ritchie	KR	Head of Engagement	Joined Up Care Derbyshire
Kath Markus	KM	Chief Executive	LMC Derbyshire
John MacDonald (Chair)	JM	Chair	Joined Up Care Derbyshire
Lee Outhwaite	LO	JUCD Finance Lead & Director of Finance	Chesterfield Royal Hospital NHSFT
Phil Cox	PC	GP & Non-Executive Director	Derbyshire Health United
Sean Thornton	ST	Assistant Director, Communications & Engagement	Joined Up Care Derbyshire; NHS Derby & Derbyshire CCG
Sukhi Mahil	SKM	STP Assistant Director	Joined Up Care Derbyshire
Vikki Taylor	VT	STP Director	Joined Up Care Derbyshire
William Legge	WL	Director of Strategy & Transformation	EMAS NHSFT
In Attendance:			**Deputy on behalf of:**	
Ben Pearson	BP	Executive Medical Director	Derbyshire Community Health Services	
Chris Sands	CS	Director of Finance	Derbyshire Community Health Services	Tracy Allen
Clive Newman	CN	Director of GP Development	Derby & Derbyshire CCG	
Penny Blackwell	PB	Place Lead	Derby & Derbyshire CCG	
Paddy Kinsella	PK	GP	GP Alliance	
Paul Tilson	PT	Managing Director	Derbyshire Health United Care	Stephen Bateman
Shanice Bailey	SBa	Programme Support Officer	Joined Up Care Derbyshire	
Apologies:				
Cate Edwynn	CE	Director of Public Health	Derby City Council
Martin Whittle	MW	Engagement Committee Chair	NHS Derby & Derbyshire CCG
Prem Singh	PS	Chair	Derbyshire Community Health Services NHSFT
Robyn Dewis	RD	Acting Director of Public Health	Derby City Council
Stephen Bateman	SB	Chief Executive	Derbyshire Health United Care
Steve Lloyd	SL	Medical Director	NHS Derby & Derbyshire CCG
Tracy Allen	TA	Chief Executive	Derbyshire Community Health Services NHSFT

191219/1	Apologies and Minutes of Previous Meeting	Action
	The Chair welcomed members to the meeting and introductions were made. Apologies for absence were noted as reflected above. The Chair confirmed the meeting was quorate. The minutes from the meeting held on Thursday 21 November 2019 were agreed as an accurate record.	
191219/2	Action Log	
	There were two items on the action log that required an update. *Item 211119/2:* GB to provide a Derby specific PFI update at the December JUCD Board meeting; this item was closed as GB provided members with an update. GB advised that the PFI issue equated to a premium of circa £28m/ year but there nationally some thought was being given in relation to PFIs which could improve this situation but it would be dependent on criteria. In the meantime GB was continuing to work with other trusts that have large PFIs in order to review what the implications were of PFIs in their systems. JM asked that the cross system work taking place be reported to the finance committee and through that group for the JUCD Board to be kept updated. *Item 211119/4: P*atient Story - AB confirmed the CCG Comms. team were following up on the patient story. This action was therefore closed. JM queried how the patient stories could be shared more widely. VT advised that all stories were presented by individual organisations and where the stories required a system or workstream response then these would be followed up through the workstream leads. HJ sought clarity in relation to action 181019/4 Patient Story: The road to integration; HJ confirmed she would link into the work and learning from Perth House which she was now doing. The action was amended accordingly and closed as the links were now being made. The remaining actions were either future agenda items or were in progress.	
191219/3	Declarations of Interest	
	The Declarations of Interest were considered; the purpose was to record any conflicts of interest and note any other conflicts in relation to the meeting agenda. The Board reviewed the register and confirmed it was fully reflective and accurate. JM updated the board on the removal of his role at MacD Consult Ltd. The declaration of interest register was updated accordingly. No further declarations pertinent to the agenda were made.	
191219/4	Patient Story: Mark and Rebecca's Story	
	On behalf of the EoL workstream, BS presented a video of Mark and Rebecca's story in relation to their experience of Blythe House Hospice Care, to the Board. The story summarised Mark and Rebecca's life prior to Mark's Cancer diagnosis, and highlighted the journey the couple and their two children went on all the way through to the end of Mark's life. Both Mark and Rebecca reflected on their interaction with Blyth House; emphasising the positive support received which enabled Mark to have his care provided in the comfort of his own home. Rebecca reflected on the support and care for Mark and also to herself and her children.	

VT thanked BS for sharing the story and commented that Mark and Rebecca's journey was aligned with the STP Plan. She noted that the care and support given embraced the Derbyshire Model of Care so that Marks care was provided at home as he wished, rather than in a hospital which made a huge different to the family's life; this reinforced that care given at home was the right approach. SKM commented that Mark and Rebecca's story emphasised that in order to genuinely deliver care closer to home it was important to utilise other services such as hospices and the voluntary sector, as these were as valuable as traditional services commonly used.

HJ felt the story was a good example of outcome based conversations, as a conversation had clearly been had with Mark and Rebecca in relation to what was important and what mattered to them and the service responded accordingly.

KMc noted this was one example of hospice care and queried the coverage across Derbyshire and whether this level of care was accessible for all. BS confirmed there was good coverage and advised that the EoL strategy was about moving care into individual homes and providing the outcomes each individual would want. She added the Chief Executives of each of the Hospices in Derbyshire were members of the EoL board; so had been involved in developing the strategy and operational plan.

PB asked how would patients know which hospices were accessible to them; she felt it was important this was communicated. BS confirmed there was a communications strand within the EoL workstream to highlight services available.

JM agreed with PBs comment and added that it was important to raise awareness of the range of services available through Places, PCNs and ICPs.

| 191219/5 | **System Oversight: Quality and Performance Report** | |

Brigid Stacey, Chief Nursing Officer and Ben Pearson, Medical Director DCHS asked the Board to consider and agree the proposed methodology and dashboard for the Joined Up Care Derbyshire System Quality and Performance Assurance Report.

BS advised that each provider and commissioner had a system for reporting quality and performance metrics for assurance purposes. These varied and did not give a system wide picture for JUCD Board. The System Quality and Performance Group (SQPG) had therefore developed and agreed a quality and performance dashboard that would provide a system assurance reporting approach. This dashboard, which was developed through a clinically led approach, was shared with the board members.

At a glance, the report would provide the strategic picture of the quality and performance issues across the Derbyshire system. The report would provide assurance of all of the key NHS constitutional targets and progress towards delivery of the mission and vision of Joined Up Care Derbyshire, including qualitative and quantitative measures. The framework was based on the 5 CQC domains and 7 pillars of clinical governance. The matrix would be web-based to provide an overview with the associated narrative sitting beneath that to provide a deeper understanding of the issues and actions being taken. The plan was to continue populating the framework and then to have this as a live version from April2020.

AB queried whether overtime this matrix would replace other methodologies that were currently in place and where the outcome and accountability for any issues that might arise would go. BS advised the intention was for the proposed methodology to be used by all organisations from April 2020; in the meantime it would be up to each organisation to choose when to stop using their own performance and quality reports. The ultimate approach would be for all organisations to adopt use of the Q&P report.

JM asked for clarity as he thought the purpose was to provide a system assurance report for this Board in the first instance. BS confirmed it was a system assurance report that would be brought to the JUCD Board on a monthly basis and the work with individual organisations was to ensure inclusion as part of the journey so everyone was taking a system approach.

KMc welcomed the report and added if it was to provide a true system accountability framework it was important that Primary Care and the Local Authority information was also included and queried how that would be brought together. KMc also asked whether it would be possible to have something in shadow form before April 2020.

BS confirmed the Q&P group would populate during January and March to develop in shadow form. BP expressed full support of the report being relevant across the whole system and would explore the options for doing this. BS explained the reason for starting with the foundation trusts to avoid rushing ahead and developing something that was not supported or usable; it was important to start with something that was familiar to reduce the burden of pulling the information together from different sources. BP added that the matrix provided the flexibility to be built up to incorporate other areas once the foundations were agreed as being right.

BP confirmed one of the important changes was to ensure the word 'people' was used rather than patients, to make it relevant and inclusive across the system.

IM expressed full support and suggested the quicker this approach adopted in statutory organisations the better, to avoid bridges needing to be made to link the data. IM also referred to the flexibility benefits highlighted and suggested a hierarchy to include ICS, ICPs and PCNs as they would have accountability for statutory areas going forward.

HP supported the need for a system view but raised recognition of the potential dilemmas this may cause in terms of governance which needed to be resolved before fully adopting this and replacing statutory reporting requirements.

DG felt this report had the potential to be a powerful tool to drive change; so there was a need to ensure the content was correct to demonstrate benefits to the system, patients and population so the system was moving in the right direction

CC reminded the board that this was an important step forward in enabling the organisations to work together, reduce duplication and provide a single version of the truth. CC suggested that the report as it was populated should go to the System CEO group to manage any governance issues.

GB commented in terms of the outcomes, and queried whether they were the right things as some were actually processes or input measures and suggested these should be reviewed to provide a more outcomes focus. GB stated that the accountability framework also needed to be defined as some of the outcomes would need to sit with the system and others would be managed at different levels such as through workstreams, ICP/Place and some through individual organisations. It was also important that this linked into the agreed system Outcomes Based Accountability (OBA) framework. GB added that for assurance purposes there was a need to consider where the independent voice could come from i.e. Neds/Lay Members/Public/Governors.

In relation to the OBA framework, DW reminded the Board that the performance measures in the OBA framework were those things would demonstrate how well we were moving towards the population outcome indicators and suggested that as the high level outcome indicators were agreed this report provided the performance level information so it would be a powerful tool to enable the connections to be made.

WL queried whether there would be an opportunity to drive clinical improvements through use of the matrix and how often we get it right for patients e.g. use the right pathways, access services they are expected to access; this could be helpful in future system wide service design and improvements. ST added it would be helpful for the report to include some broader engagement measures. BS confirmed both WL and ST comments were something that was discussed at last Q&P meeting and confirmed this would be picked up; the intention was also to utilise the citizen's panel to improve this methodology. JM summarised that there was strong support from the Board for the report as it moved towards providing genuine system view which could form the basis of individual organisation reporting and also emerging ICPs. It was agreed that there was a need to move to this as a single version of the truth adopted by all sooner; recognition was given to the fact some of outcome measures would be reported less frequently. JM suggested a discussion with VT and BS regarding the governance aspects but overall the report was approved. It was confirmed that the report would be updated in line with the feedback and formal reporting to the Board to commence from April 2020.	**JM/VT/BS**
191219/6 **System Oversight: Chairs Report**	
The Chair's report provided an update on key developments related to the STP on the period since the last JUCD STP Board. JM reported on a recent NHS Confederation meeting where Amanda Pritchard, COO of NHSE/I outlined current thinking at a national level including the clearest 'job card' yet in relation to national expectations of an ICS. As part of the Board effectiveness and governance review work over the next three months, JM suggested looking at what could be gleaned from other areas for example Nottingham ICS. He noted that it was reassuring that the Derbyshire system was doing well as a whole and in some aspects were more developed so it was important to continue with the hard work done so far.	
191219/7 **System Oversight: Directors Report**	
The STP Director's report provided an update on key developments related to the JUCD STP since the last JUCD STP Board. VT highlighted the following points: CEO/Leadership Team Development A Leadership Development day for CEOs, Council Leads and General Practice colleagues took place on the 29 November. VT felt this was a really positive session with good leadership and consideration of the steps required to move things forward. PICU Development VT noted work was progressing to enable the building of a new Psychiatric Intensive Care Unit (PICU) facility within Derbyshire. This would mean that patients would be able to be treated in Derbyshire rather than have to be treated outside of the county, as is the case now. The ambition was for the new build to be completed by quarter 3 of 2021/22. IM added this was driven by the national requirement to have zero mental health out of area placements by April 2020. As a result, Derbyshire had been nationally escalated due	

	to the high number of out of area placements for adults with mental health requiring bedded intensive care.	
191219/8	**Delivering Today: Derbyshire System Financial Delivery**	
	LO provided an update to the STP Board on performance against the aggregated Derbyshire STP financial plan at month 8 and year end forecast. LO highlighted the following points:	

1. Month 8 financial performance
2. Year-end savings forecast
3. Risk share
4. Letter to NHSE/I

Month 8 financial performance
LO confirmed the system was reporting an off plan position of £21.4m at the end of month 8. This was mainly in the two acutes; the Chesterfield position was mainly due to the complexities of the tariff change (year on year assessment and the move to the blended tariff for unscheduled care); UHDB was most notably due to the difficulty in delivering savings associated with the Service Benefit Reviews.

