NHS
Kirklees
Clinical Commissioning Group

Governing Body
10.00 am – 1.30 pm, Wednesday 14 April 2021
Held via video conferencing

Agenda

Members			**Apologies**
Dr Khalid Naeem	(KN)	GP Member for Batley and Birstall and Clinical Chair	-
Dr Razwan Ali	(RA)	GP Member for Tolson and Vice-Clinical Chair	-
Dr Omar Akhtar	(OA)	GP Member for Viaduct	-
Ian Currell	(IC)	Chief Finance Officer	-
Dr Muhammad Dadibhai	(MD)	GP Member for Three Centres	-
Dr Ramesh Edara	(RE)	Other Primary Care Professional Practice Member	-
Dr Nadeem Ghafoor	(NG)	GP Member for Dewsbury and Thornhill	-
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement	-
Dr Iqbal Khan	(IK)	GP Member for Greenwood	-
Dr Yasar Mahmood	(YM)	GP Member for Spen	-
Carol McKenna	(CM)	Chief Officer	-
Dr Steve Ollerton	(SO)	GP Member for Mast	-
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (Deputy Chair)	-
Dr Deven Vani	(DV)	Secondary Care Specialist	-
Penny Woodhead	(PW)	Chief Quality and Nursing Officer	-
Martin Wright	(MW)	Lay Member: Audit and Governance	-
Mahmood Yaqoob	(MY)	Other Primary Care Professional Practice Member	-
Vacancy	-	GP Member for Valleys	-
In Attendance			
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager	-
Rachel Carter	(RC)	Programme Manager – CCG Development	-
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery	-
Laura Ellis	(LE)	Head of Corporate Governance	-
Lindsay Greenhalgh	(LG)	Head of Medicines Management	-
Siobhan Jones	(SJ)	Head of Communications and Engagement	-
Jenna McGuinness	(JM)	HR Manager, NECS	-
Alison Needham	(AN)	Head of Finance	-
Richard Parry	(RP)	Strategic Director for Adults and Health, Kirklees Council	✓
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council (substitute for Director of Public Health)	-
Martin Pursey	(MP)	Head of Contracting and Procurement	-
Catherine Wormstone	(CW)	Head of Primary Care Strategic Commissioning	-

ITEM	Time	By	Page
1. Welcome and introductions - To open the meeting with introductions.	10.00	KN	-
2. Vision and Values - The Vision and Values are attached for reference.	-	KN	005
3. Apologies and Declarations of Interest - To note and record any apologies. - Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion.	-	KN	-
4. Minutes from the Last Meeting of GH and NK CCG Governing Bodies • **Greater Huddersfield CCG Governing Body – 10 February 2021** • **North Kirklees CCG Governing Body – 10 February 2021** - To review the minutes.	10.10	KN	006
5. Questions from Members of the Public - The relevant guidance is attached for reference.	10.15	KN	036
6. Patient Story - To share a patient's experience of healthcare. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	10.30	PW	-

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

ITEM	Time	By	Page
7. Governance Handbook - Documents - To approve the following documentation:- • Committee Terms of Reference • Scheme of Reservation and Delegation • Prime Financial Policies • Standing Financial Instructions • Conflicts of Interest Policy • Standards of Business Conduct Policy **Contact:** Laura Ellis – Head of Corporate Governance	10.45	LE	037
8. CCG Policies Delegation - To approve the delegation of the approval of policies. **Contact:** Laura Ellis – Head of Corporate Governance	11.00	LE	221
9. CCG Policies Approval - To approve the following policies:- • Individual Funding Requests Policy • Access to Infertility Treatment Policy • Rebate Scheme Policy • GB Member and Co-optee Expenses Policy **Contact:** Laura Ellis – Head of Corporate Governance	11.10	LE	227
10. 2019-20 Mental Health Investment Standard Achievement - To approve the management representation letters. **Contact:** Ian Currell, Chief Finance Officer	11.25	IC	382
11. Targeted Lung Health Checks Radiology and Respiratory Service – Award of Contract - To approve the award of contract. **Contact:** Martin Pursey, Head of Contracting and Procurement	11.35	MP	388

BREAK: 11.45 – 12.00

ROUTINE REPORTS

ITEM	Time	By	Page
12. Chair's and Chief Officer's Report - To receive the report. **Contact:** Carol McKenna, Chief Officer	12.00	CM	396
13. Finance and Contracting Update - To consider the report. **Contact:** Ian Currell, Chief Finance Officer	12.05	IC	400
14. Quality and Safety Report and Quality Dashboard - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	12.20	PW	415
15. Performance Report against Key Performance Indicators for 2020/21 - To receive the update and consider any issues raised. **Contact:** Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager	12.35	NA	448

ITEMS FOR INFORMATION

ITEM	Time	By	Page
16. Governing Body Work Plan - To review the work plan. **Contact:** Laura Ellis, Head of Corporate Governance	12.45	LE	489
17. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-
18. Date and Time of Next Meeting The next meeting of the Governing Body will be held at 10.30 am on Wednesday 9 June 2021 via video conferencing.	-	KN	-

The Governing Body is recommended to make the following resolution:

"That the press and public be excluded from the meeting during the consideration of the remaining items of business as they contain confidential information as set out in the criteria published on the CCG's website, and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information."

ITEM	Time	By	Page
19. Declarations of Interest (private session) - To declare any interests arising from matters under discussion.	12.50	KN	-
20. Minutes from the Last Meeting of GH and NK CCG Governing Bodies (private sessions) • **Greater Huddersfield CCG Governing Body – 10 February 2021** • **North Kirklees CCG Governing Body – 10 February 2021** - To review the minutes.	-	KN	To follow

ROUTINE REPORTS

ITEM	Time	By	Page
21. Private Quality and Safety Report - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	12.55	PW	491

ITEMS FOR INFORMATION

ITEM	Time	By	Page
22. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

ITEM	Time	By	Page
23. Governing Body Member Terms of Engagement and Remuneration (a) Accountable Officer (b) Chief Finance Officer (c) Lay Members (d) Clinical Chair (e) GP Members (f) Other Primary Care Professionals - To approve the terms of engagement and remuneration. **Contact:** Jenna McGuinness, HR Manager, NECS	13.05	JM	To follow

Meeting close

NHS Kirklees Clinical Commissioning Group Vision and Values

Vision

No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.

Values

Working Together for Patients
Respect and Dignity
Everyone Counts
Compassion
Improving Lives
Commitment to Quality of Care

Minutes of the NHS Greater Huddersfield CCG
Governing Body Meeting (Public Session)
(held as committees in common with the NHS North Kirklees CCG Governing Body)
held at 10.00 am on Wednesday 10 February 2021
Held via video conferencing

Governing Body Members Present:

Dr Steve Ollerton	(SO)	CCG Clinical Leader
Dr Razwan Ali	(RA)	GP Practice Representative
Jenny Cullearn	(JC)	Practice Manager Practice Representative
Ian Currell	(ICu)	Chief Finance Officer
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Carol McKenna	(CM)	Chief Officer
Dr Amjid Rehman	(AR)	GP Practice Representative
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (Vice Chair)
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance

In Attendance:

Dr Khalid Naeem	(KN)	NK Clinical Chair (Chair of meeting)
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager (minute 114)
Rachel Carter	(RC)	Programme Manager – CCG Development
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Dr Nadeem Ghafoor	(NG)	NK GP Practice Representative
Siobhan Jones	(SJ)	Head of Communications
Dr David Kelly	(DK)	NK GP Practice Representative
Dr Yasar Mahmood	(YM)	NK GP Practice Representative
Sarah Mackenzie-Cooper	(SM)	Equality and Diversity Manager (minute 109)
Jenna McGuinness	(JMc)	HR Manager, NECS (minute 115)
Julie Pieske	(JP)	NK Advanced Nurse Practitioner Practice Representative
Martin Pursey	(MP)	Head of Contracting and Procurement
Sarah Sowden	(SS)	NK Advanced Nurse Practitioner Practice Representative
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning

Apologies:

Lindsay Greenhalgh	(LG)	Head of Medicines Management
Richard Parry	(RP)	Strategic Director for Adults and Health, Kirklees Council
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council

DRAFT

Minutes:

Nick Lamper	(NL)	Governance Manager (Corporate Governance and Risk)

One member of the public joined the meeting, along with some members of CCG staff.

101 Welcome and Introductions

KN, as chair of the meeting, welcomed everyone to the meeting.

102 Vision, Values and Behaviours

The GH Vision and Values and NK Values and Behaviours were submitted for reference.

103 Apologies and Declarations of Interest

Apologies were received as detailed above.

In respect of the minutes of previous meetings (minute 104) it was noted that a number of individuals had been conflicted and excluded from various items at those meetings. As the minutes were for approval only, it was expected to be able to manage this without needing to take any further action to manage the conflicts. If there were to be any discussion on areas in which individuals were conflicted, that would be managed in the meeting.

In respect of Future CCG Configuration (minute 108), all members of the Governing Bodies would be affected by the merger, and this conflict was recognised. However, as the boards of the outgoing CCGs, it was entirely appropriate to be receiving updates and no further action needed to be taken to manage this conflict.

In respect of receipt of minutes (minute 117), there were a number of sets of minutes where individuals had been conflicted on certain items. This would be noted, but no further action would be needed as these were being received for information and assurance only.

104 Accuracy of Minutes from 30 September and 9 December 2020, Matters Arising and Action Log

Greater Huddersfield CCG

Minutes

The minutes of the meetings held on 30 September and 9 December 2020 were **APPROVED** as correct records.

Matters Arising

There were no matters arising.

Action Log

88(a) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ to ascertain how TikTok was utilised in the research.* SJ reported that she was due to meet with Healthwatch later in the week and would provide the response following that meeting. **CLOSED**

88(b) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ/CW to ensure findings are disseminated to colleagues on Primary Care.* CW reported that the information had been circulated with the bulletin to practices, but would also be followed up on practice visits. **CLOSED**

93 – Finance and Contracting Report – *ICu to arrange for the financial position to be discussed at a development session before the February meeting of the Governing Bodies.* ICu reported that the planning and contracting process had been paused by NHS England and it was expected that the process for Quarter 1 would be the roll-over of existing contracts. When arrangements for the following year were confirmed (it was anticipated that guidance would be issued only in March), he would be happy to hold a session if this would be helpful. **CLOSED**

North Kirklees CCG

Minutes

The minutes of the meetings held on 30 September and 9 December 2020 were **APPROVED** as correct records.

Matters Arising

There were no matters arising.