Year-end savings forecast
It was important to note that across all partners delivery of £100m worth of savings was forecast at year end, which was a huge undertaking and collective achievement. However the system saving plan remained £48m short of the total savings required to deliver year-end financial balance.

LO advised that there were some non-recurrent measures that the CCG would be taking to achieve its revenue resource limits but this was not possible in both the acutes.

Given the variances between the year to date performance and the year-end forecast position it would not be possible for either CRH or UHDB to deliver the Control Totals set by NHSI. UHDB had been reviewing options and scenarios for year end at a recent board meeting and were in the process of concluding what the likely level of variance from control total is likely to be. CRH had discussed their position and although dependent on actual month 9 performance were anticipating a break-even position by year end, which would represent an overall variance to control total of £11.4m. Both organisations would change their forecasts when submitting their quarter 3 returns which required each Trust to complete a Protocol for Forecast Change which would be signed off by both Trust Boards

In view of the position summarised LO advised that there was a need to signal the position to regulators and a letter had been drafted which was discussed later.

Risk share
LO shared the current month 8 performance against the schemes which were included in the risk share agreement. The total savings planned for the schemes within the risk share was £30.7m and the current forecast for actual delivery against these schemes was currently of £9.9m. LO noted that the risk share agreement had not yet been applied and was therefore any apportionment was not reflected in the report.

Letter to NHSE/I
LO shared a draft letter to NHSE/I for comment; the intention of the letter was to inform a further conversation early in the New Year in relation to the Protocol for Forecast Change.

JM queried that in light of the update provided today, when a more robust view of the underlying deficit carried forward into 2020/21 would be available. LO confirmed he

would provide a better understanding of the deficit at the January Board meeting.

JM expressed the importance of acknowledging that £100m worth of savings was an important achievement and should be a positive reflection when talking to regulators.

KMc suggested that as part of the January update there should also be an opportunity to reflect better and consider areas which have assisted or hindered our system approach; that way we can maximise the positive areas and take them forward into next year.

VT confirmed there was some work underway regarding lessons learnt for example the first system efficiency workshop on 17 December the opportunity was taken to reflect and identified those things worked well or didn't in 2019/20. In addition there was a piece of work commissioned through the System Savings Group to interview various leads including clinicians to gather insights in relation to clinical transformation that had been taken forward.

| 191219/9 | **Delivering Today: Financial efficiency framework 2020/21** | |

CC presented a paper to the Board, setting out the approach to developing the 2020/21 System Efficiency programmes. Part of this was to ensure alignment with the efficiency programme for each statutory NHS organisation within Derbyshire and also the City and County Council.

CC emphasised that it was important that there was approval of the System Efficiency Plan by February 2020, to ensure the effective mobilisation of schemes. This was necessary to ensure they had the greatest impact on 2020/21 delivery and enabling operating and financial plans and contractual agreements to be confirmed. CC suggested thinking about efficiency more than savings going forward; by considering these as improvement programmes which also delivered savings would take the system into the right realm going forward.

CC reiterated from previous conversations that the £100m worth of savings should be acknowledged as an achievement and exceptional measures were not needed as potentially suspected. He felt that the driver of an ambitious target had forced changed and thinking differently as a system.

CC confirmed a System Efficiency Workshop took place on Tuesday 17 December involving all system partners. This had resulted in a framework for a plan being created which would be developed in further sessions; the component parts of this framework were the full year effect of 2019/20 schemes, individual organisational elements and transformation required as a system.   CC noted the need to build in the wider determinants into the plan. There was much work to be done collectively to work out the balance between transformation and transaction and what could/ could not be done with the resources available.

A next session was scheduled to take place in January to firm up the framework; further sessions and work through the systems savings group would continue and the intention was for the finalised system plan to be brought back to the March JUCD Board for sign off to ensure delivery from 1st April.

KMc welcomed the aim to have this entire plan commence as of the new financial year. KMc then reflected on the recent NHS confederation meeting that had taken place where there was recognition that systems were not experiencing a demand problem but in fact a supply problem; KMc felt this acknowledgment needed the system to translate the approach to better managing the supply side.

JM asked for the big ticket items that really needed support to deliver a substantial

	proportion of savings to be included in the paper when this was next presented to the Board. AS advised the 3 big ticket items would be the 'what's' but also the 'how's' will get us to a better position. SKM added that it was important to not lose sight of the quadruple aim when identifying the big ticket items as this would build on the point made earlier about thinking about efficiencies as improvements going forward and this was reiterated at the session on 17 December. CC suggested the big ticket items were Circulatory Disease, Cancer and Respiratory and confirmed these were in the quadruple aim. If circulatory disease was tackled across the whole spectrum then the big tickets would be hit. CC added these areas were driving the challenges in the health and care system and there was a need to prioritise them.	
191219/10	**Delivering Today: Improving Healthy Life Expectancy**	

	DW presented a slide deck 'Improving Healthy Life Expectancy – A Life Course Approach to Prevention'. The aim was for the Board to recognise the benefits of a population health approach to future decision making, including the potential realignment of resources to prioritise prevention.
	
	DW focused specifically on what actions could be implemented locally to improve healthy life expectancy i.e. reducing the burden of disease in the population and by doing so reducing reliance on healthcare interventions. As the burden of disease was highest in areas of greatest economic and social disadvantage this also called for greater investment in areas of highest unmet health and wellbeing needs. The aim of this work was to advocate for and support a small shift in strategic commissioner/ICS spending to prioritise preventative activity in Derby and Derbyshire.
	
	The focus of the slides was on healthy life expectancy (quality of life), women in Derbyshire on average lived just over 20 years in less than full health before they die, in Derby City this figure was over 22 years, men in Derbyshire spent nearly 16 years in poor health before they die, for Derby the figure was just under 18 years. Public Health advances had been successful generally in enhancing the length of life, but not necessarily the quality. These averages also masked significant inequalities between the most and least deprived groups within society.
	
	DW reminded the Board that healthcare contributed to only 20% of health and wellbeing. 80% was determined by socio-economic factors and wider determinants such as education, employment, housing and enough disposable income that would mean you have a good and positive life. Individual choices play a part but were wrapped up in education, background, social and environmental factors.
	
	DW advised these actions if taken forward in a co-ordinated and consistent manner across the health and care system could reduce demand on primary and secondary care services, by focusing on community and place based assets, services and support networks. This approach would require a small refocusing of NHS resources away from the secondary care sector and upstream into the community and places where people, live, develop, grow and stay well or become ill.
	
	DW provided some examples of prevention possibilities throughout the various age groups that could reduce the impact on the population:
	• **Pre-conception:**
	    ○ Smoking in pregnancy, maternal obesity and Alcohol and Pregnancy
	• **0-5 years:**
	    ○ Evidenced reduction in decay in 5yr olds with targeted provision of supervised tooth brushing programme, fluoride varnish programme,	

toothbrushes and toothpaste by HVs, and water fluoridation as universal

- o Healthy Settings: Invest in Children's Centres to expand the offer, focusing on prevention and early intervention akin to Sure Start approach
- **5-19 years:**
  - o Reduce risky behaviours: Family-based approaches where parents have problematic substance use as their children are at risk of both adverse childhood experiences generally and of substance related harms later in life.
  - o Investment in additional School Nurses
- **20-39 years:**
  - o Suicide Prevention Training – scaled to cover all NHS providers
  - o Integrated health improvement service offer at scale – stop smoking, weight management, physical activity (incl. exercise referral and cardiac rehab). Holistic model linked to housing, employment, education and skills support
- **40-59 years:**
  - o Promote activities and campaigns to de-normalise excessive alcohol use
  - o Long-term condition management programme at scale across the city & county
- **60-69 years:**
  - o **F**alls Prevention: Fully implemented the evidence based falls pathway across Derbyshire
- **70+ years:**
  - o Social Isolation: deliver activity such as social connectedness at scale Bereavement Support. To proactively offer help around bereavement. Interlinked with a broader mental health approach, including support networks. Specialist focus on people bereaved by suicide
  - o Social Isolation- deliver activity such as social connectedness at scale
  - o Affordable warmth

DW advised on the ways the Strategic Commissioner could support the wider system as an anchor institution; through employment, financial inclusion, air quality and environment.

HJ suggested there was an opportunity to look at aligning prevention budgets across Health and Local Government to look at how we make a more significant shift towards more prevention.

CC expressed the presentation was an example of strategic commissioning in its best form, working in partnership with all commissioners to consider what was driving the changes in the population and how these could be addressed. CC confirmed as strategic commissioner he would be advising the system to place more spend the prevention in order to make change happen.

PB confirmed that prevention was currently being socialised in Place Alliances and all had started to make these prevention changes happen at Place level. PB confirmed Place was also trying to engage with PCNs to develop the approach. PB queried how to get in to schools that were no longer under local authority control; how as a system could we influence privatised academies that were supplying fattening foods for kids. DW confirmed academy trusts were not part of the local authority system but there were Head Teacher forums that could be used as a gateway; it was important to note that we could not expect schools to do more without additional resources though so a different way may need to be thought of.

CS supported the need to focus on prevention but also advised it would be important to explore whether the current resources were being used in the best way possible; this should include consideration of areas where the most deprived areas had low levels of

	prevention interventions.		
	PK queried what the impact would be on primary care. DW advised the primary care setting could be used to offer broader support and consider where demand could be diverted through the Citizens Advice Bureau being located in PCNs and through the Social Prescribing Link workers.		
	JM summarised that the clarity of this work and the link in to strategic commissioning was helpful. Building the NHS as anchor institution was critical and the approach began to set out how we can better work together incl. voluntary sector at different levels to achieve that.		
191219/11	**Delivering Today: Clinical Leadership**		
	AB advised that the Clinical & Professional Reference Group (CPRG) was currently the system surrogate for clinical leadership, but over the past few months CPRG had not been used to its maximum efficiency nor was it operating in the way needed; as a result he was working with other senior leaders to review and strengthen the clinical leadership approach.		
	A steering group of clinical leaders had been set up; these individuals would be able to influence their organisations to look at how to address membership of CPRG and the group's role and relationship with the Board and within the system.		
	AB was now working with JM and VT to refine the way forward based on the discussions to date; this included refining the CPRG Terms of Reference. AB noted that it was important to recognise there were some positives already established through CPRG such as the development of a clinical strategy and the alignment of clinical leads to workstreams which needed to be built upon rather than starting from scratch. Once the proposal was finalised, this would be brought back to the Board for a formal update in January.	**AB**	
	In the interim, CPRG had been stood down in December and January and the intention was for the group to commence in February as a refined meeting.		
191219/12	**Delivering Today: Communications and Engagement**		
	ST provided an update on relevant Communications & Engagement activity within Joined Up Care Derbyshire since the last Board meeting. ST highlighted the following:		
	Joined Up Care Derbyshire Board – Holding Meetings in Public		
	ST confirmed the JUCD Board would begin holding meetings in public from January 2020. The aims of the JUCD Board moving to a meeting in public were described as:		
	• Increased transparency of the planning and decision-making pertinent to the Derbyshire STP • Increased opportunity for local people to become involved and knowledgeable about the work of the Derbyshire health and care system • Publically project JUCD's patient and citizen focussed approach to transforming health and care services for Derbyshire.		
	ST clarified this was a meeting in public not a public meeting; therefore people attending would be invited to observe rather than actively contributing.		
	Engagement in Place		
	ST confirmed discussions continued regarding the development of the engagement model to support Place Alliances. This work was aiming to also be reflective of the emerging engagement approach to support Primary Care Networks. The Citizen's Panel would form		

the fundamental building block of this engagement work, along with the Patient Participation Groups (PPGs); whilst many practices had high-functioning PPGs, some practices did not have PPGs at all which would need to be taken into account.

This work was being overseen by the Engagement Committee; a further update would be provided at the February 2020 Board meeting along with any necessary recommendations.

Publication of the STP Plan
The publication of the Joined up Care Derbyshire five year strategic plan was delayed following the pre-election guidance issued by the Cabinet Office, and subsequent guidance from NHS Regulators. ST advised that following the conclusion of a General Election, the period of Purdah would be lifted once a new Government was formed. It was anticipated that there would be further guidance from regional regulators following the election to confirm when we should formally publish our plan.

Communications and Engagement Strategy
A conference of the entire system communications and engagement community was planned for 21 January 2020; the purpose of this event will be to ensure the opportunity for all professionals across the system to influence the approach and priorities required in relation to communication and engagement activities as a system which would inform the refresh strategy.

| 191219/13 | **Building for tomorrow: Integrated Care Partnership** | |

The purpose of this paper was to update the JUCD Board with regards to the process undertaken to consider the ICP configuration options for the Derbyshire footprint and seek approval of the preferred option.

As part of the journey towards becoming an Integrated Care System (ICS) by April 2021, all STPs across the country would be required to develop more integrated care which would be delivered through Integrated Care Partnerships (ICPs). ICPs would include Places, Primary Care Networks or neighbourhoods.

The ICPs would require Providers to increasingly move to more integrated provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/PCN levels.   Through the ICPs there would be aligned incentives to improve population health outcomes by encouraging integrated provision and preventative approaches, this would require flexible redeployment of resources to best meet needs and encourage a stronger focus on overall wellbeing and health within allocated resources. It was important to note that ICPs were not new legal entities.

The process had been led by Ifti Majid as the SRO and Chair of the ICP Development and Implementation Group; the initial stage was to consider the options for the local ICP configurations across the Derbyshire footprint.   This was done through a series of workshops to consider the key things which must be taken into account in developing our ICPs. These workshops included stakeholders, broader than the ICP Development & Implementation Group membership, to ensure wider engagement in identifying the preferred option.

There were initially nine options identified and based on the assessment process and considerations undertaken, the recommendation was made for 4 x Geographical ICPs:
- Chesterfield, North East Derbyshire and Bolsover
- Derby City
- South Derbyshire, Amber Valley and Erewash
- Derbyshire Dales and High Peak

	The board was asked to approve the recommendation.	
	IM advised that through the discussions it was clear that the ICP configurations needed to make sense to people, councils and clinicians and therefore alignment to council boundaries was considered to be crucial. He noted that there would never be a perfect fit as there would always be cross boundary working including out of area and across ICPS. Therefore whilst this recommendation was made it should be noted there were some areas where the practices were not coterminous, notably South Derbyshire; this was being managed already through the PCN/ Place relationships and the emergent ICPs would also need to manage these areas closely.	
	DG confirmed he had been involved in the ICP work to date and stated this was a sensible compromise but noted the challenge of working with registered lists for PCNs versus resident lists for geographical ICPs remained which would need to be continually monitored and mitigated.	
	PK suggested that part of the mitigation would require support and flexibility from the local councils. HJ agreed and thanked all involved in this work for the engagement with the district councils to date as it was really important and benefited developing a shared understanding.	
	JM supported the recommendation for 4 geographical ICPs; the Board was in agreement.	
	IM advised that based on this approval the next steps would be to continue working through the stages in the PwC ICP development model to develop the approach, with the intention to enable ICPs to commence operating in shadow form from April 2020.	
	A range of meetings have been set up between now and March 2020 to progress the development and implementation phase which would include developing the accountability framework.	
	The next meeting was scheduled for Friday 20 December for the sub group to confirm scope, roadmap and development of the operating model. The core senior leadership required for each of the ICPs would be developed in this meeting; this leadership framework would be brought back to the January JUCD Board meeting.	**IM**
	KMc noted the use of various acronyms, acknowledging that many of these were nationally derived but there was a need to simplify the communications with people including governors and the general public so that the language used meant something to them. ST agreed and confirmed he was currently developing a beginner's guide to the system; this would identify what an ICP/ICS was, explain the acronyms used and aim to simplify the language to help people understand the structure of the system and what this meant for people.	**ST**
	LO suggested there was a need to tease out the bottom up structure in the 4 ICPs versus what is the absolute requirement for it to become a load bearing infrastructure. He added that a meeting had been convened for Chesterfield Place in January to work through considerations of the model that would be required. IM offered to present at this meeting to connect the strategic approach; LO agreed to invite IM to the North Derbyshire and Chesterfield Place and PCNs meeting.	**LO**
191219/14	**Building for tomorrow: Primary Care Networks**	
	CN and DG presented an update to Joined Up Care Derbyshire Board on Primary Care Networks in Derbyshire.	
	CN reminded the Board that 15 Primary Care Networks varying in size (39,590 to 132,494)	

were agreed in July 2019, had now been established. The majority aligned to the current Place Alliances. The number of practices in each PCN ranged from 2 – 13 and all PCNs had at least 1 Clinical Director for 1 day per week for 50k population (some job share). Chesterfield and Dronfield PCN was one of the larger groupings but beneath that they were organised as neighbourhoods.

By 2023/24, PCNs should aspire to having done five key things:
- Stabilising general practice, including the GP partnership model. This was not simply about brining practices together in groupings but the intention was to develop them as operational hubs as local services where people could be seen in the community.
- Help solve the capacity gap and improved skill-mix by growing the wider workforce by over 20,000 wholly additional staff as well as serving to help increase GP and nurse numbers
- Become a proven platform for further local NHS investment
- Dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices
- Systematically deliver new services to implement the Long Term Plan, including the seven new service specifications, and achieved clear, positive and quantified impacts for people, patients and the wider NHS.

In 2020/21 PCNs will be expected to deliver new service specifications; these specifications were yet to be published by NHS E & I which was making planning very difficult but essentially would cover:
- Structured medicines review and optimization
- Enhanced health in care homes
- Anticipatory care
- Personalised care
- Supporting early cancer diagnosis

In addition to the national requirements the CCG had also asked PCNs to support:
- Making Quality Referrals Scheme (QIPP), £1.2m savings expected from CCG
- Implementation of care homes new model
- Pathway development work
- NEL & A&E reductions (Place QIPP)

Support from the System
- The Clinical Directors had limited capacity and would therefore need to be supported
- There was £917k in 19/20 and £4.7m in 20/21 coming into Derbyshire as part of the PCN additional roles investment. However the PCNs themselves would not have lots of extra people so there was a need to consider how to share resources better across the system and importantly within the emerging ICPs.
- Recruitment – a system solution was required to support the additional roles. PCNs will struggle to recruit staff and fund the additional 30% required for all roles except the SPLW. The potential investment into the Derbyshire system may not be fully utilised unless there is a collective approach to getting the most for our system and populations

The Board noted the update and recognised the need for PCNs to be integral to the ICP developments to avoid conflicting approaches being taken; to make the best use of the resources available and provide support.

There was an action for SBa to circulate the presented slides to all members.

SBa

191219/15	**Building for tomorrow: Transformation Delivery Report**	
	The board were asked to note the report.	
191219/16	**Governance Section: Finance Sub Committee**	
	The board were asked to note the minutes of the finance subcommittee and note that Richard Wright from Derbyshire Healthcare NHSFT would be the chair of the finance subcommittee.	
191219/17	**Standing Agenda Items: Any Other Business**	
	JM suggested the following key messages from today's meeting be shared with stakeholders and staff: 1. The discussions around ICP and PCNs 2. Patient story; emphasised working in an integrated manner beyond heath 3. System Finance and efficiencies update 4. Healthy Life Expectancy; raising awareness and needing this to be embedded in everything we do 5. Quality & Performance framework update No other AOB items were discussed.	
	Date of Next Meeting	
	The next meeting was scheduled to take place on Thursday 16 January 2020, 9.00am to 12.00pm, Rooms 1&2, The Hub, South Normanton, Alfreton DE55 2AA.	

Joint Committee of Clinical Commissioning Groups

Meeting held <u>IN PUBLIC</u>

23 October 2019, at the Boardroom, NHS Sheffield CCG

<u>Action Summary DRAFT</u>

155/19	**Declarations of Interest**	
	New members of the Committee to submit completed Declaration of Interest forms to the Committee Clerk.	**TH**
156/19	**Questions from the Public**	
	That a simplified "easy read" version of the Hospital Services Programme be produced for the public, explaining the difference between transformation and reconfiguration.	**AN**
159/19	**Update on Hospital Services Programme**	
	That an easy read version be produced as well as a simple one-page summary of the document.	**AN / HS**
	Issue a letter to NHS Derby and Derbyshire CCG asking for sign off for the report as they were not present at the meeting.	**AN**

Minutes of the Meeting of
The Joint Committee of Clinical Commissioning Groups
Public Session

Meeting held 23 October 2019,
at Boardroom, NHS Sheffield CCG DRAFT

Present:

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)
Andrew Goodall, Healthwatch Representative
Priscilla McGuire, Lay Member
Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System
Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group
Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group
Jeremy Budd, Director of Commissioning, NHS Barnsley Clinical Commissioning Group
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Brian Hughes, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning Group
Dr Terry Hudsen, Clinical Chair, NHS Sheffield Clinical Commissioning Group
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group

Apologies:

Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group
Dr Avi Bhatia, Clinical Chair, NHS Derby and Derbyshire Clinical Commissioning Group
Matthew Groom, Assistant Director, Specialised Commissioning, NHS England
Philip Moss, Lay Member
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group and Interim Accountable Officer, NHS Sheffield Clinical Commissioning Group

In attendance

Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System
Alexandra Norrish, Programme Director Hospital Services Review, South Yorkshire and Bassetlaw Integrated Care System
Mags McDadd, Corporate Committee Clerk, South Yorkshire and Bassetlaw Integrated Care System

Public in attendance

Nora Everitt, SYBNAG   Steve Merriman SYBNAG   Peter Deakin BSONHS
Ben Skidmore, Novo Nordisk Ltd   Steve Sullivan, Bayer   Ken Dolan, BSONHS
S Henley, BSONHS

Minute reference	Item	ACTION
C153/19	**Welcome and introductions** The Chair welcomed members and attendees to the meeting. Dr Terry Hudsen, Clinical Chair, NHS Sheffield CCG was welcomed to his first meeting of the JCCCG. Public members present were thanked for the questions submitted in advance of the	

	meeting.	
C154/19	**Apologies** Apologies were received and noted. There was no representation from NHS Derby and Derbyshire CCG.	
C155/19	**Declarations of Interest** There were no declarations of interest. New members of the Committee were asked to submit completed Declaration of Interest forms to the Committee Clerk	**TH**
C156/19	**Questions from the public** Questions were submitted prior to the meeting. The JCCCG provided a response. Questions from SYBNAG members to the JCCCG October 2019 meeting: **1. Commissioning for Outcomes Policy:** **a)** How will people be involved in proposals and decisions about the clinical procedures that will be added to the list of those already on the existing SYB Commissioning for Outcomes Policy, given that this will reduce the range of services available to people in SYB? Response: The JCCCG invites written questions on the items on our agenda. Unfortunately, this item is not on the agenda. However, we will give some consideration to this when developing this work. **b)** What are the arrangements for monitoring how the Commissioning for Outcomes Policy has affected people in SYB and will these arrangements involve patients, carers and the public across SYB? Response: The JCCCG invites written questions on the items on our agenda. Unfortunately, this item is not on the agenda. However, we will give some consideration to this when developing this work. **2. Hospital Services Review** **a)** What do you see as being the main drivers of the transformation strategy and what are the main outcomes that you are looking to achieve before you would reconsider reconfiguration? Response: The main drivers of the transformation strategy are concerns around the sustainability of acute hospital services: in particular, workforce shortages and the implications for quality and equality of services that result from these. The main outcome that we would be aiming to achieve is a more stable and sustainable approach to workforce. In particular, this includes improved recruitment and retention, and better use of new workforce roles, enabling us to achieve sustainable levels of staffing without relying on locum and agency staff. **b)** What metrics will be used to measure the success of transformation and will these include a patient focus?	