Action Log

88(a) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ to ascertain how TikTok was utilised in the research.* SJ reported that she was due to meet with Healthwatch later in the week and would provide the response following that meeting. **CLOSED**

88(b) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ/CW to ensure findings are*

disseminated to colleagues on Primary Care. CW reported that the information had been circulated with the bulletin to practices, but would also be followed up on practice visits. **CLOSED**

93 – Finance and Contracting Report – *ICu to arrange for the financial position to be discussed at a development session before the February meeting of the Governing Bodies.* ICu reported that the planning and contracting process had been paused by NHS England and it was expected that the process for Quarter 1 would be the roll-over of existing contracts. When arrangements for the following year were confirmed (it was anticipated that guidance would be issued only in March), he would be happy to hold a session if this would be helpful. **CLOSED**

105 Questions from Members of the Public

Published guidance on *Asking Questions at Meetings of the Governing Bodies* was submitted for reference.

No questions had been submitted in advance or were raised at the meeting.

106 Patient Story

PW undertook a presentation and presented three videos on the COVID-19 vaccination activity taking place in Kirklees and surrounding areas. The videos featured a Batley GP receiving his vaccination and helping to dispel some myths about the vaccine with a clear message that it was safe and effective, a recently-vaccinated patient from Calderdale encouraging everyone to get vaccinated, and the visit of the Prime Minister to the Al Hikmah Centre in Batley and his praise of the great work going on in the local community.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** and **NOTED** the content of the presentation and videos.

107 COVID-19 Update – CCG Response

CM undertook a presentation providing an update on the CCGs' response to COVID-19, concentrating on the provision of the COVID Vaccination Enhanced Service being provided across Kirklees.

KN commented on how practices and Primary Care Networks had come together and worked collaboratively, expressed his admiration for Primary Care colleagues and thanked the two GP Federations for their role.

PW talked about the health inequalities aspect of the programme and the need to understand the data and community conversations, the reasons why some people were declining vaccinations and the additional actions which needed to be taken. She noted by way of an example that Blackburn with Darwen had been categorising those declining into those refusing, those who did not attend, those who had not yet booked, and those who were unable to book, with the intention of revisiting each category as appropriate.

CW added that feedback from patients had shown their appreciation of the professionalism and amazing effort of those providing the service.

SO commented on the importance of picking up those qualifying who had not yet been vaccinated, and praised the co-ordination of resources from NHS professionals, St John Ambulance and Local Care Direct, among others.

BH advised that feedback she had received from patient groups had been positive and indicated that the process was quick and straight forward. She asked about the role of community champions and CW confirmed that these were being linked up with where this could help and the practices were now starting to vaccinate the housebound.

RA noted that one vaccination centre in Calderdale was located in a mosque; he added that he understood that some health and social care staff had been refusing vaccines.

NG described the activity as amazing work from the onset, including the assessment centres. He praised the way women had stepped up in some communities but had concern now for some of the young women. He saw a need to take a standardised, informative approach.

Referring to care workers, PW advised that the CCGs were actively involved in those conversations with local authority staff. Monitoring was taking place twice weekly on uptake of vaccination among care home staff, and the uptake of COVID vaccines had been higher than that for other vaccines. Every care home had received a telephone call in the previous week and a multi-layer strategy was in place to pick up conversations with individuals.

JP remarked that the activity would be continuing through to the summer, with second doses, a “mop-up”, and then probably boosters in the autumn.

A member of the public asked whether he could contribute, and was invited by the Chair to do so. He recounted how he had been vaccinated at the Al Hikmah Centre and had asked whether his wife, who was his carer, could be vaccinated at

the same time. At first this had been refused, but then she had been given a vaccination.

KN explained the need to follow NHS England guidelines, but these had been reconsidered and some of those refused would be recalled. SO added that over 90% of deaths had occurred in the top four cohorts and there had only been enough vaccine available to vaccinate those cohorts in the first six weeks. Going forward, more vaccine would be available.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the information provided and the latest position.

108 Future CCG Configuration

All members of the Governing Bodies were affected by the merger, and this conflict was recognised. However, as the boards of the outgoing CCGs, it was entirely appropriate to be receiving updates and no further action needed to be taken to manage this conflict.

RC presented a report updating the Governing Bodies on the process for merger up to and beyond 1 April 2021, and providing assurance that all tasks essential to the establishment of NHS Kirklees CCG, and disestablishment of NHS Greater Huddersfield CCG and NHS North Kirklees CCG, were being appropriately managed.

RC outlined progress in relation to the TUPE transfer, property transfer (including assets, liabilities and contracts), and due diligence processes. She explained that the public engagement process had closed on 31 January but feedback continued to be gathered through the Community Voices initiative. The majority had been supportive, although there had been some concern that the new organisation may be perceived as Huddersfield-centric.

There would be a refreshed communications and engagement strategy for the new organisation.

RC invited the Governing Bodies to acknowledge the additional work pressure and commitment being experienced by some teams.

KN noted that the new CCG would initially adopt the Kirklees health and well-being vision, which the existing CCGs were already committed to, as its new vision. Work would then take place within the new CCG to personalise this vision for the new organisation. Similarly, the new CCG would initially adopt the NHS Constitution values.

The Greater Huddersfield and North Kirklees Governing Bodies:-

- were **ASSURED** that all tasks essential to the establishment of NHS Kirklees CCG, and disestablishment of NHS Greater Huddersfield CCG and NHS North Kirklees CCG, from 1 April 2021 were being appropriately managed; and
- **NOTED** the additional workload associated with the merger that had been supported by member practices and by CCG staff at a time of exceptional pressures in response to the COVID-19 pandemic.

The meeting was adjourned for a break at 11.10 am and reconvened at 11.15 am.

SM joined the meeting.

109 Public Sector Equality Duty Report 2021

PW and SM presented a report providing an annual update of activity undertaken to embed equality within the organisations and their activities. The equality agenda was critical to the organisations' success and was reinforced by their visions and values. The CCGs worked to understand the communities they served and make better decisions ensuring that the services they planned and bought met the needs of the population of Kirklees. The report provided evidence of compliance with the Public Sector Equality Duty (PSED) and demonstrated the CCGs' commitment to equality and inclusion.

AR raised the importance of understanding the impact of social deprivation and how its levels varied widely across different areas. SM acknowledged this and advised that the Equality Impact Assessment process did take account of social deprivation.

SS expressed surprise at the relatively high levels of children with Special Educational Needs or Disability compared to the national average, and SO was surprised that as many as 22% of births were to people themselves born outside of the UK.

CM was interested in the degree to which the make-up of staff was reflected in the senior leadership team and the Governing Body for the existing and new CCGs, and BH suggested that the equality data should have a role in developing the vision and values of the new organisation.

The Greater Huddersfield and North Kirklees Governing Bodies **APPROVED** the Public Sector Equality Duty Report 2021 for publication to meet the 31 March 2021 deadline.

SM left the meeting.

110 Provision of an External Auditor Service – Procurement Update

MP presented a report to provide assurance to the Governing Bodies in respect of the robust tender process, evaluation and recommendation for the appointment of a provider of the External Audit Service for NHS Greater Huddersfield and North Kirklees in conjunction with Bradford District and Craven, Leeds and Wakefield CCGs. The report presented the recommendations of the Auditor Panel to approve the contract award to the identified bidder for the service, and provided details of the next steps in terms of contract award and mobilisation of the service.

KN asked whether money would be saved on the service due to the merger and MP confirmed that the cost for the two existing CCGs was around £123k whereas for the successor CCG it would be in the region of £75k.

MW advised that most audit firms nationally were not interested in providing public sector work, and confirmed that the Auditor Panel had reviewed the procurement process.

ICu added that the procurement had been undertaken with the rest of the West Yorkshire CCGs partly to get the same auditor in place across those organisations.

The Greater Huddersfield and North Kirklees Governing Bodies:-

- **NOTED** the process undertaken and **CONFIRMED** their confidence that a robust process had been followed for selecting the provider for the External Audit Service;
- **RECEIVED** the recommendation of the Auditor Panel; and
- **APPROVED** the contract award to be made to the recommended provider.

111 Chief Officer and Clinical Leaders' Report

CM presented a report providing an update on the following issue:-

- CCGs' response to NHS England and Improvement proposals for "Integrating care: Next steps to building strong and effective integrated care systems across England"

She advised that the publication of the forthcoming White Paper was expected in the next day or so, although a widely-circulated leaked version appeared to maintain the direction of travel of the NHS England and Improvement proposals.

There appeared to be a move towards more central government control and less independence for NHS organisations, and KN described it as a review of the command and control structure. NG suggested that place-based unity would allow more influence over what happened at ICS level.

CM advised that the Kirklees Integrated Health and Care Leadership Board would be looking at the proposals in more detail at its March meeting and HT spoke of the importance of being mindful of the impact on senior staff.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** the report and **NOTED** its content.

112 Finance and Contracting Update

ICu presented a report providing an update on the financial position of the CCGs as at December 2020 (month 9) and the key messages in respect to the contracts held by the CCGs as at November 2020 (month 8).

ICu recapped on the financial regimes which had been in place during 2020/21 and led the Governing Bodies through section 2 of the report, which contained the latest forecasts for the CCGs, sections 3 and 4, outlining the allocations received in respect of each, and section 5, containing tables setting out the current position. He advised that, when allocations returned to a population-based formula, the NK deficit would still be there.

MP presented the key messages from the Contracting part of the report.

SO described the report as fine and the position as good, but saw the current year as metaphorically throwing cards up in the air and not knowing where they would fall the following year. He suggested that 2021/22 may be spent entirely catching up with things which had not been done in 2020/21.

ICu stated that, whatever was at some point agreed as the NHS budget, there would need to be a way of dividing it up across the country. The issue for providers would be staff rather than funding for the catch-up. He expected that the regime would return to the previous CCG formula to some extent.

AR was pleased to hear of the better projections and the ICS risk sharing arrangements, but asked about the relative numbers of employees of each CCG set out in the Workforce Report later in the agenda. ICu advised that the figures in that report related to where staff were hosted, rather than funded. The management costs (and most other budgets) would be aggregated for the new CCG.

RA asked whether the independent sector could help reduce the backlog in acute non-COVID pathology and MP advised that this was being replaced with a framework arrangement and much work would be focussed around the ICS footprint.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED**:-

- The overall financial position of both North Kirklees and Greater Huddersfield CCGs as at December 2020, month 9; and
- The key contracting highlights.

113 Quality and Safety Report and Dashboard

PW presented a report providing the Governing Bodies with an update on progress against recent quality and patient safety activities.

The report included the Quality Dashboard for January 2021, providing quality and safety information for the CCGs' main providers and the following information:-

- LeDeR programme update;
- Ockenden Review – Emerging Findings report;
- Mid Yorkshire Health Trust (MYHT) maternity update;
- Maternity survey of experiences during the COVID pandemic; and
- Looked After Children Annual Report 2019-20.