Response:
The NHS already has a large number of performance metrics which are measured and tracked at a national level. Part of the success of transformation would be whether we become more able to achieve these metrics: for example, does transformation of Urgent and Emergency Care make us more able to meet the national target for 4 hour waiting times in A&E; or has transformation improved scores against the Friends and Family Test which is one of the main measures of patient satisfaction.

In addition we will be asking each of the Hosted Networks to develop a small number of specific metrics to track the impact of transformation and to act as early warning signals if transformation is not having the necessary impact. These will be developed once the Networks are set up, but they might for example include measures of patient feedback, or measures around workforce.

c) Will the six monthly review process considering the successful progress of transformation directly involve patients and will the findings be shared with patients and the public?

Response:
The review process to track the impact of transformation will be designed once the Networks are set up.

d) Can you provide some information for the public explaining, in Plain English, the difference between transformation and reconfiguration, but in addition to the usual Easy Read versions of information?

Response:
Transformation is described in the reports of the Hospital Services Review as being about improving services in the settings where patients currently receive care, or about enabling acute care to be provided closer to home.

It is often about using the workforce in a different way, for example bringing in Advanced Medical Practitioners to support the traditional roles of consultants and nurses. It is also about making sure that all hospitals in the area provide the same care in a given situation, so that all patients are getting good quality care. Reconfiguration is defined by the House of Commons Research Briefing as "changes in location or the type of treatment provided, usually as part of a reorganisation of services across a larger health geography."

There can be some overlap between these two terms, and reconfiguration would usually be accompanied by transformation.

e) What implications are there for patients in a hospital unit where experienced staff are moved to support another hospital's unit that is struggling, as part of the hosted network approach?

Response:
None of the Hosted Networks are currently proposing to move staff from one hospital to another.

As the Networks are set up, there are many different ways that hospitals could support each other. At the moment, some of the hospitals regularly send consultants to other sites, for example where Sheffield Teaching Hospital consultants run regular outreach clinics in the other hospitals. Some hospitals have appointed staff who work half their time in one hospital and half in another, for example some gastroenterologists who work across Barnsley and Rotherham. This is designed as a

	standard part of job planning for the two sites. NE requested a simplified "easy read" version of the Hospital Services Programme to be available for the public, explaining the difference between transformation and reconfiguration.		**AN**
157/19	**Ratification of previous meetings** The minutes of the public meeting held on 25 September 2019 were accepted as a true and accurate record.		
158/19	**Matters Arising** All items are scheduled for future agendas.		
159/19	**Update on Hospital Services Programme** The JCCCG received the updated final report on the Hospital Services Programme, DC confirmed that the final report of the Hospital Services Programme had been provided to the Joint Committee for discussion and agreement. AN advised that a draft of the final report had been discussed in all the CCG Governing Bodies in August / September, and in the September JCCCG meeting. There had been two main comments: that there needed to be greater clarity on the difference between emergency and planned reconfiguration; and that the impact of transformation needed to be monitored on an ongoing basis. AN said that she had worked with members of the JCCCG to develop the revised text, which had been circulated to the JCCCG for agreement. IG for Bassetlaw CCG and NB for Barnsley CCG confirmed that their concerns had been met and they were content with the text. Representatives from Rotherham, Sheffield and Doncaster CCGs confirmed that the changes to the text were sufficiently small that they did not feel they needed to take the revised version back to their Governing Bodies prior to agreement. PMG requested that an easy read version should be produced, and it was agreed that the ICS team would commission one, as well as producing a simple one-page summary of the document. EK queried whether the document would be available in other languages, and HS confirmed that the website has a translate function. The Chair queried whether NHS Derby and Derbyshire CCG would need to sign off the report, since they were not present at the meeting. The group agreed that it would be good practice to confirm their agreement in writing. The Chair advised that the JCCCG were content to sign off the report for publication, subject to agreement from Derby and Derbyshire CCG.		**AN / HS** **AN**
160/19	**Any other business** There was no further business noted.		

161/19	**Date and Time of Next Meeting**	
	The Chair informed the meeting that the next meeting will take place Wednesday 20th November 2019 at NHS Sheffield CCG.	

JC CCG Progress Report - January 2020

SYB Joint Commissioning Committee of CCGs

29 January 2020

Author(s)	**Lisa Kell - Director of Commissioning, SYB ICS**
Sponsor(s)	**SYB JC CCG**

Is the paper for Approval / Consideration / Noting

For Consideration

Purpose

This paper sets out the progress to date made by the Joint Committee of CCGs on delivery of agreed JC CCGs joint priorities and work plan

Background

During the last quarter the JC CCG has continued to progress joint commissioning work with its 5 places on the JCCCG work programme. It is also considering in line with the NHS LTP and SYB 5 year plan submitted in December 2019, the priorities for joint commissioning in the next financial year 2020/21.

The Manual Agreement and Terms of Reference was refreshed in June 2019 to better support system working, enable single decision making and facilitate delivery of the priorities for 2019/20. These will be reviewed again at the end of March 2020 to incorporate any learning and changes agreed by the Joint Committee for the next financial year.

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

N/A

Recommendations

Members of the JC CCG are asked to:

1. Note the progress report and share with Governing Bodies to update members on the delivery of the JCCCG priorities and 2019/20 work programme.

SYB Joint Commissioning Committee of CCGs

JC CCG Progress Report - January 2019/20

1. Purpose

1.1 This paper sets out the progress made by the Joint Committee of CCGs from September to December 2019 on delivery of agreed JC CCGs joint priorities and work plan.

2. JC CCG Progress to date 2019/20

2.1 Since April 2019 the JC CCG has focussed on updating its governance arrangements and agreeing a new set of 2019/20 priorities for joint commissioning following the successful implementation of the previously agreed joint committee priority Stroke HASU and the near completion of the children's surgery programme.

2.2 JC CCG and CCG Governing Bodies have worked together during quarter 1 and 2 to develop and agree a joint work plan of system commissioning priorities supported by a set of agreed delegated decisions in order to enable single commissioner decision making.

2.3 The JCCCG Manual Agreement (MA) and Terms of Reference (ToR) was redrafted by JCCCG in July 2019. These documents will be refreshed in March 2020 incorporating any learning and further changes over the last year agreed by the JC CCG and reflecting the joint commissioning requirements of the NHS LTP where appropriate for 2020/21.

3 JC CCG Highlights - April to December

3.1 Revised ToR and MA and the Introduction of the Joint Committee Sub Group (JCSG) to operationally support the work of the JC CCG

3.2 Membership changes for the two associate CCGs - NHS Wakefield CCG formally requested to leave the Joint Committee and from July are no longer members. Additionally the merger of the two Derbyshire CCGs, now NHS Derby and Derbyshire CCG, has been reflected into the revised ToR

3.3 Voting rights of the JC CCG members have been considered in line with the MA and ToR review with the agreement reached that only the 5 SYB CCGs of the JC CCG have a vote

3.4 All JC CCG meetings now held in public

3.5 Agreed JC CCG priorities for joint commissioning and managed through a delivery work plan and performance report

3.6 Agreed delegation of specific decisions to support delivery of the work plan

4 JC CCG work programme progress to date

4.1 Appendix 1 details the programme delivery dashboard which gives a RAG rated position for each programme. Currently there are:

- 4 programmes that are now completed and are embedded within the CCG's business as usual commissioning cycle
- 11 programmes that are ongoing and are on plan at each of the five CCGs
- 14 programmes that are ongoing but are at risk of not achieving the outcomes within the expected timeframes
- 0 programmes are off plan

4.2 Key achievements to highlight:

- Stroke HASU successfully implemented in Rotherham and Barnsley
- Ongoing development of the Hospital Networks
- Outpatient follow up pathways for high volume specialities developing (led by Doncaster CCG on behalf of the JC CCGs)

4.3 Risks have been identified for the following areas and have been escalated to the Joint Committee Subgroup:

- Lynch Testing programme – activity monitoring is currently unavailable. Discussions are therefore ongoing with the labs in order to gain activity figures.
- Chemotherapy Delivery programme – Identified demand currently exceeds capacity. NHSE is currently in discussions with Western Park to devolve chemotherapy to DGH's. This is currently in discussion and a model is being developed.

5 Recommendations

Members of the JC CCG are asked to:

1. Consider the report and provide feedback on the progress made by the committee to date 2019/20

2. Share the report with Governing Bodies to update members of the current work of the JC CCG and delivery against the agreed work programme

3. Note that the JC CCG is currently considering the priorities for joint commissioning ambitions and LTP requirements for 2020/21

Lisa Kell
on behalf of the JC CCGs

Appendix 1: Programme Delivery Dashboard JC CCGs

Key

Description	Symbol
Lead Organisation	Grey
Programme completed and is now part of business as usual	Black
Programme is ongoing and on plan	Green
Programme is ongoing but at risk of not achieving	Yellow
Programme is off plan, mitigation plans are required	Red

SY&B JC CCG Joint Commissioning Delivery Report
January 2020

ICS Programme	Commissioning Priority	Barnsley CCG	Bassetlaw CCG	Doncaster CCG	Rotherham CCG	Sheffield CCG	Cancer Alliance	ICS	Spec Com with ICS	Risks	Mitigations
Urgent & Emergency Care	999/111 SYB Lead Contractor	Black	Black	Black	Black	Black (Lead)					
Elective Care	Out-patient follow ups	Yellow	Yellow	Yellow (Lead)	Yellow	Yellow					
	Commissioning for outcomes policy	Black	Black	Black	Black (Lead)	Black					
	IVF	Yellow	Yellow	Yellow	Yellow	Yellow		Lead			
Cancer Alliance	SYB ND Cancer Alliance Board	Black	Black	Black	Black	Black	Lead				
	Chemo/Faecal Immunochemical testing (FIT)	Green	Green	Green	Green	Green	Lead				
	Rapid diagnostic centres	Green	Green	Green	Green	Green	Lead				VS pathway development work undertaken by STH clinicians at December meeting. CCG management lead and CD meeting to review/agree 15/01/20. Planned Q4 implementation currently on track.
	Lynch testing	Green	Green	Green	Green	Green	Lead			Activity monitoring is currently unavailable.	Discussions with labs on gaining activity figures.
System Efficiency Board (SEB) / Finance	Independent sector reform	Yellow	Yellow	Yellow	Yellow	Yellow					
	Out-patient transformation	Yellow	Yellow	Yellow (Lead)	Yellow	Yellow					
	E-rostering	Yellow	Yellow	Yellow	Yellow	Yellow					
	Theatre utilisation & efficiency	Yellow	Yellow	Yellow	Yellow	Yellow					
Medicines Optimisation	Over the counter prescribing	Green	Green	Green	Green (Lead)	Green					
	Gluten free	Green	Green	Green	Green (Lead)	Green					
	Avastin	Yellow	Yellow	Yellow	Yellow (Lead)	Yellow					
	Stoma	Green	Green	Green	Green (Lead)	Green					
	Nutrition	Green	Green	Green	Green (Lead)	Green					
	Continence	Green	Green	Green	Green (Lead)	Green					
	Branded medications policy	Green	Green	Green	Green (Lead)	Green					
Population Health	QUIT	Yellow	Yellow	Yellow	Yellow	Yellow		Lead			
	Homelessness	Yellow	Yellow	Yellow	Yellow	Yellow		Lead			
Stroke HASU	Stroke HASU	Black	Black	Black	Black	Black (Lead)					
Mental Health & Learning Disability	Perinatal mental health pathway	Yellow	Yellow	Yellow (Lead)	Yellow	Yellow					
	AHD ASD service	Yellow	Yellow	Yellow (Lead)	Yellow	Yellow					
	Transforming care (LD)	Green	Green	Green (Lead)	Green	Green					
Hospital Services Programme	Secondary care consistency in transformation	Green	Green	Green	Green	Green		Lead			
Specialised Commissioning (NHSE) with ICS	Chemotherapy delivery	Yellow	Yellow	Yellow	Yellow	Yellow			Lead	Demand exceeds capacity.	NHSE in discussion with Western Park to devolve chemotherapy to DGH's - model to be agreed.
	Complex neurological rehabilitation	Yellow	Yellow	Yellow	Yellow	Yellow			Lead		
Mental Health / Learning Disability & Specialised Commissioning	CAMHS tier 4	Yellow	Yellow	Yellow	Yellow	Yellow			Lead		

Health and Wellbeing Board
14 November 2019

Present:

Chair: Merryl Watkins (Derbyshire CCGs)

Elected members: Councillors Care, Lind, Webb

Appointed officers of Derby City Council: Andy Smith (Strategic Director for People Services), Robyn Dewis (Acting Director for Public Health)

Appointed representatives of Derbyshire Clinical Commissioning Groups: Steve Studham (Derby Healthwatch)

Appointees of other organisations: Kath Cawdell (3rd Sector representative Health and Wellbeing Network), Tim Broadley (Director of Strategy, Derbyshire Community Healthcare Services)

Substitutes: Suzanne Le Bond (University of Derby)

Non board members in attendance: Kirsty McMillan (Service Director for Integration and Director Services), Dr Stephen Handsley (Healthwatch Derby Vice Chair), Simon Harvey (DCC Public Health), Nathan Davies (DCC Public Health), Phil Taylor (Derby Homes), James Carter (CAMURUS), David Gardiner (DDCCG), Kate Wedgewood (Public Health England Health Protection Team), Chris Clayton (DDCCG)

23/19   Apologies for Absence

Apologies were received from Cllr Poulter, Helen Dillistone (Derbyshire CCGs), Kim Harper (Community Action Derby), Parveez Sadiq (Director of Adult Social Care), Ifti Majid (Chief Executive Derbyshire Healthcare Foundation Trust), David Cox (Derbyshire Constabulary), Gavin Boyle (Derby Hospitals NHS Foundation Trust), Bill Whitehead (University of Derby), Vikki Taylor (Joined up Care Derbyshire), Cllr Williams, Cllr Hudson, Cllr Cooper

24/19   Late Items

There were none.