PW led the Governing Bodies through the key points of the report and JP commented that she had found it interesting and enjoyed reading it.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** the update on recent Quality and Safety information.

The meeting was adjourned for a break at 12.10 pm and reconvened at 12.25 pm.

NA and JMc joined the meeting.

114 Performance Report against Key Performance Indicators for 2020/21

NA presented a report detailing performance at Month 8 against all NHS Constitutional Standards and all Improvement Assessment Framework Indicators, which were set out in appendices to the report.

Standards not achieving the national thresholds were highlighted in the report with details of actions taken to improve/address the underperformance.

The report also highlighted the current impact of COVID-19 and potential risks to performance.

NA led the Governing Bodies through the detail contained within the report.

AR expressed concern at the amount of red on the dashboards and acknowledged that there would be significant challenges post-COVID. He saw the diabetes data as considerably concerning.

NA advised that CHFT was still in the higher quartile for cancer and utilising learning from elsewhere.

In respect of the *Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral* measure, KN noted that CHFT data was excluded. NA explained that this was because they were part of the elective care review; the number of patients waiting was included in the data, but not the percentage performance at speciality level. The same applied to the A&E indicators on the MYHT urgent care review.

SO noted that, in respect of sigmoidoscopies and MRI scans, MYHT were doing better than CHFT; as a whole they were doing well but it was important to learn from others where not.

JP asked whether lots of staff from the trusts had been redeployed; VD confirmed that this was the case across red and green sites but people were now starting to be moved back as hospital numbers were coming down.

PW described the “safety netting” which was being undertaken, keeping people well until they were able to be seen.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the CCGs’ performance against the key outcomes and measures for 2020/21, and **APPROVED** the actions being taken to address areas of over/under performance.

NA left the meeting.

115 Workforce Report

JMc presented a report providing an overview of the CCGs’ workforce as part of the annual update from the period of 1 April to 31 December 2020. The report included detailed information and assurance on matters pertaining to the CCGs’ workforce and the following workforce metrics:-

- Workforce composition

- Staff turnover
- Sickness absence
- Workforce headlines relating to the CCGs workforce

JP asked whether there was information on staff vaccination rates and JMc advised that this data was not held.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** and **NOTED** the content of the CCGs' workforce report update.

JMc left the meeting.

116 High Level Risk Report: Cycle 5 2020/21 (December 2020 – February 2021)

NL presented a report along with the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as at the end of the current risk review cycle (Cycle 5 2020/21).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the CCGs' Risk Registers had been reviewed by SMT and then by the relevant committees of each CCG.

The total numbers of risks during the current cycle, the numbers of new risks and those marked for closure, and the numbers of Critical and Serious Risks in respect of each CCG were set out in the report.

MW asked about the change in score of risks GH 1670 and NK 1671 (the risk of not being able to effectively plan and sufficiently resource the Data Security and Protection Toolkit (DSPT) work programme activities for 2020/21) since their consideration by the Finance, Performance and Contracting Committees, moving them into the high risk category. LE advised that, as a result of the merger programme, there was a requirement now for the work to be undertaken by the end of March rather than June, effectively narrowing the window in which to undertake what would normally be 12 months' work.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** and **NOTED** the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as a true reflection of the CCGs' risk positions (including the adequate reflection of any risks for the CCGs emerging from the Clinical Quality and Contract Management Boards).

117 Receipt of Minutes

The Greater Huddersfield and North Kirklees Governing Bodies **REVIEWED** and **NOTED** minutes from their respective meetings as follows:-

- Kirklees Health and Wellbeing Board – 17 September 2020
- GH Audit Committee – 21 October 2020
- NK Audit Committee – 21 October 2020
- GH Primary Care Commissioning Committee – 28 October 2020
- NK Primary Care Commissioning Committee – 11 November 2020
- GH Quality Committee – 25 November 2020
- NK Quality Committee – 25 November 2020
- GH Quality Committee and Finance, Performance and Contracting Committee "sandwich" meeting – 25 November 2020
- NK Quality Committee and Finance, Performance and Contracting Committee "sandwich" meeting – 25 November 2020
- GH Finance, Performance and Contracting Committee – 25 Nov 2020
- NK Finance, Performance and Contracting Committee – 25 Nov 2020

118 Any Other Business

CM noted that would be the last meeting of the Governing Bodies of the current CCGs and, as the recruitment process to the new CCG was in progress, it was not possible to say which of those current members would be serving on the new Governing Body.

She thanked everyone collectively for the work they had done over the previous eight years, and thanked SO specifically as it was known that this would be his last meeting in the position of CCG Chair. He responded accordingly. KN added that he had particularly enjoyed SO's sense of humour.

119 Date and Time of Next Meeting

It was **NOTED** that the first meeting of the Kirklees CCG Governing Body was provisionally scheduled for 10.30 am on Wednesday 14 April 2021, via video conferencing.

The Governing Bodies then resolved:
"That the press and public be excluded from the meeting during the consideration of the remaining items of business as they contain confidential information as set out in the criteria published on the CCGs' websites, and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information."

The public part of the meeting concluded at 1.10 pm.

Chair's Signature: ..... Date: .....

Minutes of the NHS North Kirklees CCG
Governing Body Meeting (Public Session)
(held as committees in common with the Greater Huddersfield CCG Governing Body)

held at 10.00 am on Wednesday 10 February 2021
Held via video conferencing

Governing Body Members Present:

Dr Khalid Naeem	(KN)	CCG Clinical Chair (Chair of meeting)
Ian Currell	(ICu)	Chief Finance Officer
Dr Nadeem Ghafoor	(NG)	GP Practice Representative
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Dr Yasar Mahmood	(YM)	GP Practice Representative
Dr David Kelly	(DK)	GP Practice Representative
Carol McKenna	(CM)	Chief Officer
Julie Pieske	(JP)	Advanced Nurse Practitioner Practice Representative
Sarah Sowden	(SS)	Advanced Nurse Practitioner Practice Representative
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (Vice Chair)
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance

In Attendance:

Dr Steve Ollerton	(SO)	GH CCG Clinical Leader
Dr Razwan Ali	(RA)	GH GP Practice Representative
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager (minute 114)
Rachel Carter	(RC)	Programme Manager – CCG Development
Jenny Cullearn	(JC)	GH Practice Manager Practice Representative
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Siobhan Jones	(SJ)	Head of Communications and Engagement
Sarah Mackenzie-Cooper	(SM)	Equality and Diversity Manager (minute 109)
Jenna McGuinness	(JMc)	HR Manager, NECS (minute 115)
Martin Pursey	(MP)	Head of Contracting and Procurement
Dr Amjid Rehman	(AR)	GH GP Practice Representative
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning

Apologies:

Lindsay Greenhalgh	(LG)	Head of Medicines Management
Richard Parry	(RP)	Strategic Director for Adults and Health, Kirklees Council
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council

DRAFT

Minutes:

Nick Lamper	(NL)	Governance Manager (Corporate Governance and Risk)

One member of the public joined the meeting, along with some members of CCG staff.

101 Welcome and Introductions

KN, as chair of the meeting, welcomed everyone to the meeting.

102 Vision, Values and Behaviours

The GH Vision and Values and NK Values and Behaviours were submitted for reference.

103 Apologies and Declarations of Interest

Apologies were received as detailed above.

In respect of the minutes of previous meetings (minute 104) it was noted that a number of individuals had been conflicted and excluded from various items at those meetings. As the minutes were for approval only, it was expected to be able to manage this without needing to take any further action to manage the conflicts. If there were to be any discussion on areas in which individuals were conflicted, that would be managed in the meeting.

In respect of Future CCG Configuration (minute 108), all members of the Governing Bodies would be affected by the merger, and this conflict was recognised. However, as the boards of the outgoing CCGs, it was entirely appropriate to be receiving updates and no further action needed to be taken to manage this conflict.

In respect of receipt of minutes (minute 117), there were a number of sets of minutes where individuals had been conflicted on certain items. This would be noted, but no further action would be needed as these were being received for information and assurance only.

104 Accuracy of Minutes from 30 September and 9 December 2020, Matters Arising and Action Log

Greater Huddersfield CCG

Minutes

The minutes of the meetings held on 30 September and 9 December 2020 were **APPROVED** as correct records.

Matters Arising

There were no matters arising.

Action Log

88(a) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ to ascertain how TikTok was utilised in the research.* SJ reported that she was due to meet with Healthwatch later in the week and would provide the response following that meeting. **CLOSED**

88(b) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ/CW to ensure findings are disseminated to colleagues on Primary Care.* CW reported that the information had been circulated with the bulletin to practices, but would also be followed up on practice visits. **CLOSED**

93 – Finance and Contracting Report – *ICu to arrange for the financial position to be discussed at a development session before the February meeting of the Governing Bodies.* ICu reported that the planning and contracting process had been paused by NHS England and it was expected that the process for Quarter 1 would be the roll-over of existing contracts. When arrangements for the following year were confirmed (it was anticipated that guidance would be issued only in March), he would be happy to hold a session if this would be helpful. **CLOSED**

North Kirklees CCG

Minutes

The minutes of the meetings held on 30 September and 9 December 2020 were **APPROVED** as correct records.

Matters Arising

There were no matters arising.

Action Log

88(a) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ to ascertain how TikTok was utilised in the research.* SJ reported that she was due to meet with Healthwatch later in the week and would provide the response following that meeting. **CLOSED**

88(b) – Healthwatch Kirklees – The health and care experiences of people living in Kirklees during the Covid-19 outbreak – *SJ/CW to ensure findings are*

disseminated to colleagues on Primary Care. CW reported that the information had been circulated with the bulletin to practices, but would also be followed up on practice visits. **CLOSED**

93 – Finance and Contracting Report – *ICu to arrange for the financial position to be discussed at a development session before the February meeting of the Governing Bodies.* ICu reported that the planning and contracting process had been paused by NHS England and it was expected that the process for Quarter 1 would be the roll-over of existing contracts. When arrangements for the following year were confirmed (it was anticipated that guidance would be issued only in March), he would be happy to hold a session if this would be helpful. **CLOSED**

105 Questions from Members of the Public

Published guidance on *Asking Questions at Meetings of the Governing Bodies* was submitted for reference.

No questions had been submitted in advance or were raised at the meeting.

106 Patient Story

PW undertook a presentation and presented three videos on the COVID-19 vaccination activity taking place in Kirklees and surrounding areas. The videos featured a Batley GP receiving his vaccination and helping to dispel some myths about the vaccine with a clear message that it was safe and effective, a recently-vaccinated patient from Calderdale encouraging everyone to get vaccinated, and the visit of the Prime Minister to the Al Hikmah Centre in Batley and his praise of the great work going on in the local community.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** and **NOTED** the content of the presentation and videos.

107 COVID-19 Update – CCG Response

CM undertook a presentation providing an update on the CCGs' response to COVID-19, concentrating on the provision of the COVID Vaccination Enhanced Service being provided across Kirklees.

KN commented on how practices and Primary Care Networks had come together and worked collaboratively, expressed his admiration for Primary Care colleagues and thanked the two GP Federations for their role.

PW talked about the health inequalities aspect of the programme and the need to understand the data and community conversations, the reasons why some people were declining vaccinations and the additional actions which needed to be taken. She noted by way of an example that Blackburn with Darwen had been categorising those declining into those refusing, those who did not attend, those who had not yet booked, and those who were unable to book, with the intention of revisiting each category as appropriate.

CW added that feedback from patients had shown their appreciation of the professionalism and amazing effort of those providing the service.

SO commented on the importance of picking up those qualifying who had not yet been vaccinated, and praised the co-ordination of resources from NHS professionals, St John Ambulance and Local Care Direct, among others.

BH advised that feedback she had received from patient groups had been positive and indicated that the process was quick and straight forward. She asked about the role of community champions and CW confirmed that these were being linked up with where this could help and the practices were now starting to vaccinate the housebound.

RA noted that one vaccination centre in Calderdale was located in a mosque; he added that he understood that some health and social care staff had been refusing vaccines.

NG described the activity as amazing work from the onset, including the assessment centres. He praised the way women had stepped up in some communities but had concern now for some of the young women. He saw a need to take a standardised, informative approach.

Referring to care workers, PW advised that the CCGs were actively involved in those conversations with local authority staff. Monitoring was taking place twice weekly on uptake of vaccination among care home staff, and the uptake of COVID vaccines had been higher than that for other vaccines. Every care home had received a telephone call in the previous week and a multi-layer strategy was in place to pick up conversations with individuals.

JP remarked that the activity would be continuing through to the summer, with second doses, a “mop-up”, and then probably boosters in the autumn.

A member of the public asked whether he could contribute, and was invited by the Chair to do so. He recounted how he had been vaccinated at the Al Hikmah Centre and had asked whether his wife, who was his carer, could be vaccinated at

the same time. At first this had been refused, but then she had been given a vaccination.

KN explained the need to follow NHS England guidelines, but these had been reconsidered and some of those refused would be recalled. SO added that over 90% of deaths had occurred in the top four cohorts and there had only been enough vaccine available to vaccinate those cohorts in the first six weeks. Going forward, more vaccine would be available.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the information provided and the latest position.

108 Future CCG Configuration

All members of the Governing Bodies were affected by the merger, and this conflict was recognised. However, as the boards of the outgoing CCGs, it was entirely appropriate to be receiving updates and no further action needed to be taken to manage this conflict.

RC presented a report updating the Governing Bodies on the process for merger up to and beyond 1 April 2021, and providing assurance that all tasks essential to the establishment of NHS Kirklees CCG, and disestablishment of NHS Greater Huddersfield CCG and NHS North Kirklees CCG, were being appropriately managed.

RC outlined progress in relation to the TUPE transfer, property transfer (including assets, liabilities and contracts), and due diligence processes. She explained that the public engagement process had closed on 31 January but feedback continued to be gathered through the Community Voices initiative. The majority had been supportive, although there had been some concern that the new organisation may be perceived as Huddersfield-centric.

There would be a refreshed communications and engagement strategy for the new organisation.

RC invited the Governing Bodies to acknowledge the additional work pressure and commitment being experienced by some teams.

KN noted that the new CCG would initially adopt the Kirklees health and well-being vision, which the existing CCGs were already committed to, as its new vision. Work would then take place within the new CCG to personalise this vision for the new organisation. Similarly, the new CCG would initially adopt the NHS Constitution values.

The Greater Huddersfield and North Kirklees Governing Bodies:-

- were **ASSURED** that all tasks essential to the establishment of NHS Kirklees CCG, and disestablishment of NHS Greater Huddersfield CCG and NHS North Kirklees CCG, from 1 April 2021 were being appropriately managed; and
- **NOTED** the additional workload associated with the merger that had been supported by member practices and by CCG staff at a time of exceptional pressures in response to the COVID-19 pandemic.

The meeting was adjourned for a break at 11.10 am and reconvened at 11.15 am.

SM joined the meeting.

109 Public Sector Equality Duty Report 2021

PW and SM presented a report providing an annual update of activity undertaken to embed equality within the organisations and their activities. The equality agenda was critical to the organisations' success and was reinforced by their visions and values. The CCGs worked to understand the communities they served and make better decisions ensuring that the services they planned and bought met the needs of the population of Kirklees. The report provided evidence of compliance with the Public Sector Equality Duty (PSED) and demonstrated the CCGs' commitment to equality and inclusion.

AR raised the importance of understanding the impact of social deprivation and how its levels varied widely across different areas. SM acknowledged this and advised that the Equality Impact Assessment process did take account of social deprivation.

SS expressed surprise at the relatively high levels of children with Special Educational Needs or Disability compared to the national average, and SO was surprised that as many as 22% of births were to people themselves born outside of the UK.

CM was interested in the degree to which the make-up of staff was reflected in the senior leadership team and the Governing Body for the existing and new CCGs, and BH suggested that the equality data should have a role in developing the vision and values of the new organisation.

The Greater Huddersfield and North Kirklees Governing Bodies **APPROVED** the Public Sector Equality Duty Report 2021 for publication to meet the 31 March 2021 deadline.

SM left the meeting.

110 Provision of an External Auditor Service – Procurement Update

MP presented a report to provide assurance to the Governing Bodies in respect of the robust tender process, evaluation and recommendation for the appointment of a provider of the External Audit Service for NHS Greater Huddersfield and North Kirklees in conjunction with Bradford District and Craven, Leeds and Wakefield CCGs. The report presented the recommendations of the Auditor Panel to approve the contract award to the identified bidder for the service, and provided details of the next steps in terms of contract award and mobilisation of the service.

KN asked whether money would be saved on the service due to the merger and MP confirmed that the cost for the two existing CCGs was around £123k whereas for the successor CCG it would be in the region of £75k.

MW advised that most audit firms nationally were not interested in providing public sector work, and confirmed that the Auditor Panel had reviewed the procurement process.

ICu added that the procurement had been undertaken with the rest of the West Yorkshire CCGs partly to get the same auditor in place across those organisations.

The Greater Huddersfield and North Kirklees Governing Bodies:-

- **NOTED** the process undertaken and **CONFIRMED** their confidence that a robust process had been followed for selecting the provider for the External Audit Service;
- **RECEIVED** the recommendation of the Auditor Panel; and
- **APPROVED** the contract award to be made to the recommended provider.

111 Chief Officer and Clinical Leaders' Report

CM presented a report providing an update on the following issue:-

- CCGs' response to NHS England and Improvement proposals for "Integrating care: Next steps to building strong and effective integrated care systems across England"

She advised that the publication of the forthcoming White Paper was expected in the next day or so, although a widely-circulated leaked version appeared to maintain the direction of travel of the NHS England and Improvement proposals.

There appeared to be a move towards more central government control and less independence for NHS organisations, and KN described it as a review of the command and control structure. NG suggested that place-based unity would allow more influence over what happened at ICS level.

CM advised that the Kirklees Integrated Health and Care Leadership Board would be looking at the proposals in more detail at its March meeting and HT spoke of the importance of being mindful of the impact on senior staff.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** the report and **NOTED** its content.

112 Finance and Contracting Update

ICu presented a report providing an update on the financial position of the CCGs as at December 2020 (month 9) and the key messages in respect to the contracts held by the CCGs as at November 2020 (month 8).

ICu recapped on the financial regimes which had been in place during 2020/21 and led the Governing Bodies through section 2 of the report, which contained the latest forecasts for the CCGs, sections 3 and 4, outlining the allocations received in respect of each, and section 5, containing tables setting out the current position. He advised that, when allocations returned to a population-based formula, the NK deficit would still be there.

MP presented the key messages from the Contracting part of the report.

SO described the report as fine and the position as good, but saw the current year as metaphorically throwing cards up in the air and not knowing where they would fall the following year. He suggested that 2021/22 may be spent entirely catching up with things which had not been done in 2020/21.

ICu stated that, whatever was at some point agreed as the NHS budget, there would need to be a way of dividing it up across the country. The issue for providers would be staff rather than funding for the catch-up. He expected that the regime would return to the previous CCG formula to some extent.

AR was pleased to hear of the better projections and the ICS risk sharing arrangements, but asked about the relative numbers of employees of each CCG set out in the Workforce Report later in the agenda. ICu advised that the figures in that report related to where staff were hosted, rather than funded. The management costs (and most other budgets) would be aggregated for the new CCG.

RA asked whether the independent sector could help reduce the backlog in acute non-COVID pathology and MP advised that this was being replaced with a framework arrangement and much work would be focussed around the ICS footprint.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED**:-

- The overall financial position of both North Kirklees and Greater Huddersfield CCGs as at December 2020, month 9; and
- The key contracting highlights.

113 Quality and Safety Report and Dashboard

PW presented a report providing the Governing Bodies with an update on progress against recent quality and patient safety activities.

The report included the Quality Dashboard for January 2021, providing quality and safety information for the CCGs' main providers and the following information:-

- LeDeR programme update;
- Ockenden Review – Emerging Findings report;
- Mid Yorkshire Health Trust (MYHT) maternity update;
- Maternity survey of experiences during the COVID pandemic; and
- Looked After Children Annual Report 2019-20.

PW led the Governing Bodies through the key points of the report and JP commented that she had found it interesting and enjoyed reading it.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** the update on recent Quality and Safety information.

The meeting was adjourned for a break at 12.10 pm and reconvened at 12.25 pm.

NA and JMc joined the meeting.

114 Performance Report against Key Performance Indicators for 2020/21

NA presented a report detailing performance at Month 8 against all NHS Constitutional Standards and all Improvement Assessment Framework Indicators, which were set out in appendices to the report.

Standards not achieving the national thresholds were highlighted in the report with details of actions taken to improve/address the underperformance.

The report also highlighted the current impact of COVID-19 and potential risks to performance.

NA led the Governing Bodies through the detail contained within the report.

AR expressed concern at the amount of red on the dashboards and acknowledged that there would be significant challenges post-COVID. He saw the diabetes data as considerably concerning.

NA advised that CHFT was still in the higher quartile for cancer and utilising learning from elsewhere.

In respect of the *Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral* measure, KN noted that CHFT data was excluded. NA explained that this was because they were part of the elective care review; the number of patients waiting was included in the data, but not the percentage performance at speciality level. The same applied to the A&E indicators on the MYHT urgent care review.