25/19   Declarations of Interest

There were none.

26/19   Minutes of the meeting held on 12 September 2019

The minutes of the meeting held on 12 September 2019 were agreed as a correct record.

27/19   Integration and Better Care Fund 19/20

The Board received a report of the Strategic Director for People Services on the Integration and Better Care Fund 19/20 plan.

The report was presented by the Service Director for Integration and Director Services and provided the Health and Wellbeing Board (HWB) with the final Better Care Fund (BCF) plan for 2019/20 for approval and adoption by the Board.

The Board noted that Health & Wellbeing Boards were required to have oversight of the Integration and Better Care Fund in their localities to ensure that the required outcomes and performance, that was expected, was being delivered. It was noted that the BCF was a collaboration between NHS England, the Ministry of Housing, Communities and Local Government (MHCLG), the Department of Health and Social Care (DHSC) and the Local Government Association. It was noted that the BCF was designed to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Five Year Forward View.

It was reported that planning guidance had been produced by the Department for Health & Social Care and had been used to inform the Derby Better Care Fund plans for 19-20. It was noted that the requirements were only for a one year plan and that the DHSC had indicated that any future year's allocations would be decided through the 2019 Spending Review.

It was noted that the NHS contribution to the BCF included funding to support the implementation of the Care Act 2014, funding previously earmarked for reablement and the provision of support for carers. It was reported that allocations of the Improved Better Care Fund, Winter Pressures funding and Disabled Facilities Grant were also included in the planning arrangements, but that these funds would come directly from Government to Local Authorities. The Board noted that this meant these funds were contained within the pooled budget for the overall BCF, but were funded and accounted for separately.

It was reported that the amount of funding allocated for Derby for 2019/20 was £31,654,818 and that this was broken down into:

- Minimum CCG Contribution - £17,646,689
- iBCF - £10,542,289
- Winter Pressures Grant - £1,148,569
- Additional LA Contribution (community equipment) - £269,682
- Additional CCG Contribution - £0

The Board noted that the planning template was split into a number of sections:

- Strategic Narrative   - this set out the proposed approach to integration across the wider health and social care system, including joint commissioning arrangements, alignment with primary care networks and other sectors such as the voluntary and community sector. It also covered how the BCF aligned to wider strategic priorities for example such as the work being carried out with Housing colleagues to prevent hospital admissions.
- Income – this set out the various components of the BCF, including funding that came direct to Councils and any additional contributions Local Authorities or CCGs wanted to make.
- Expenditure - this set out the detailed nature of the finance elements of the BCF showing a description of the funded areas, anticipated performance outcomes and the amount being funded per scheme.
- High Impact Change Model – this section explained how Derby was ensuring that the national model of managing transfers of care from hospital settings was being delivered.
- Metrics – this section described the 4 performance measures against which the national BCF programme was being monitored, with local targets for Derby.
- Planning Requirements – this section ensured that each BCF programme satisfied the national requirements and was an opportunity for areas to indicate whether they had any support needs from NHSE.

It was reported that the 19/20 Plan was submitted to NHSE on time as required, and had since been assured by the regional assurance process. It was noted that formal notification of this was expected by the end of November. It was also noted that governance locally would continue throughout 19/20 via the Joint Better Care Fund Programme Board that was established jointly with Derbyshire County Council, and Derbyshire CCG's; operating on behalf of both Derby and Derbyshire's Health and Wellbeing Boards. It was reported that this Board would continue to review monitoring reports through a dedicated Performance & Finance sub group as well as considering any specific issues or developments with individual schemes.

The Chair stated that it was encouraging to see that Derby was in the top quartile for Delayed Transfers of Care (DTOCs). The Service Director for Integration and Director Services stated that although this was a positive, the University Hospital of Derby and Burton was still facing significant operational and service pressures. A Councillor questioned what could be done to explore the next steps for the Voluntary Community Sector. The Service Director for Integration and Director Services informed the Board that Derby and Chesterfield hospitals were looking into this and that there were limited funds available for this sector.

Resolved to approve the BCF Plan for Derby for 2019/20.

28/19   Derby City Council – Autism Update November 2019

The Board received a report of the Strategic Director for People Services which detailed an Autism Update for November 2019.

The report provided the Health and Wellbeing Board (HWB) with an update on the Derby City Autism Implementation Plan which was being delivered as part of the Joint Derbyshire Autism Strategy.

The Board noted that a report on the Derbyshire Autism Strategy 2017-2020 had originally been provided to the Health and Wellbeing Board in November 2017. It was also noted that a Derby City Autism Plan for Adults, incorporating those aged 14 – 18 preparing for adulthood, within Derby City had been included. It was reported that the action plan included new national recommendations in respect of the Capabilities Statement for Social Work with Autistic Adults.

It was reported that there were around 700,000 autistic people in the UK and that people from all nationalities and cultural, religious and social backgrounds could be autistic. It was noted that only 16% of autistic people gained full time employment and that a 2016 National Autistic Society Survey had reported that whilst 96% of the population stated that they understood autism only 17% of autistic people and their families felt understood. The Board noted that many autistic people experienced higher levels than average of anxiety and depression as a result of living with autism, and higher level of loneliness and isolation.

It was reported that the Westminster Commission on Autism reported in 2017 that autistic people experienced higher than average levels of physical ill health. It was noted that whilst education, health and social care could identify people with autism and a learning disability from an early age, those with autism but without a learning disability were not always identified. It was also noted that when these individuals were referred for assessments, their presenting needs did not always render them eligible for personal health or social care budgets.

It was reported that a National Strategy was likely to be released in early 2020

and that it was anticipated that this would require greater cohesion and co-ordination across and between services throughout the lifespan of people with autism. It was noted that any changes resulting from the new National Strategy would need to be reflected in a refresh of the Derbyshire Strategy.

The board noted that Derby City had a joint strategy with Derbyshire County Council and Derbyshire CCGs and that their current priorities were, in brief, to;-

- Shorten the diagnostic waiting lists in line with NICE guidelines. i.e. diagnosis within three months of patient referral.
- Improve access to specialist diagnostic assessment and support. i.e. Occupational Therapy, Speech and Language Therapy and Psychology for sensory, cognitive and communication assessment and support.
- Improve timely access to community mental health support.
- Enable autistic people and their families to live well with autism.

It was reported that the main national tool for monitoring national strategy was the Public Health led Autism Self Assessment Framework (SAF). The Board noted that there had been four SAF exercises and that whilst there had been consistent progress over the four SAF's, the 2018 exercise indicated a requirement for specific training in relation to Autism and this was therefore a priority area in the updated Action Plan.

It was reported that there was a need to prioritise development of the training offer, as 2015 statutory guidance had placed a requirement on local authorities to provide general autism awareness training for all frontline staff, as well as specialist training for those in particular roles, including those who undertook needs assessments. It was also reported that a further SAF was expected to be issued in 2019 but had not yet been received and that once the SAF was received, it would be completed and brought to the Health & Wellbeing Board at a subsequent meeting.

A Councillor questioned whether this strategy was being fed into the SEND review and was informed that this strategy related specifically to adults. The Strategic Director People's Services stated that there was a strategy and targets for children in Derby and Derbyshire and that the Council was doing well on this front. A Councillor stated that although many people felt they understood autism, in reality not many people did. The Chair informed the Board some autistic people were high functioning and that this was still a disability and these individuals still required support.

A Councillor stated that in Derby SEND figures were currently 10% over the national average. The Service Director for Integration and Director Services stated that there was more work to be done on assisting autistic people and that they currently faced additional challenges from services such as the Criminal Justice System.

Resolved:

1. **To provide a briefing on autism as required following the report on the Derbyshire Autism Strategy approved by the Health and Wellbeing Board.**
2. **To note the current national and local autism priorities for health and social care.**
3. **To agree the priorities identified in the revised Action Plan.**

29/19   Consultation on Derby Homelessness & Rough Sleeping Strategy 2020 - 2025

The Board received a report of the Director of Housing Services on Derby Homelessness & Rough Sleeping Strategy 2020 – 2025.

The purpose of this report was to provide the Health and Wellbeing Board (HWB) with an update on the current public consultation on the new Derby Homelessness & Rough Sleeping Strategy and invite responses.
.
The purpose of this report was also to inform the Board that a Homelessness & Rough Sleeping Strategy was a statutory requirement for all local authorities to produce and that the strategy included a review of homelessness in this district and set out a strategic vision for tackling homelessness over the next 5 years.

The Board noted that the Homelessness Reduction Act 2018 had changed how local authorities dealt with homelessness and that the Council now had a prevention duty for 56 days and a relief duty for 56 days. It was also noted that this act had created a responsibility to develop housing plans and that there had been a higher number of positive outcomes since the introduction of this act.

It was reported that the number of households placed in B&Bs and temporary accommodation had risen in the last year and that the number of rough sleepers had reduced. The Board noted that MHCLG had provided financial assistance for reducing rough sleeping numbers and that other authorities had not been as successful as Derby in achieving this reduction. It was also noted that there were two boards involved in this strategy: the Homeless Liaison Forum and the Strategic Homeless Board. It was reported that the new strategy suggested continuing these two boards and that feedback was also being sought from Voices for Action. The Board noted that the end date for consultations on this strategy was 3 January 2020.

The report was for information.

Resolved to note the information in this report.

30/19   Future in Mind – Local Transformation Plan Refresh

The Board received a report from the Director of Commissioning (Mental Health, Learning Disabilities/ASD & Children's), Derby & Derbyshire Clinical Commissioning Group on the Future in Mind Local Transformation Plan Refresh.

The report informed the Health and Wellbeing Board (HWB) of the Future in Mind Local Transformation Plan refresh which had now been submitted to NHSE and was on the Websites of DDCCG, City and County Councils.

The Board noted that children's mental health and wellbeing continued to be a significant national priority. It was also noted that the programme needed to deliver a real difference for the children and families that relied on the support of the Council's services. The Board noted that there was a commitment to ensure that there were continuing improvements in service provision each year.

It was reported that the priorities within the plan were as followed;

- Continuing to increase the opportunity of children to access CYP services year on year.
- Increasing self- help including the use of digital technology.
- Developing Changing Lives, MHST within schools, as part of the whole school approach.
- Embedding Build Sound Minds (Targeted Early Intervention Service).
- Developing community triage including Early Help Assessments.
- Health Equity Audit, complemented by the involvement of young citizen researchers.
- Continuing to supporting young people known to Youth Offending Services.
- Implementing a new service specification to address the mental and emotional wellbeing of children in care.
- Continuing to reduce the numbers of CYP needing tier 4 provision.
- Reviewing eating disorders, Urgent Care and CAMHS in light of increased demand.
- Consideration of transitions between 18 - 25 years.
- Ensuring consistency of offers across the footprint.
- Further workforce development to address changing needs.

The Board noted that there was now a focus on targeted early intervention and digital interventions. It was noted that there were now two apps called Kooth and Qwell designed to support children and parents/carers. It was reported that both of these apps had been well received and that MHSTS had also been trialled locally and may be rolled out nationally depending upon its success. It was noted that there had been a drive to recruit young people as Citizen Researchers and

that these individuals looked into local information, delivered workshops to other young people and then presented their findings to key stakeholders.

The Board noted that a key area of investment had been the creation of a trauma informed service for looked after children and that this service was likely to start helping children in April 2020. A Councillor questioned whether the introduction of apps could cause issues for individuals who were less competent with digital services and was informed that the Qwell app for parents and carers was being run as a trial and that these concerns would be noted. It was noted by the Board that this app had been launched in September 2019 and that initial feedback had be largely positive.

The Strategic Director for People Services informed the Board that frontline staff were being assisted in informing parents and carers of what help was available and that Healthwatch had also provided support. The Strategic Director for People Services also stated that at a recent visit to Kingsmead school, staff had stated that they thought highly of the Future in Mind plan. A Councillor questioned whether in the future, an update could be provided at CYP or Scrutiny and was informed that this could be done.

A Councillor stated that environmental factors played a significant role in children's mental health and that it was important for early start services to be improved. The Board noted that Special Community Advisors were being introduced and that these individuals would work to help GPs and teachers to navigate through this system.

Resolved:

1. **To note the Future in Mind Local Transformation Plan refresh**
2. **To agree to retrospectively to sign off the Future in Mind Local Transformation Plan refresh**

31/19   Derbyshire County and Derby City Air Quality Strategy

The Board received a report of the Acting Director of Public Health on Derbyshire County and Derby City Air Quality Strategy.

The report was presented by the Acting Director for Public Health and provided the Health and Wellbeing Board (HWB) with a draft of the Derbyshire County and Derby City Air Quality Strategy.

It was noted that the Health and Wellbeing Board had agreed to develop a joint Derbyshire County and Derby City Health and Wellbeing Board Air Quality Strategy in January 2019. It was also noted that the Strategy aimed to set out the overarching principles and priorities of the Board in order to achieve reduction in

the health impact of air pollution for the people of the city. It was reported that the Strategy utilised the Outcomes Based Accountability Approach and that the Strategy would be supported by an annual action plan, developed and monitored by the Air Quality Working Group. It was also reported that partners of the Health and Wellbeing Board would be responsible for providing a Strategic and Operational lead within their respective organisations to drive forward actions.

The Board noted that this draft would also be going to the Joined up Derbyshire Board. A Councillor commented that this report should have focused on other factors such as fuel and heating/housing rather than travel alone. The Chair stated that some pollution caused by travel was due to parents needing to drive their kids to school so that they could get to work on time themselves. A Councillor commented that previously walking busses had been used in Derby and that this had allowed children to arrive at school on time without parents driving them to school in a car.

Resolved:

1. **To approve the Air Quality Strategy subject to heating and housing pollution also being considered.**
2. **To provide via email a Strategic Lead (Health and Wellbeing Board member) and Operational Lead (Air Quality Working Group member) for each respective organisation to drive forward actions identified within the Strategy and development of an associated action plan.**
3. **To agree a minimum of annual reporting to the Health and Wellbeing Board of progress against performance measures in the annual action plan and progress against population outcomes.**

32/19   Derbyshire Sustainability & Transformation Partnership: Plan Update

The Board were informed that this item could not be presented due to purdah restrictions and would therefore be deferred until the next meeting of the Health and Wellbeing Board.

Resolved:

1. **To agree that this item would be deferred until the next Health and Wellbeing Board meeting due to purdah restrictions.**

33/19   Creating an NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) Strategic Commissioner

The Board received a report of the Chief Executive Officer, NHS Derby & Derbyshire Clinical Commissioning Group on Creating an NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) Strategic Commissioner.

The purpose of this report was to provide the Health and Wellbeing Board (HWB) with an overview of plans to develop an approach to strategic commissioning approach for Derbyshire. This included an outline of:

- The benefits of strategic commissioning.
- What strategic commissioning could look like in Derbyshire.
- The functions of strategic commissioning.
- The progress being made towards strategic commissioning.

The Board noted that the implementation of strategic commissioning was the best course for the people of Derbyshire and the only way to deliver truly integrated care. It was also noted that there were four key areas that strategic commissioning would act as a catalyst for:

- Implementing the 'Triple Aim' of achieving better health, better care and better value for citizens.
- Improving population health.
- Removing waste and duplication.
- Removing perverse incentives.

It was reported that strategic commissioning would be a departure from the current state for both the NHS and local authority and that rather than a focus on detailed contract specification, negotiation and monitoring or the routine use of tendering; emphasis would instead shift to defining and measuring outcomes.

The Board noted that progress had, and continued to be made towards the development of strategic commissioning including:

- The merger of the four Clinical Commissioning Groups (CCGs).
- Ongoing work to strengthen joint commissioning arrangements.
- The developing Integrated Care System (ICS) and build on the work of current eight Derbyshire Places through the development of Integrated Care Partnerships (ICPs).

The Board noted that previously there had been a focus on health and social care provisions and that this made up 20% of health improvement provisions. It was noted that most of the NHS's spend was on this 20% and that it was important to look into how different partners in the system could work together efficiently. It was reported that currently there were many different contracts in place and that a lot of energy was being spent on setting up these contracts.

It was reported that there were 117 GP Surgeries across Derby and Derbyshire

and that the NHS was investing a lot of effort into increasing cohesion between these Surgeries. The Board noted that an integrated care system was expected to be in place by April 2021 and that there was an aim to have a shadow of this system in place from April 2020. A Councillor asked whether sufficient resources were available in order to achieve an integrated care system. The Strategic Director for People Services informed the Board that there were many current examples of integrated delivery using existing resources and that much of this had been achieved through 'ground up' work. It was noted by the Board that targets for ICS and ICP were on track.

The Chair stated that Primary Care Networks were reaping the rewards of working together, thanks to the practical benefits of doing this and that having a single view was bringing GP Surgeries together. A Councillor asked whether commissioners could commission Local Authorities to provide joint working strategies. The Board were informed that commissioners were aware that staff teams knew how to work together and that governance barriers needed to be removed.

A representative from Derby Healthwatch questioned how the public were being informed/ consulted and it was suggested that all members of the Board had a responsibility to spread the word about these changes through their respective channels of communication with the public. A Councillor asked whether service users had been involved in the design of the new system and were informed that they had been involved in the merging of the four local Clinical Commissioning Groups and that further input from service users was needed through public consultations.

Resolved to note the contents of the report.

34/19   Healthwatch Derby – NHS Long Term Plan Derby and Derbyshire

The Board received a report of the Chair of Healthwatch Derby on the NHS Long Term Plan for Derby and Derbyshire

The purpose of this report was to provide the Health and Wellbeing Board (HWB) with an overview of Healthwatch Derby and Derbyshire's report that was commissioned as part of a National public engagement into the NHS Long-Term Plan (LTP).

The report was for information.

Resolved to consider the content of the report and the key messages within it.

35/19 Inspection of services for children and young people with special educational needs and/or disabilities (SEND)

The Board received a report of the Strategic Director People Services on Inspection of services for children and young people with special educational needs and/or disabilities (SEND).

The purpose of this report was to update the Board on current progress in developing the required Local Area Written Statement of Action. The local area was required to produce and submit a Written Statement of Action (WSoA) to Ofsted, by Tuesday 26 November 2019 explaining how the local area would tackle areas of significant weakness.

The report was for information.

Resolved:

1. **To note the outcome of the June 2019 SEND inspection, and the need to produce a WSoA.**
2. **To note the statutory basis for a requested WSoA.**
3. **To note the overall inspection findings, including strengths and areas for improvement.**
4. **To note progress on developing the Local Area WSoA for submission by 26 November deadline.**

36/19 Health Protection Board Update

The Board received a report of the Acting Director of Public Health on Health Protection Board Update.

The purpose of this report was to provide the Health and Wellbeing Board with an overview of the key messages arising from the Derbyshire Health Protection Board, which met on Tuesday, 1 October 2019.

The report was for information.

Resolved to note the update report.

Private Items

None were submitted.

MINUTES END

NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body meeting in public
Held on
9 January 2020

UNCONFIRMED

Present:

Dr Avi Bhatia	AB	Chair
Dr Penny Blackwell	PB	Governing Body GP
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Dr Robyn Dewis	RD	Acting Director of Public Health
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Sandy Hogg	SH	Executive Turnaround Director
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Andrew Middleton	AM	Lay Member for Finance
Gill Orwin	GO	Lay Member for Patient and Public Involvement
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dr Merryl Watkins	MWa	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies

Dr Bruce Braithwaite	BB	Secondary Care Consultant
Jill Dentith	JD	Lay Member for Governance
Dr Buk Dhadda	BD	Governing Body GP
Dr Emma Pizzey	EP	Governing Body GP
Dean Wallace	DW	Director of Public Health, Derbyshire County Council

In attendance:

Leni Robson	LR	Office Manager/ Minute Taker
Suzanne Pickering	SP	Head of Governance
Dawn Litchfield	DL	Governing Body secretary

Item No.	Item	Action
GBP/1920/ 182	**Welcome, Apologies & Quoracy** Apologies were received from Jill Dentith, Dr Bruce Braithwaite, Dean Wallace, Dr Buk Dhadda and Dr Emma Pizzey. Quoracy was confirmed.	
GBP/ 1920/184	**Questions from members of the public** No questions pertaining to the agenda were raised.	

GBP/ 1920/183	**Declarations of Interest** Dr Avi Bhatia (AB) reminded committee members of their obligation to declare any interests they may have on any issues arising from committee meetings which might conflict with the business of the governing bodies. Any declarations made by the members of the governing bodies are listed in the individual CCG's Register of Interests. There were no changes requested to the Register of Interest and no further declarations of interest were reported.	
GBP/ 1920/184	**Chair's Report** AB presented his report to the Governing Body which was taken as read. He invited questions. Andrew Middleton (AM) asked what the Governing Body had had sight of in regards to workforce. Dr Ruth Cooper (RC) confirmed that there had been a discussion and Linda Garnett, Workforce and OD Lead for Joined Up Care had presented at a previous Governing Body in September. No specific data had been seen but RC stated that this could be brought back to Governing Body. AM stated that the Governing Body's and CCG's role regarding providing impetus to the workforce issues was not clear. Current reporting showed that workforce was a constraint against effectiveness and delivery. Dr Chris Clayton (CC) confirmed that there had been an in-depth session and that Helen Dillistone (HD) was the CCG's Director representative on the Local Workforce Action Board (LWAB). It was agreed that the presentation would be recirculated and the minutes checked to ensure that the discussion around how the Commissioner role works within the LWAB is being reflected. No updates have been seen since the presentation and HD will bring further reports to future Governing Bodies and ensure all actions are in progress. **ACTION: Further detailed report with regards to workforce will be included on Governing Body agendas.** AB agreed that the workforce was a huge challenge that is reflected in other areas such as activity data. As such it is a system issue. Dr Penny Blackwell (PB) raised the new Primary Care Network information that has been circulated in the last week. Concerns had been raised around the resourcing of this. It would be useful for the Governing Body to have sight of where the resource was coming from. CC will pick this up in his verbal update. AB reassured the Governing Body that this information is being covered thoroughly at the next GP Leadership team meeting. **The Governing Body RECEIVED and NOTED the report of the Chair.**	**HD**

GBP/ 1920/185	**Chief Executive Officer's Report**	
	CC gave a verbal report to the Governing Body. It was noted that this was the first report of the new year. He talked through the priorities of the Executive Team. There remains three main areas of focus:	
	1. Stabilisation of the CCG having merged in April 2. Operational Challenges 3. Implementation of the Integrated Care System (ICS) which includes the work of the developing strategic commissioner.	
	It has been nearly a year since the merger and in terms of the stabilisation of the CCG, there have been significant challenges and the process did not end on completion of the merger. Governing Body through the Organisational Effectiveness Improvement Board has seen significant developments in creating the CCG. It continues to gain assurance, in regards to workforce, strategy, approach and position as a key member of the health and care system.	
	In terms of operational challenges the CCG has been heavily involved in supporting the system with winter challenges, and throughout the bank holiday. The system remains operationally challenged from an Urgent Care perspective and the Commissioner has done all it can to support the system. CC thanked colleagues, particularly Brigid Stacey, Zara Jones and their teams who are supporting efforts to reduce stay and working with Local Authority (LA) partners in terms of supporting community care approaches.	
	The other key area of operational challenge is around finance and this will be covered throughout the agenda. At this point in the year focus moves slightly from managing the end of the 2019/20 financial year to looking forward into the next financial year. Governing Body will receive reports in due course with the plans for next year and the approach being taken as a combined health and care system.	
	All are engaged in supporting the Derbyshire Integrated Care System and part of that is understanding what the role of a strategic commissioner is. Progress is being made and Derbyshire is at the forefront in thinking through the concept. This cannot be done in isolation and work is ongoing with partners to understand the role of a strategic commissioner. This will continue to progress throughout 2020/21 and CC will continue to report back to the Governing Body.	
	With regards to the Primary Care Network, there will be an enhanced role for both the Commissioners and Providers. CC has been working with providers to understand the role of an Integrated Care Partnership (ICP).	
	Through the Joined Up Care Board in December, Derbyshire took a preferred view to help the development of four ICP areas, which will be based on the current eight Places. This is with a view for a single Derbyshire ICS, with four ICPs, eight 'Places' and 15 PCNs. This was seen to be a manageable amount to ensure a flow of work from Board into communities where most of the actual care takes place.	