SO noted that, in respect of sigmoidoscopies and MRI scans, MYHT were doing better than CHFT; as a whole they were doing well but it was important to learn from others where not.

JP asked whether lots of staff from the trusts had been redeployed; VD confirmed that this was the case across red and green sites but people were now starting to be moved back as hospital numbers were coming down.

PW described the “safety netting” which was being undertaken, keeping people well until they were able to be seen.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the CCGs’ performance against the key outcomes and measures for 2020/21, and **APPROVED** the actions being taken to address areas of over/under performance.

NA left the meeting.

115 Workforce Report

JMc presented a report providing an overview of the CCGs’ workforce as part of the annual update from the period of 1 April to 31 December 2020. The report included detailed information and assurance on matters pertaining to the CCGs’ workforce and the following workforce metrics:-

- Workforce composition

- Staff turnover
- Sickness absence
- Workforce headlines relating to the CCGs workforce

JP asked whether there was information on staff vaccination rates and JMc advised that this data was not held.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** and **NOTED** the content of the CCGs' workforce report update.

JMc left the meeting.

116 High Level Risk Report: Cycle 5 2020/21 (December 2020 – February 2021)

NL presented a report along with the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as at the end of the current risk review cycle (Cycle 5 2020/21).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the CCGs' Risk Registers had been reviewed by SMT and then by the relevant committees of each CCG.

The total numbers of risks during the current cycle, the numbers of new risks and those marked for closure, and the numbers of Critical and Serious Risks in respect of each CCG were set out in the report.

MW asked about the change in score of risks GH 1670 and NK 1671 (the risk of not being able to effectively plan and sufficiently resource the Data Security and Protection Toolkit (DSPT) work programme activities for 2020/21) since their consideration by the Finance, Performance and Contracting Committees, moving them into the high risk category. LE advised that, as a result of the merger programme, there was a requirement now for the work to be undertaken by the end of March rather than June, effectively narrowing the window in which to undertake what would normally be 12 months' work.

The Greater Huddersfield and North Kirklees Governing Bodies **RECEIVED** and **NOTED** the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as a true reflection of the CCGs' risk positions (including the adequate reflection of any risks for the CCGs emerging from the Clinical Quality and Contract Management Boards).

117 Receipt of Minutes

The Greater Huddersfield and North Kirklees Governing Bodies **REVIEWED** and **NOTED** minutes from their respective meetings as follows:-

- Kirklees Health and Wellbeing Board – 17 September 2020
- GH Audit Committee – 21 October 2020
- NK Audit Committee – 21 October 2020
- GH Primary Care Commissioning Committee – 28 October 2020
- NK Primary Care Commissioning Committee – 11 November 2020
- GH Quality Committee – 25 November 2020
- NK Quality Committee – 25 November 2020
- GH Quality Committee and Finance, Performance and Contracting Committee "sandwich" meeting – 25 November 2020
- NK Quality Committee and Finance, Performance and Contracting Committee "sandwich" meeting – 25 November 2020
- GH Finance, Performance and Contracting Committee – 25 Nov 2020
- NK Finance, Performance and Contracting Committee – 25 Nov 2020

118 Any Other Business

CM noted that would be the last meeting of the Governing Bodies of the current CCGs and, as the recruitment process to the new CCG was in progress, it was not possible to say which of those current members would be serving on the new Governing Body.

She thanked everyone collectively for the work they had done over the previous eight years, and thanked SO specifically as it was known that this would be his last meeting in the position of CCG Chair. He responded accordingly. KN added that he had particularly enjoyed SO's sense of humour.

119 Date and Time of Next Meeting

It was **NOTED** that the first meeting of the Kirklees CCG Governing Body was provisionally scheduled for 10.30 am on Wednesday 14 April 2021, via video conferencing.

The Governing Bodies then resolved:
"That the press and public be excluded from the meeting during the consideration of the remaining items of business as they contain confidential information as set out in the criteria published on the CCGs' websites, and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information."

The public part of the meeting concluded at 1.10 pm.

Chair's Signature: ..... Date: .....

NHS
Kirklees
Clinical Commissioning Group

Asking Questions at Meetings of the Governing Body

The Governing Body wants to hear the views of the public in relation to the business on its agenda, and members of the public are encouraged to ask questions. A specific section entitled 'Questions from Members of the Public' is included on the agenda at the start of the meeting. A period of 15 minutes is allowed for this purpose.

It is also important to manage the conduct of the meeting effectively, so the following basic rules apply to the participation of the public in the meeting.

1. At the appropriate point on the agenda the Chair will invite questions from members of the public. Whilst it is encouraged that questions relate to the matters under discussion on the agenda, questions on other matters will also be answered.

2. We encourage written questions submitted prior to the meeting as this means we can prepare a fuller answer than we can do live in the meeting itself.

3. Each member of the public is limited to speaking for a maximum of three minutes. This is to ensure that everyone has a reasonable opportunity to do so and that the Governing Body has the opportunity to respond. Where many people wish to speak, the chair may use his/her discretion in limiting the number and length of contributions in the interest of the efficient conduct of business.

4. All questions should be directed to the chair who, where appropriate, may request another member of the Governing Body or officer to reply.

5. Speakers are not required to identify themselves, but may wish to do so where this is relevant to the matter in hand. As a meeting held in public, and with published minutes, the Governing Body will not usually respond to questions about individuals, or discuss individual circumstances. This is to ensure that we respect the confidentiality of individuals. If you have a question about your own circumstances that you would like a response to, then please use the question box at the back of the room and provide your contact details. We will get in touch with you after the meeting.

6. We cannot accept questions about anything while it is under legal investigation or appeal, or about individual CCG employees or Governing Body members.

7. The chair will not allow you to say anything which he/she thinks is improper, including questions or comments of a personal nature. If a question has been answered previously, you will be referred to that response.

8. In the unlikely event that a member of the public interrupts the proceedings, the chair will warn him/her and, if the interruption continues, ask that they leave the meeting.

Name of Meeting	Governing Body	**Meeting Date**	14 April 2021
Title of Report	Governance Handbook - Documents	**Agenda Item No.**	7
Report Author	Laura Ellis, Head of Corporate Governance	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem, Clinical Chair	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary
The NHS England guidance on the new model CCG constitution, references the creation of a governance handbook. The governance handbook pulls together a range of statutory and corporate documents which form the corporate governance framework of the CCG. It should be read alongside the constitution. A number of the documents which will be included in the governance handbook are reserved to the Governing Body for approval, and these are brought for sign off prior to publication.

Previous Considerations

Name of meeting	-	**Meeting Date**	
Name of meeting	-	**Meeting Date**	

Recommendations
It is recommended that the Governing Body **APPROVE** the following documents that form the Governance Handbook: • Audit Committee Terms of Reference • Finance, Performance and Contracting Committee Terms of Reference • Primary Care Commissioning Committee Terms of Reference • Quality Committee Terms of Reference • Remuneration Committee Terms of Reference • Scheme of Reservation and Delegation • Prime Financial Policies • Standing Financial Instructions • Conflicts of Interest Policy • Standards of Business Conduct Policy

Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	None directly arising from this report.

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Equality impact assessments have been undertaken in relation to merger; and in relation to specific policies.
Resources / Financial Implications (including Staffing/Workforce considerations)	None directly arising from this report
Sustainability Implications	None directly arising from this report

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	All	**Risk (include risk number and a brief description of the risk)**	None
Legal / CCG Constitutional Implications	A number of the documents form part of the statutory framework of the CCG.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None

1. Introduction

1.1 The NHS England guidance on the new model CCG constitution, references the creation of a governance handbook. This is not a legal requirement, but is recommended as a useful approach to assist CCGs in building a consistent, clear and accountable corporate approach and will form part of the corporate memory.

1.2 During the merger programme, in drafting the new constitution in line with the NHS England guidance, it was agreed to create a governance handbook for the new CCG.

1.3 The governance handbook essentially pulls together a range of statutory and corporate documents which form the corporate governance framework of the CCG. It should be read alongside the constitution.

1.4 NHS England recommend that the governance handbook be published for transparency and ease of access, and stipulate that it should be simple to keep up to date as a routine reference guide for member practices, staff and the public.

1.5 The specific content and format of the handbook is at the CCG's discretion (with the exception of non-statutory committee terms of reference where these are not contained within the constitution). To assist with keeping the handbook up to date, and recognising that the approval route for various documents within the handbook may lie in different places, it has been determined to create an electronic governance handbook on the CCG's website, where each document will be hyperlinked.

2. Detail

2.1 A number of the documents which will be included in the governance handbook are reserved to the Governing Body for approval. Each of these is set out below, and appended, for the Governing Body's approval.

2.2 Committee Terms of Reference

The CCG has five Governing Body sub-committees, three of which are deemed statutory (Audit Committee, Primary Care Commissioning Committee, and Remuneration Committee) and two which are deemed non-statutory (Finance, Performance and Contracting Committee and Quality Committee). The terms of reference for the statutory committees are included within the CCG Constitution and have been approved as part of the overall document by membership; however as Governing Body sub-committees the approval of the terms of reference does lie with the Governing Body.

2.3 Scheme of Reservation and Delegation (SoRD)

The CCG's SoRD sets out those decisions that are reserved for the CCG membership as a whole and those decisions that have been delegated by the CCG, the Governing Body or other individuals.

2.4 Prime Financial Policies

The Prime Financial Policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the SoRD.

2.5 Standing Financial Instructions (SFIs)

The Standing Financial Instructions provide more detailed support to the Prime Financial Policies, and together form the CCG's financial policies.

2.6 Conflicts of Interest Policy

This policy sets out advice on recognising where and how conflicts of interest arise and managing these within a proper governance framework to ensure that conflicts of interest do not affect, or appear to affect, the integrity of the CCG's decision-making process. The policy establishes how the CCG will ensure that best practice is followed in managing potential conflicts of interest and sets out the safeguards which are put in place by the CCG to ensure transparency, fairness and probity in decision-making.

The predecessor CCG policies were last reviewed in January 2020 and were scheduled for review in January 2021. The new policy was already being developed for the new CCG at that point, so the review was delayed.

The review has included the addition of a section focused on securing clinical input in decision-making, which has also been included in the new CCG's Constitution at the request of members. A number of minor amendments have been made to reflect recent recommendations from Internal Audit to strengthen the signposting to the portal.

2.7 Standards of Business Conduct Policy

This policy sets out the standards of business conduct the CCG expects.

The predecessor CCG policies were last reviewed in October 2020 and were not due for review until October 2022.

The review has not made any significant changes.

3. Next Steps

3.1 Following approval, the Governance Handbook documents will be published on the CCG website at: https://www.kirkleesccg.nhs.uk/resources/key-publications/ccg-constitution-and-governance-handbook. Further corporate governance documents will be added to the online Governance Handbook page, including links to the West Yorkshire & Harrogate Joint Committee of CCGs; the CCG's Council of Members; and roles and responsibilities of Governing Body members.

4. Implications

As set out on the cover page.

5. Recommendations

It is recommended that the Governing Body **APPROVE** the following documents that form the Governance Handbook:

- Audit Committee Terms of Reference
- Finance, Performance and Contracting Committee Terms of Reference
- Primary Care Commissioning Committee Terms of Reference
- Quality Committee Terms of Reference
- Remuneration Committee Terms of Reference
- Scheme of Reservation and Delegation
- Prime Financial Policies
- Standing Financial Instructions
- Conflicts of Interest Policy
- Standards of Business Conduct Policy

6. Appendices

Appendix 1:

a. Audit Committee
b. Finance, Performance & Contracting Committee
c. Primary Care Commissioning Committee
d. Quality Committee
e. Remuneration Committee

Appendix 2 – Scheme of Reservation and Delegation
Appendix 3 – Prime Financial Policies
Appendix 4 – Standing Financial Instructions
Appendix 5 – Conflicts of Interest Policy
Appendix 6 – Standards of Business Conduct Policy

NHS Kirklees CCG
Audit Committee
Terms of Reference

Version:	0.2
Committee Approved by:	Governing Body
Date Approved:	Tbc
Responsible	Officer: Chief Finance Officer
Date issued:	Tbc

Terms of Reference based on HFMA Model

Contents

1. Status

1.1 The Audit Committee (the Committee) is established in accordance with the National Health Service Act 2006, NHS CCG Regulations and the CCG's constitution.

1.2 It is a statutory committee of, and accountable to, the CCG Governing Body.

1.3 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 CCG's Constitution and Standing Orders.

2. Membership

2.1 The Committee shall be appointed by the Governing Body:

Core membership:

- Lay member leading on audit, governance and conflict of interest matters (who will act as Chair)
- Lay member leading on finance and remuneration matters (who shall act as deputy chair)

- Secondary Care Specialist

Required attendees:

- Chief Finance Officer (or nominated deputy)
- Head of Corporate Governance (or nominated deputy)
- External and internal audit representatives

2.2 Any other senior manager may be invited to attend, particularly when the committee is discussing areas of risk or operation that are the responsibility of that senior manager.

2.3 In attendance on a less frequent basis:

- At least once a year the Committee shall meet privately with the external and internal auditors.
- Representatives from NHS Counter Fraud Authority (including the Local Counter Fraud Specialist) may be invited to attend meetings and will normally attend at least two meetings a year.
- The Chief Officer will be invited to attend meetings and discuss at least annually with the Committee, the process for assurance that supports the governance statement. S/he should also attend when the Committee considers the draft annual governance statement and the annual report and accounts.
- The Chair of the Governing Body shall not be a member of the Committee, but may also be invited to attend one meeting each year in order to form a view on and understanding of the Committee's operations.

3. Access

3.1 Regardless of attendance, external audit, internal audit, and local counter fraud (NHS Counter Fraud Authority) providers shall have full and unrestricted rights of access to the Audit Committee.

4. Frequency of meetings

4.1 There will be a minimum of five meetings per year (4 quarterly meetings plus an additional meeting to review the annual report and accounts). The Governing Body, Chief Officer, External Auditors or Head of Internal Audit may request an additional meeting if they consider one is necessary.

5. Authority

5.1 The Audit 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 within its remit, from any employee, member of the CCG or member of the Governing Body who are directed to co-operate with any request made by the committee within its remit as outlined in these terms of reference.

5.2 The Audit Committee is authorised by the Governing Body to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the CCG and Governing Body for obtaining legal or professional advice.

5.3 For the avoidance of doubt, in the event of any conflict, the CCG's Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference.

6. Duties / Responsibilities

6.1 The Committee's duties/responsibilities can be categorised as follows:

6.2 Integrated governance, risk management and internal control

6.2.1 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 (clinical and non-clinical) that support the achievement of the CCG's objectives and priorities.

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

- All risk and control related disclosure statements (in particular the annual governance statement), together with any appropriate independent assurances, prior to submission to the CCG's Governing Body.

- The underlying assurance processes that indicate the degree of achievement of CCG's objectives and priorities, 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.

- The policies and procedures for all work related to fraud and corruption and security as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority.

6.2.3 In carrying out this work the Committee will 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 heads of service and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

6.2.4 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.

6.2.5 As part of its integrated approach, the Committee will have effective relationships with other key committees so that it understands processes and linkages. However, these other committees must not usurp the Committee's role.

6.3 Internal audit

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Officer and the Governing Body. 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 annual internal audit 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 the 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.

- Receiving the annual Head of Internal Audit Opinion.

6.4 External audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and the management's responses 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.
- Maintaining a close relationship with the Auditor Panel.
- 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 co-ordination, 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.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Governing Body and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

6.5 Other assurance functions

6.5.1 The Audit Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the CCG.

6.5.2 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).

6.5.3 In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Committee's own areas of responsibility. In particular, this will include the quality committee.

6.6 Counter fraud

The Committee shall satisfy itself that the CCG has adequate arrangements in place for counter fraud and security that meet NHS Counter Fraud Authority's standards and shall review the outcomes of work in these areas. It shall also approve the counter fraud and security management work programme.

The Committee will refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority.

6.7 Management

The Committee shall request and review reports and positive assurances from the senior management team as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

The Committee may also request specific reports from individual functions within the CCG as appropriate.

6.8 Financial reporting

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

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

6.8.3 The Audit Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:

- The wording in the annual 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;
- Explanations for significant variances; and
- Qualitative aspects of financial reporting.

6.9 Whistleblowing

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

6.10 Information Governance

To provide the Governing Body with assurance that there is an effective framework in place for the management of risks associated with Information Governance.

The Audit Committee shall review the annual SIRO report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.

6.11 Conflicts of Interest

To provide the Governing Body with assurance that there is an effective framework in place for the management of conflicts of interest. The Audit Committee shall regularly review the registers of interest, gifts and hospitality.

7. Quoracy

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

7.2 A meeting is established when members attend face-to-face, by telephone, video-call, any other electronic means or a combination of the above.

7.3 A meeting of the Committee at which a quorum is present, or are available by electronic means, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

7.4 Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential

conflicts of interest, the chair of the meeting shall consult with the Accountable Officer on the action to be taken.

8. Decision making and voting

8.1 The Committee shall adopt the Standing Orders of NHS Kirklees CCG insofar as they relate to the:

(a) Notice of the Meetings

(b) Handling of Meetings

(c) Agendas

(d) Circulation of papers

8.2 **Conflicts of Interest**

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interest Policy and Constitution.

8.3 Voting

In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, then a vote of members will be required, the process for which is set out below:

Majority necessary to confirm a decision – simple majority of those present and voting

Casting vote – Chair

Dissenting views – dissenting views must be recorded in the minutes

9. Administration

9.1 The Committee will meet in private.

9.2 Secretariat support will be provided to the Committee to ensure the Committee can discharge its function effectively and efficiently.

9.3 The Chair will agree the agenda prior to the meeting and the agenda and supporting papers will be circulated in accordance with the time specified in the CCG Standing Orders.

9.4 Any items to be placed on the agenda are to be sent to the secretary no later than ten calendar days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

9.5 Minutes will be taken at all meetings including telephone and electronically facilitated meetings. Minutes will not usually be published.

9.6 The minutes will be drafted within five working days of the meeting for approval by the Chair. The minutes will be ratified by agreement of the Audit Committee prior to presentation to the Governing Body.

9.7 Secretariat support will also assist the Committee with:

- Keeping an accurate record of attendance.
- Matters arising and issues to be carried forward.
- Maintaining an ongoing list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.
- Enabling the development and training of members.

10. Reporting

10.1 The Committee shall report to the Governing Body on how it discharges its responsibilities.

10.2 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 require executive action.

10.3 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
- The completeness and 'embeddedness' of risk management in the organisation
- The integration of governance arrangements

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

- The robustness of the processes behind the quality accounts.

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

11. Conduct of the Committee

11.1 All members will have due regard to and operate within the Constitution of the CCG, Standing Orders, Standing Financial Instructions and other financial procedures.

11.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

11.3 A monitoring form will be used to record the frequency of attendance by members, quoracy and the frequency of meetings. Any areas of concern will be highlighted to the Chief Finance Officer.

11.4 The Committee will produce an annual work plan in consultation with the Governing Body and in line with the Governing Body's Assurance Framework.

11.5 The Committee will undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. Any resulting changes to the terms of reference should be submitted for approval by the Governing Body.

12. Review of Terms of Reference

12.1 These terms of reference will be formally reviewed by the committee on an annual basis, but may be amended at any time.

12.2 Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval. Changes will not be implemented until after an application to NHS England to vary the constitution has been agreed.

12.3 A record of the date and outcome of reviews is kept in the CCG's Governance Handbook.

Date of Governing Body approval: xx

NHS
Kirklees
Clinical Commissioning Group

Finance, Performance and Contracting Committee

Terms of Reference

Version:	0.2
Committee Approved by:	Governing Body
Date Approved	tbc
Responsible Officer:	Chief Finance Officer
Date issued:	To take effect from tbc
Review date:	March 2022

Change History

Version No.	Changes Applied	By	Date
Draft v0.1	Based on draft joint committee terms of reference	Laura Ellis, Head of Corporate Governance	2 February 2021
Draft v0.2	Updated draft to comply with Accessible Information Standard	Laura Ellis, Head of Corporate Governance	30 March 2021

Contents

NHS Kirklees Clinical Commissioning Group

Finance, Performance and Contracting Committee

Terms of Reference

1. Introduction

1.1 The Finance, Performance and Contracting Committee is established as a sub-committee of the Governing Body, in accordance with NHS Kirklees Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.

1.2 The remit, responsibilities, membership and reporting arrangements of the Finance, Performance and Contracting Committee are set out in these terms of reference and shall have effect as if incorporated into the CCG's constitution. The Finance, Performance and Contracting Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The Committee advises and supports the Governing Body in scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCG's Strategic and Operational Plan.

2. Membership

2.1 **Core Membership**

- Three GP Members/Other Primary Care Professional Practice Members from the Governing Body
- Lay Member for Finance and Remuneration (to be chair) (Named deputy: Lay Member for PPI)
- Lay Member for Audit and Governance (Named deputy: Lay Member for PPI)
- Secondary Care Specialist
- Chief Officer
- Chief Finance Officer (named deputy: Head of Finance)

2.2 **Required Attendees**

- Head of Finance (or nominated deputy)
- Head of Strategic Planning, Performance and Delivery (or nominated deputy)
- Head of Contracting and Procurement (or nominated deputy)

2.3 In order to ensure a line of sight between the Quality Committee and the Finance, Performance and Contracting Committee, the Chief Officer is a designated member of both committees.