However there would still be challenges in regards to the interactions and functions that each of those levels would have, so more work is being progressed on this. The PCNs have been developing rapidly and within 12 months it has moved from concept into reality as a formal general practice contract through the DES. The role of the commissioner is to develop a vibrant sustainable General Practice model for Derbyshire and the PCNs create a vehicle for this to happen. The work of the GP Alliance and clinical director leadership also gives opportunity for real progress to be made.

CC acknowledged the challenge having 117 practices across Derbyshire. The work of the Primary Care Leadership group will be key and reports will be brought back to Governing Body.

Dr Steven Lloyd (SL) confirmed that a draft network contract DES has been published and is open for comment. He stated that the last six to nine months have been a formative phase for PCNs. SL also added that the supportive role of the CCG is clearly stated within the DES.

SL talked through the funding and ambition for 2020/21 in the DES, of which there is an additional £552m funding nationally, which will rise to £1.8b over a 5 year timeframe. This is reflected in the core contract. SL acknowledged that this was a large ask of practices. This is captured in national service specifications through the DES and over the next few months there will be a focus on medicines review, care homes, anticipatory care, personalised care and support in early cancer diagnosis. The purpose of the DES is to get GPs to work together in the PCNs.

Already there is a challenge from colleagues in General Practice through the Local Medical Committee (LMC) regarding the scale of the ambition and whether it is deliverable. The draft will be brought to Governing Body at the next meeting

ACTION: The draft PCN DES will be presented at the February Governing Body.

SL

CC invited questions from the Governing Body.

Gill Orwin (GO) queried whether there were any social prescribers in position and if so whether any feedback had been obtained from them. SL confirmed that the PCNs were only now embarking on recruitment of social prescribers. It is still the formative phase and discussions are ongoing with regards to recruitment. It was also important to recognise the ongoing workforce issue and think about where in the system the additional workforce is recruited from.

Brigid Stacey (BS) stated that social prescribing within the NHS is a new concept and it was important to learn from LA colleagues who have been working with social prescribers for some time. Dr Greg Strachan (GS) agreed with BS and stated that PCNs are working towards this. Currently the PCN he works within calls social prescribers 'link workers' and they work with voluntary sector groups that have experience in the area. He stated that the clinical pharmacist role is much clearer so there needs to be more clarity around the link worker role.

	AB recognised that the DES was going to be an important issue going forward and that the Governing Body needs to have a clear view and strategic steer. Potential conflicts of Interest with the GP members of Governing Body were noted and AB and SL will discuss feedback after the PCN Leadership team meeting and this will be brought back to Governing Body. **ACTION: SL/AB to meet following the PCN Leadership team meeting to confirm feedback to the Governing Body.** **The Governing Body NOTED the report of the Chief Executive Officer.**	**SL/AB**
GBP/ 1920/186	**Planning and Contracting Overview 2020/21** It was noted that this was also going to be covered in the Confidential session with a more strategic steer being given at this time. Zara Jones (ZJ) presented this first of a series of updates that will be brought to Governing Body and marks the start of the next contracting round. There have been a number of discussions as a system with NHS partners around recognising the need for bilateral contracts next year and all are keen to work collectively to agree the contractual agreements as soon as possible. This would then allow focus to be on transformation work. The key focus is currently on Joined Up Care, however there are a number of transactional items required to agree the contracts. The paper set out three main areas: Affordability Given the financial position of system, where possible affordable contracts are required.. Transition Arrangements It was important to mark that this was a transition arrangement as progression is made to a fully-fledged ICS and collaborative ways of working towards this through bilateral contracts. Performance Improvement Urgent care is unprecedented even when taking into account the winter pressures. This is not limited to Derbyshire and therefore contractual agreements will need to have a clear theme regarding performance improvement. Formal planning guidance was awaited and expected imminently, which will set the framework with regards to what needs to be achieved. The usual consultation has been launched around the national tariff and the NHS standard contract. Following a consultation process on the tariff this will be published in February. This will include a 2.5% and a 1.1% efficiency factor. Within the contract consultation, blended tariffs, and further proposals in terms of targets and performance have been discussed.	

A working agreement has been issued by NHS England (NHSE) to try to ensure consistency in each of the relevant systems, and provide assurance that the CCGs will work towards a system trajectory and have transparency around finances with each other. Whilst the paper suggests tactical approaches, detailed conversations between partners are still required.

AM queried whether this would be an agenda item at the System Wide Finance Overview Group. Richard Chapman (RCp) agreed that it does need to be discussed at the Group. Questions are to be agreed with regulators and Governing Bodies throughout the system about what is affordable and what is desirable, and also how the system agrees and buys into this. There are opportunities for very different models of contracting and different models of working as a system. These will then build into the development of the strategic commissioner role in the delivery of healthcare within the constraints of affordability.

Ian Gibbard (IG) queried whether there will be further discussion on system risk share and whether further information would be sighted by Governing Body during this current contracting round. RCp stated that there was further work to be done. There is system risk share in place for this year but RCp did not believe it had delivered all it had been expected to.

PB highlighted that as Place Board Chair, it was a positive move to think about how to contract differently and in a transformative way. It can be difficult to action what is recognised as good transformational thinking.

RCp agreed that this is a real opportunity to set a more rigid risk management framework, which will allow the organisation to move from talking around financial currencies to resource currencies.

In terms of a tactical and strategic direction of travel the Governing Body AGREED the proposals contained within the paper.

GBP/1920/ 188	**Finance and Savings Report – Month 8** RCp presented the Finance and Savings Report for month 8. The financial position as reported at month 8 is on target for achieving £29m as planned. Within that position savings are off plan by £21.4m at the end of the year which is a movement of approximately £1m from month 7 to month 8, with the underlying position being off target by £4.7m which increases the financial challenge going forward. There remains £5.7m of the 0.5% contingency which is not in the forecast outturn position and this is available to mitigate identified risk which is set out within the paper. The forecast run rate is £3.95m a month rather than £4m from month 2 – 8. Governing Body was asked to note the year to date and forecast outturn position, savings delivery and to note the risks and mitigations in the paper.	

| | Sandy Hogg (SH) stated that the savings position was of a concern and the key risk is around the clinical transformation schemes. She provided assurance to the Governing Body that reflective learning has been done as a system. The system met on 17 December to discuss the system savings plan, and learning has been built into this. They have recognised that there needs to be acknowledgement of ownership in regards to the larger transformational programmes. This will be monitored closely over the next few months and work will be required across the system to deliver the position. She reiterated that the financial targets required have not yet been achieved and focus must not be lost on meeting these.

In regards to the University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), Ian Gibbard (IG) asked whether there is an opportunity to recover credit from transactions in the Year to Date. He also queried whether there was a risk in the current forecast and if this had been identified in the risk position with UHDB.

RCp confirmed that there is a year-end figure in place with UHDB and so that risk is taken out, so there are no unknowns with regards to the figure for this financial year. An element for winter pressures had also been included.

The Governing Body NOTED the Finance report for Month 8. | |
|---|---|---|
| **GBP/1920/ 188** | **Finance Committee Assurance Report – 2 January 2020**

AM assured Governing Body that the report had been thoroughly challenged and the Finance Committee had been fully assured. He agreed with SH that there may still be issues before the end of the financial year. AM stated that the aim should be to surpass the control target, but acknowledged the difficulties around this.

The focus is now on the future and that the change of philosophy and strategy are very important. He complimented the leadership skills of the Executive team and assured the Governing Body of the significance of the System Financial Overview Group.

AM also made Governing Body aware that Ian Gibbard would now be a member of the Finance Committee. The Terms of Reference have been amended and a GP member has been released, subject to governance approval.

He raised two items of discussion that would assist the transformation agenda.
1. As soon as effective system transformation schemes are delivered these could be used as examples
2. Would patient stories, if carefully selected prove useful?

CC concurred with SH that there were concerns over performance. Whilst the projection of £21m is there this is due to over performance in some areas and there needs to be understanding as to how and where this has happened. This is equally as important as understanding where the underperformance has occurred.

It was agreed that the concept of transformation and the challenges | |

	involved need to be understood. **The Governing Body RECEIVED and NOTED the Month 8 Finance and Savings report.**	
GBP/1920/189	**Quality and Performance Committee Assurance Report – 19 December 2019** GO presented the paper in Dr Buk Dhadda's absence. GO reassured the Governing Body that all areas around quality and performance are scrutinised in detail. GO took the paper as read and invited questions. CC asked about the recovery plans for Cancer and asked for assurance that these were given a level of scrutiny. GO confirmed that these had been looked at in detail on an individual basis, and representatives from UHDB had attended and presented at deep dives. The CCG was not an outlier nationally. It was acknowledged that there was still work to be done as there was concern around the figures provided from UHDB in terms of how they are counted. ZJ provided assurance at an organisational level. UHDB had a draft recovery action plan, which has been circulated throughout the system and an Executive Cancer Programme Board has now been established to ensure there is scrutiny and leadership around the recovery plan. This will be formally ratified and lead to clear accountability. CC asked whether they would report through the system to Quality and Performance Group. BS confirmed that is the proposal and will be brought to the next Joined Up Care Derbyshire Board. **The Governing Body NOTED and RECEIVED the Quality and Performance Committee Assurance Report.**	
GBP/1920/191	**Engagement Committee Assurance Report – 4 December 2019** Martin Whittle (MW) presented the Engagement Committee report and highlighted the following areas: 1. Underline Wound Care Following a presentation earlier in the year on the implementation of the new wound care pathway across Derbyshire, the Engagement Committee had received an update on progress and impact. Of the 21 Friends and Family Test forms completed about the service, 17 of those were extremely likely to recommend; three were likely; and one was neither likely nor unlikely. There was still a capacity and demand issue in Derbyshire and work is ongoing to develop an interim model. 2. Underline Engagement in Belper The Committee received a briefing on the plans to conduct further engagement with people in Belper following a change of location of the proposed new health development in the town. Engagement Committee were assured that there had been sufficient staff and community briefings.	