2.4 Other CCG staff may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.5 Members can send deputies to represent them. Deputies will count towards Quorum but will only have voting rights if they have formal acting up status.

2.6 Any member of the Governing Body can be in attendance subject to agreement with the Chair.

3. Arrangements for the conduct of business

3.1. Chairing meetings

The meetings will be run by the chair. In the event of the chair of the Finance, Performance and Contracting Committee being unable to attend all or part of the meetings, the remaining members of the committee should appoint a chair for the meeting.

3.2. Quoracy

No business shall be transacted unless at least 50% of the membership (which equates to four individuals) and including the following are present:

- One GP Member/Other Primary Care Professional Practice Member
- One Lay Member or Secondary Care Advisor
- Chief Officer or Chief Finance Officer (or nominated deputy)

In line with the CCG's Constitution, where an item of business relates to a matter where all GP Members/Other Primary Care Professional Practice Members have to declare an interest, for that matter the requirement for one GP Member/Other Primary Care Professional Practice Member to attend will be excluded from the arrangements on quoracy. Reference should be made to the undertaking in section 4.14 of the Constitution relating to supporting clinical involvement in decision-making.

Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

3.3. Voting

In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Finance, Performance and Contracting Committee will have one vote, the process for which is set out below:

Majority necessary to confirm a decision – simple majority of those present and voting

Casting vote – Chair

Dissenting views – dissenting views must be recorded in the minutes to ensure transparency of business conduct

3.4. Frequency of meetings

The Finance, Performance and Contracting Committee will normally meet bi-monthly. Additional meetings can be scheduled if required.

3.5. Declaration of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

3.6. Urgent matters arising between meetings

The Chair of the Finance, Performance and Contracting Committee in consultation with the Chief Officer or Chief Finance Officer, may act on urgent matters arising between meetings of the committee. Any actions taken outside the meeting shall be reported to the next meeting of the Committee, where the Chair will explain the reason for the action taken.

3.7. Support to the Committee

The Committee's Lead Manager is the Chief Finance Officer.

Administrative support will be provided from within the CCG. The administrative officer will:

- Agree the agenda with the Chair in consultation with the CCG Lead Manager, take minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.

- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Send out agendas and supporting papers to members five working days before the meeting.
- Draft minutes for approval by the Chair and CCG Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

4.1 The Committee shall perform a bi-monthly review of the overall performance of Kirklees CCG. This will include:

- Performance against the delivery of the Operational Plan;
- Progress and achievement against key national, regional and local targets for service improvement, with a particular focus on specified 'must dos' and external regulation;
- Progress and achievement against outcomes and targets agreed with external partner organisations;
- Performance against annual budgets and short term financial plans;
- An assessment of pressures within the whole system and how these affect contracts for services provided to us and performance;
- Opportunities to further improve performance;

4.2 The Committee will ensure financial management achieves value for money, efficiency and effectiveness in the use of resources with a continuing focus on cost reduction and achievement of efficiency targets.

4.3 The Committee will actively review and oversee operational delivery of the CCG's programmes of work to improve Quality, Innovation, Productivity and Prevention (QIPP), and monitor the achievement of QIPP plans.

4.4 The Committee will review the CCG's budgets.

4.5 The Committee will have overview of procurements and potential procurements.

4.6 The Committee will provide challenge in setting ambitious targets for service improvement and embedding improvement opportunities and initiatives and track progress against any action plans.

4.7 The Committee will provide a forum to evaluate requirements and advise the Governing Body on committing resources to respond to performance issues and external assessments.

4.8 The Committee will recognise areas of good practice and ensure they are embedded along with other benchmarking tools e.g. better care better value indicators, programme budgeting.

4.9 The Committee will oversee the continued development of the corporate performance framework.

5. The key duties of the Finance, Performance and Contracting Committee are:

5.1 To advise the Governing Body that processes for financial and performance management (including reporting) are robust.

5.2 To make recommendations to the Governing Body on developments in the CCG's performance management framework.

5.3 To ensure the delivery of action plans.

5.4 To provide advice / feedback to management team on the setting of performance indicators within plans and strategies.

5.5 To ensure appropriate links are made to Risk Management and Audit processes.

5.6 To advise the Governing Body on progress against any action plans stemming from performance issues.

5.7 To advise and support the Primary Care Commissioning Committee on areas within the remit of the Finance, Performance and Contracting Committee relating to primary care commissioning.

5.8 The Finance, Performance and Contracting Committee has responsibility for finance, performance, contracting and corporate risks. The Committee shall:

- review and monitor the corporate risk register in respect of the above, and provide assurance on this to the Audit Committee through submission of minutes documenting discussion.
- request action by accountable individuals to manage risk and variation in performance, ensuring plans are put in place to address the achievement of

objectives and targets. This will include bringing expenditure back in line with allocation and deliver financial balance or planned underspend.

- ensure that variance against target performance levels is reflected in the Risk Register report, High Level Risk Log and Governing Body Assurance Framework as appropriate.

6. Joint meetings with the Quality Committee

The Committee will hold bi-monthly meetings (if required) with the Quality Committee to consider matters that would benefit from a joint discussion/decision.

7. Authority

7.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the CCG or member of the Governing Body and they are directed to co-operate with any such request made by the Committee.

7.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

7.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the CCG for obtaining legal or professional advice.

7.4 The Committee is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

8. Reporting Arrangements

8.1 The Committee shall submit its minutes to each formal Governing Body meeting.

8.2 The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.

8.3 Regular reports on finance, performance and contracting shall also be presented to the Governing Body. Other reports on specific issues will also be prepared for consideration by the Governing Body as required.

8.4 The Committee shall ensure that requests for information, documents, records or other items relating to areas delegated to it by the Governing Body, are submitted to the Secretary of State or the NHS Commissioning Board as necessary.

8.5 The Committee shall submit an annual report to the Audit Committee and the Governing Body.

8.6 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan.

9. Conduct of the committee

9.1 All members will have due regard to and operate within the Constitution of the CCG, standing orders, standing financial instructions and other financial procedures.

9.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

9.3 The Committee shall agree an Annual Work Plan with the Governing Body and in line with the Governing Body Assurance Framework.

9.4 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

9.5 Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

END

NHS England and NHS Kirklees Clinical Commissioning Group Primary Care Commissioning Committee Terms of Reference

Version:	0.3
Approved by:	Governing Body
Date Approved	Tbc
Date issued:	Tbc

Guidance and advice: Terms of reference produced using the NHS England Model terms of reference for delegated commissioning arrangements.

Contents

1. Introduction

1.1. NHS England has invited Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. NHS Kirklees CCG has applied for full delegation of the primary medical services commissioning functions.

1.2. 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 the Delegation document annexed to these Terms of Reference to NHS Kirklees CCG.

1.3. The CCG has established the Primary Care Commissioning Committee ('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.

2. Statutory Framework

2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Annex A: Delegation document, in accordance with Section 13Z of the NHS Act.

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

a) Management of conflicts of interest (Section 14O)

b) Duty to promote the NHS Constitution (Section 14P)

c) Duty to exercise its functions effectively, efficiently and economically (Section 14Q)

d) Duty as to improvement in quality of services (Section 14R)

e) Duty in relation to quality of primary medical services (Section 14S)

f) Duties as to reducing inequalities (Section 14T)

g) Duty as to promote the involvement of each patient (Section 14U)

h) Duty as to patient choice (Section 14V)

i) Duty as to promoting integration (Section 14Z1)

j) 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:

a) Duty to have regard to impact on services in certain areas (Section 13O)

b) Duty as respects variation in provision of health services (Section 13P)

2.5. The Committee is established as a committee of the Governing Body of NHS Kirklees CCG in accordance with Schedule 1A of the 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. Roles and Responsibilities 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 medical care services in Kirklees, 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 NHS Kirklees 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.

3.5. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract).

- Newly designed enhanced services ('Local Enhanced Services' and 'Directed Enhanced Services').
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF).
- Decision making on whether to establish new GP practices in an area.
- Approving practice mergers.
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).

3.6. The CCG will also carry out the following activities:

- Plan, including needs assessment, primary medical care services in Kirklees.
- Undertake reviews of primary medical care services in Kirklees.
- Coordinate a common approach to the commissioning of primary care services generally.
- Have oversight and review the financial plans for primary medical care services in Kirklees.
- Take procurement decisions in respect of primary medical services. These shall be in line with statutory requirements and guidance, the CCG's Constitution and Standing Orders and the Delegation Agreement between NHS England and the CCG.

4. Membership

4.1. The Committee shall consist of:

Core membership:

- Lay member leading on patient and public involvement
- Lay member leading on audit, governance and conflict of interest
- Lay member leading on finance and remuneration
- Chief Officer
- Chief Finance Officer (or nominated deputy)

- Chief Quality & Nursing Officer (or nominated deputy)
- Two External Independent Advisors (non-conflicted and external GPs)

Required attendees:

- Head of Primary Care Support & Development (or nominated deputy)
- Head of Contracting & Procurement (or nominated deputy)
- Head of Corporate Governance (or nominated deputy)
- Representative of NHS England

4.2. Other individuals shall be required to attend according to the business being considered by the Committee.

4.3. The Committee may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote.

4.4. The Committee will invite the following to appoint a representative to attend its meetings and participate in the way described in paragraph 4.3:

- Health & Well-Being Board
- Local Healthwatch
- Council of Members
- Local Medical Committee (2 representatives – one from Huddersfield Division and one from Dewsbury Division)
- Patient Group Representative

4.5. The Committee will also invite 3 Governing Body GP Members/Other Primary Care Professional Practice Members (including at least 2 GPs) to attend its meetings and participate in the way described in paragraph 4.3.

4.6. Substitutions

Committee members with substitutes listed above may be substituted by that person only. For a substitution to take effect, the Chair of the Committee shall be notified in advance of the meeting. The substitution will be recorded in the minutes.

4.7. Chairing

The Chair and Vice Chair of the Committee will be appointed from the Lay Member: PPI and Lay Member: Finance and Remuneration.

5. Meetings and Voting

5.1. The Committee will meet bi-monthly, with additional meetings scheduled if required.

5.2. The Committee shall adopt the Standing Orders of NHS Kirklees CCG insofar as they relate to the:

a) Notice of the Meetings

b) Handling of Meetings

c) Agendas

d) Circulation of papers

5.3. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the members, the Delegation will prevail.