	3. Citizens Panel The results from the first official survey held through the Citizens Panel were presented to the Committee. The survey related to Online Access to Health Services and produced some interesting insights including showing that older users were positive about engaging digitally. Dr Merryl Watkins (MWa) acknowledged the work by the CCG in regards to wound care and the quality of the work in the city. However she queried whether the patients were asked how long they were waiting to get an appointment and to get treated. CC queried whether the Quality and Performance Committee had looked at this issue and how they were addressing this challenge. ZJ confirmed that the conversation had taken place at Clinical and Lay Commissioning Committee (CLCC) but this will be included in the reporting going forward. The conversation at CLCC was around addressing the clinical issues as well as the contractual side. It had been agreed through the contracting conversation of 2019/20 that wound care would be provided. In terms of Derbyshire results were very positive. There had been a number of issues with practices within the city which included capacity and estates. There are still challenges and it will take some time to rectify permanently however there is a transition plan in place and agreements have been made contractually. MW agreed that it now needed to move from Engagement Committee to Quality and Performance Committee as the patient experience issues have been addressed. MWa said that this had addressed her concerns, however it was the patient who was at the heart of the matter. There was funding coming to Primary Care and that was welcome but again there was an issue around staffing and estates. If nurses are appointed from within the system, it will leave a shortage, and this will affect the savings plan. SL provided assurance that he was working with ZJ and the Primary Care team; and had raised the challenge with the Medical Director of Derbyshire Community Health Services to recognise complex wound care with an ambition that no patient has to wait more than a maximum of 2 weeks. The focus is on the most complex of wounds, and ensuring that when GPs are asked to manage wound care they have the capacity and ability to do this. GO also acknowledged the work already done and provided assurance that this has been picked up by Quality and Performance Committee. In terms of Derbyshire the feedback has been encouraging and the issues are within the city. **The Governing Body RECEIVED and NOTED the report.**	
GBP/1920/ 192	**Primary Care Commissioning Committee Assurance Report – 18 December 2019** GO presented this report as Professor Ian Shaw had been absent. She highlighted the following:	

	Overseal Surgery	
	Overseal Surgery is in the process of closing due to the retirement of the practice doctor. The letter sent to patients was excellent, and made the reasons for closure clear.	
	The closure demonstrates the precarious position GP surgeries are in. It has been closed in the most orderly fashion it can be with patients transferred to surrounding practices.	
	It was noted that there were lessons to be learned and that providing support to General Practices would be led by the PCNs going forward.	
	AM stated that it was reassuring that the transfer of patients had been managed effectively and asked whether there were any lessons to be learned regarding the transfer mechanisms. However, as the practice had not actually closed, any lessons learnt would be done after the final patients have transferred. Early indications were that it had been well managed and was unavoidable.	
	AB checked whether the practices who received new patients had had their capacity fully assessed. GO confirmed that there were still questions as this was an ongoing process and there was an ongoing dialogue taking place.	
	PB made Governing Body aware that the Overseal Surgery had been operating single handed for some time and was unable to obtain support from other practices, due to limited resources across all Derbyshire practices. MWa also agreed with this comment.	
	SL thanked the Governing Body for their input. Even though this was a small practice, the resource from the Primary Care team into resolving and understanding the issues had been inordinate. Unfortunately list dispersal was the only viable issue, which had been complicated as the area is on a border. The list dispersal will be completed by 31st January 2020. He reiterated that it was not just small practices that were vulnerable, and development of PCNs will aim to give operational support to all practices.	
	GO queried whether the wider PCN and system have helped this practice with succession planning but stated that the CCG had given a suitable amount of support with this issue.	
	The Governing Body NOTED the Primary Care Commissioning Committee Assurance Report.	
GBP/1920/ 193	**Risk Register Report – 31st December 2019**	
	Helen Dillistone (HD) presented the Risk Register Report. The following was noted:	
	• No risks have increased in score since the last Governing Body meeting.	
	• No risks have decreased in score since the last Governing Body meeting.	

	• Two risks have been closed since the last report :– Risk 033 – Lack of engagement in Derbyshire STP refresh in 2019 – The Engagement Committee reviewed this risk at its meeting on 4 December and agreed to close the risk now that the STP Plan Refresh has been submitted. Risk 035 – The current Gamete Storage policy does not include provision for gamete storage for transgender patients. Transgender is a protected characteristic and under the Equality Act should not be discriminated against. CLCC ratified the policy on 14th November, which included the protected characteristic. The policy has been uploaded to the website, PALS have been informed and suitable engagement planned. **The Governing Body NOTED the report and APPROVED the closure of Risk 033 and Risk 035.**	
GBP/1920/ 194	**Joined Up Care Board Update Report – December 2019** CC presented the report from the Joined Up Care Board. A general governance review is underway following the appointment of the new Chair, John MacDonald. CC reiterated the importance of the Quality and Performance Group reviewing the challenges across the system. CC noted that there has already been comment in this meeting with regards to the finances of the CCG as a sovereign organisation, but that the financial position detailed in this report is in regards to the system. The report reiterates that there is a strong winter plan which takes a joined up approach, and includes the commitments to work through a new form of regulation. Dean Wallace (DW) added that the paper that had been sighted by Governing Body in November was presented at the meeting and had been well received. **The Governing Body NOTED the Joined Up Care Board Update.**	
GBP/1920/ 195	**Derby Special Education Needs Inspection (SEND) Written Statement of Action** ZJ stated that due to the limitations in place due to purdah this was being brought back to Governing Body to ensure a full discussion had taken placed. Following a SEND inspection in the city in June 2019, a written Statement of Action was required from the CCG and LA. This has been published and accepted by Ofsted and the Care Quality Commission. There are detailed plans that sit behind the statement of action to ensure that key areas identified as areas of improvement were covered. As well as the action plans, strengthened governance has also been	

	actioned, with a new SEND Board, an independent chair and parent representation. Improvements are expected quickly and systematically. **The Governing Body NOTED the Derby Special Education Needs Inspection (SEND) Written Statement of Action.**	
GBP/1920/196	**Ratified Minutes of Corporate Committees:** • Audit Committee – 19 September 2019 • Governance Committee – 12 September 2019 • Engagement Committee – 2 October 2019, 6 November 2019 • Primary Care Commissioning Committee – 27 November 2019 • Quality and Performance Committee – 28 November 2019 **The Governing Body RECEIVED and NOTED the minutes of the Corporate Committees**	
GBP/1920/197	**Minutes of the Joined Up Care Derbyshire Board Meeting – October and November 2019** **The minutes of the Joined Up Care Derbyshire Board Meeting were NOTED by the Governing Body.**	
GBP/1920/198	**South Yorkshire & Bassetlaw Integrated Care System (ICS) Health Executive Group – November 2019** These will continue to be brought to this meeting to ensure full sight on any issues that may directly affect the Derbyshire system due to its close proximity. **Governing Body NOTED the minutes of this meeting.**	
GBP/1920/199	**Minutes of the Governing Body meeting held on 5 December 2019** The minutes were agreed as a true and accurate record	
GBP/1920/200	**Matters Arising / Action Log** The action log will be updated and amended accordingly.	
GBP/1920/201	**Any Other Business** Dr Greg Strachan raised the issue of date clashes between the Governing Body meeting and the Derbyshire Health and Wellbeing Boards. HD acknowledged this and this has been raised with Dean Wallace. Consideration would be made as to how to ensure there was senior CCG representation at the Health and Wellbeing boards at Director level.	
DATE AND TIME OF NEXT MEETING Thursday 6 February 2020 – 9.15am – Conference Room, Toll Bar House, Ilkeston, DE7 5FH		

Signed by: ……………………………………………….   Dated: …………………
                      (Chair)

NHS
Derby and Derbyshire
Clinical Commissioning Group

GOVERNING BODY MEETING IN PUBLIC
ACTION SHEET – January 2020 meeting in public

Item / Minute No.	Action Proposed	Lead	Action Required	Action still to be taken	Due Date
2019/20 Actions					
GBP/1920/170	Quality and Performance Committee Assurance Report	Dr Buk Dhadda/ Brigid Stacey	The Transforming Care Partnership Update will be brought back to the Governing Body as a singular item.		March 2020
GBP/1920/170	Quality and Performance Committee Assurance Report	Dr Buk Dhadda/ Brigid Stacey	Align Quality and performance Committee meetings so that papers are available and relevant to the GB to enable them to have prior sight.	The Q&P Committee have agreed that the timing of Committee cannot be realigned due to the timing of receiving data and activity for the Q&P report. Processes have been established to include an additional report from the Committee to cover any gaps.	Item complete
GBP/1920/184	Chair's Report	Helen Dillistone	A further detailed report with regards to workforce will be included on the Governing Body agenda.	To be added to the forward plan	Item complete
GBP/1920/185	Chief Executive Officer's Report	Dr Steve Lloyd	The draft PCN DES will be presented at the February confidential session of the Governing Body. Dr Lloyd/Dr Bhatia to meet following the PCN Leadership	On February agenda	Item complete

			team meeting to confirm feedback to the Governing Body.		

Derby and Derbyshire CCG Governing Body Forward Planner 2019/20

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM/ ISSUE												
WELCOME/ APOLOGIES												
Welcome/ Apologies and Quoracy	X	X	X	X	X	X	X	X	X	X	X	X
Questions from the Public	X	X	X	X	X	X	X	X	X	X	X	X
Declarations of Interest Register of Interest Summary register of interest declared during the meeting Glossary	X	X	X	X	X	X	X	X	X	X	X	X
CHAIR AND CHIEF OFFICERS REPORT												
Chair's Report	X	X	X	X	X	X	X	X	X	X	X	X
Chief Executive Officers Report	X	X	X	X	X	X	X	X	X	X	X	X
FOR DECISION												
Affirmation of Corporate Governance Responsibilities								X				
Constitution and Committee Terms of References	X											
DCHS Investment Case								X				
EPRR Framework and EPRR Standards											X	
Discharge pathways at Erewash												X
PLACE Phase 2 Investment Case							X					
Lighthouse Consultation Update											X	
FOR DISCUSSION												
360 Stakeholder Survey												X
Derby SEND Written Statement of Action											✓	
CORPORATE ASSURANCE												
Finance and QIPP Report	X	X	X	X	X	X	X	X	X	X	X	X
Finance Committee Assurance report	X	X	X	X	X	X	X	X	X	X	X	X
Quality and Performance Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM/ ISSUE												
• Quality & Performance Report												
• Serious Incidents												
• Never Events												
Governance Committee Assurance Report												
• Business Continuity and EPRR												
• Complaints												
• Conflicts of Interest												
• Freedom of Information	X		X		X		X		X		X	
• Health & Safety												
• Human Resources												
• Information Governance												
• Procurement												
Audit Committee Assurance Report	X	X	X				X		X		X	
Engagement Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Clinical and Lay Commissioning Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee Assurance Report		X		X		X		X	X		X	
Primary Care Commissioning Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Risk Register Exception Report	X	X	X	X	X	X	X	X	X	X	X	X
Governing Body Assurance Framework	X			X				X		X		X
Strategic Risks and Strategic Objectives												
Workforce Report Quarter 1, 2, 3 & 4				X				X				X
Annual Report and Accounts and AGM			X			X						
Audit Committee Annual Report				X								
FOR INFORMATION												
Director of Public Health Annual Report						X						
Minutes of Corporate Committees												
Audit Committee	X	X				X		X		X		X
Clinical & Lay Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X

AGENDA ITEM/ ISSUE	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Engagement Committee	X	X	X	X	X	X	X	X		X	X	X
Finance Committee	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee		X		X		X					X	
Primary Care Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X
Quality and Performance Committee	X	X	X	X	X	X	X	X	X	X	X	X
Minutes of Health and Wellbeing Board Derby City+	X		X		X		X		X		X	
Minutes of Health and Wellbeing Board Derbyshire County*							X (Jul)			X (Oct)	X	
Minutes of STP Joined Up Care Board	X	X	X	X	X	X	X	X		X	X	X
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETNGS												
Minutes of the Governing Body	X	X	X	X	X	X	X	X	X	X	X	X
Matters arising and Action log	X	X	X	X	X	X	X	X	X	X	X	X
ANY OTHER BUSINESS												

+Meetings are on 14 Nov 19, 16 Jan 20, 19 Mar 20 and 14 May 20

https://cmis.derby.gov.uk/cmis5/Committees/tabid/101/ctl/ViewCMIS_CommitteeDetails/mid/550/id/1931/Default.aspx

*Meetings are on 3 Oct 19, 30 Jan 20 and 2 Apr 20

https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=175&Year=0