5.4. **Conflicts of Interest**

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interest Policy and Constitution.

5.5. **Voting**

In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, then a vote of members will be required, the process for which is set out below:

Majority necessary to confirm a decision – simple majority of those present and voting

Casting vote – Chair

Dissenting views – dissenting views must be recorded in the minutes

5.6. **Quoracy**

5.6.1. The Committee will be quorate with four members present; this must include:

- Two from: Lay Member (Audit and Governance), Lay Member (Patient and Public Involvement), and Lay Member (Finance and Remuneration). This must include the Chair or Vice-Chair.
- One External Clinical Advisor.
- At least one of the following: Chief Officer, Chief Finance Officer or Chief Quality and Nursing Officer.

5.6.2. Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior agreement from the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

5.6.3. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the chair of the meeting shall consult with the Accountable Officer on the action to be taken.

5.7. **Admission of the Public and Press**

5.7.1. Meetings of the Committee shall, subject to the application of 5.6.2, be held in public.

5.7.2. The Committee 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.

5.8. 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.

5.9. **Secretariat**

Support to the Committee will be provided by the CCG's Governance & Corporate Team. Duties will include:

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to Committee members five working days prior to the meeting.
- Drafting of minutes for approval by the Chair within five working days of the meeting
- Keeping an accurate record of attendance.
- Matters arising and issues to be carried forward.
- Maintaining an ongoing list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.
- Enabling the development and training of members.

6. Accountability of the Committee

6.1. The Committee has delegated authority from the Governing Body to make decisions within the bounds of its remit. Specifically:

- Financial plans in respect of primary medical services.
- Procurement of primary medical services.
- Practice payments and reimbursement.
- Investment in practice development.
- Contractual compliance and sanctions.

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

6.3. 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 within its remit, from any employee of NHS Kirklees CCG or member of the

Governing Body, and they are directed to co-operate with any reasonable request made by the Committee.

6.4. The Committee is authorised by the Governing Body to commission reports or surveys it deems necessary to help fulfil its obligations, within the budget available.

6.5. In exceptional cases, the Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this necessary. In doing so, the Committee must follow any procedures put in place by the Governing Body for obtaining legal or professional advice. The Governing Body is to be informed of any issues relating to such action.

6.6. 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.

7. Decisions

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

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

7.3. The Committee will produce an executive summary report which will be presented to West Yorkshire and Harrogate Locality Team of NHS England and the Governing Body of NHS Kirklees CCG each quarter for information.

8. Conduct of the Committee

8.1. All members will have due regard to and operate within the Constitution of the CCG, Standing Orders, Standing Financial Instructions and other financial procedures.

8.2. Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.3. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

8.4. The Committee will undertake an annual self-assessment of its own performance against the terms of reference. Any resulting changes to the terms of reference should be submitted for approval by the Governing Body.

9. Reporting Arrangements

9.1. The Committee shall submit its minutes to West Yorkshire and Harrogate Locality Team of NHS England and the Governing Body of the CCG for information following each meeting. 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 require executive action.

10. Review of Terms of Reference

10.1. These terms of reference will be formally reviewed by the committee on an annual basis, but may be amended at any time.

10.2. Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval. Changes will not be implemented until after an application to NHS England to vary the constitution has been agreed.

10.3. A record of the date and outcome of reviews is kept in the CCG's Governance Handbook.

END

Annex A – Delegation Document

Delegation by NHS England

1 April 2021

Delegation by NHS England to NHS Kirklees CCG

Delegation

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) ("NHS Act"), NHS England has delegated the exercise of the functions specified in this Delegation to NHS Kirklees CCG to empower NHS Kirklees CCG to commission primary medical services for the people of Kirklees.
2. NHS England and the CCG have entered into the Delegation Agreement that sets out the detailed arrangements for how the CCG will exercise its delegated authority.
3. Even though the exercise of the functions passes to the CCG the liability for the exercise of any of its functions remains with NHS England.
4. In exercising its functions (including those delegated to it) the CCG must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State and must enable and assist NHS England to meet its corresponding duties.

Commencement

5. This Delegation, and any terms and conditions associated with the Delegation, take effect from 1 April 2021.
6. NHS England may by notice in writing delegate additional functions in respect of primary medical services to the CCG. At midnight on such date as the notice will specify, such functions will be Delegated Functions and will no longer be Reserved Functions.

Role of the CCG

7. The CCG will exercise the primary medical care commissioning functions of NHS England as set out in Schedule 1 to this Delegation and on which further detail is contained in the Delegation Agreement.

8. NHS England will exercise its functions relating to primary medical services other than the Delegated Functions set out in Schedule 1 including but not limited to those set out in Schedule 2 to this Delegation and as set out in the Delegation Agreement.

Exercise of delegated authority

9. The CCG must establish a committee to exercise its delegated functions in accordance with the CCG's constitution and the committee's terms of reference. The structure and operation of the committee must take into account guidance issued by NHS England. This committee will make the decisions on the exercise of the delegated functions.

10. The CCG may otherwise determine the arrangements for the exercise of its delegated functions, provided that they are in accordance with the statutory framework (including Schedule 1A of the NHS Act) and with the CCG's Constitution.

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

Accountability

12. The CCG must comply with the financial provisions in the Delegation Agreement and must comply with its statutory financial duties, including those under sections 223H and 223I of the NHS Act. It must also enable and assist NHS England to meet its duties under sections 223C, 223D and 223E of the NHS Act.

13. The CCG will comply with the reporting and audit requirements set out in the Delegation Agreement and the NHS Act.

14 NHS England may, at its discretion, waive non-compliance with the terms of the Delegation and/or the Delegation Agreement.

15 NHS England may, at its discretion, ratify any decision made by the CCG Committee that is outside the scope of this delegation and which it is not authorised to make. Such ratification will take the form of NHS England considering the issue and decision made by the CCG and then making its own decision. This ratification process will then make the said decision one which NHS England has made. In any event ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by NHS England to the CCG.

Variation, Revocation and Termination

16. NHS England may vary this Delegation at any time, including by revoking the existing Delegation and re-issuing by way of an amended Delegation.
17. This Delegation may be revoked at any time by NHS England. The details about revocation are set out in the Delegation Agreement.
18. The parties may terminate the Delegation in accordance with the process set out in the Delegation Agreement.

Signed by …….

Richard Barker

NHS England Regional Director – North East & Yorkshire

for and on behalf of **NHS England**

Schedule 1 –Delegated Functions

a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

   i) decisions in relation to Enhanced Services;
   ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
   iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
   iv) decisions about 'discretionary' payments;
   v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) the approval of practice mergers;

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

d) undertaking reviews of primary medical care services in the Area;

e) 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);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

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

i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

a) management of the national performers list;

b) management of the revalidation and appraisal process;

c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

d) Capital Expenditure functions;

e) section 7A functions under the NHS Act;

f) functions in relation to complaints management;

g) decisions in relation to the GP Access Fund; and

h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

NHS
Kirklees
Clinical Commissioning Group

Quality Committee

Terms of Reference

Version:	0.2
Committee Approved by:	Governing Body
Date Approved	tbc
Responsible Officer:	Chief Quality and Nursing Officer
Date issued:	To take effect from tbc
Review date:	March 2022

Change History

Version No.	Changes Applied	By	Date
Draft v0.1	Based on draft joint committee terms of reference	Laura Ellis, Head of Corporate Governance	2 February 2021
Draft v0.2	Updated draft to comply with Accessible Information Standard	Laura Ellis, Head of Corporate Governance	30 March 2021

Contents

NHS Kirklees Clinical Commissioning Group

Quality Committee

Terms of Reference

1. Introduction

1.1 The Quality Committee is established as a sub-committee of the Governing Body, in accordance with NHS Kirklees Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.

1.2 The remit, responsibilities, membership and reporting arrangements of the Quality Committee are set out in these terms of reference and shall have effect as if incorporated into the CCG's constitution. The Quality Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The Committee supports the Governing Body by providing assurance that effective quality arrangements underpin all services provided and commissioned on behalf of the CCG, regulatory requirements are met and patient safety is continually improved to deliver a better patient experience. It supports the Governing Body in ensuring that commissioning decisions are based on evidence of clinical effectiveness, protects patient safety and provides a positive patient experience in line with the principles of the NHS Constitution and requirements of the Care Quality Commission.

1.4 Quality was defined by Lord Darzi in the NHS Next Stage Review Leading Local Change as comprising three elements:

- **Effectiveness of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes. There is much evidence of wide variation in the clinical effectiveness of care delivered across the country.
- **The safety of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what NHS services must be delivering.
- **The experience patients have of the treatment and care they receive** – how positive an experience people have on their journey through the NHS can be even more important to the individual than how clinically effective care has been.

2. Membership

2.1 Core Membership

- Three Clinical GP Members/Other Primary Care Professional Practice Members– (two of whom to act as Chair and Vice Chair of the Committee)

- Lay Member: Patient and Public Involvement (named deputy: Lay Member: Audit and Governance or Lay Member: Finance and Remuneration)
- Secondary Care Specialist
- Chief Quality and Nursing Officer (named deputy: Head of Quality)
- Chief Officer

2.2 **Required Attendees**

- Head of Quality (or nominated deputy)
- Head of Primary Care Strategic Commissioning (or nominated deputy)

2.3 In order to ensure a line of sight between the Quality Committee and the Finance, Performance and Contracting Committee, the Chief Officer is a designated member of both committees.

2.4 Other CCG staff may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper such as:-

- Medicines Management representative
- Safeguarding Adults' representative
- Safeguarding Children's representative
- Infection, Prevention and Control representative
- Continuing Care Team representative
- Governance and Corporate Affairs representative

2.5 Members can send deputies to represent them. Deputies will count towards Quorum but will only have voting rights if they have formal acting up status.

2.6 Any member of the Governing Body can be in attendance subject to agreement with the Chair.

3. Arrangements for the conduct of business

3.1. Chairing meetings

The meetings will be run by the chair. In the event of the chair being unable to attend all or part of the meetings, the Vice Chair will chair the meeting.

In the event that neither the Chair or Vice-Chair are able to chair all or part of a meeting, the remaining members of the committee should appoint a chair for the meeting.

3.2. Quoracy

No business shall be transacted unless at least 50% of the membership (which equates to four individuals) and including the following are present:

- One GP Member/Other Primary Care Professional Practice Member
- One Lay Member or Secondary Care Specialist
- Chief Officer / Chief Quality and Nursing Officer or Head of Quality as named deputy

In line with the CCG's Constitution, where an item of business relates to a matter where all GP Members/Other Primary Care Professional Practice Members have to declare an interest, for that matter the requirement for one GP Member/Other Primary Care Professional Practice Member to attend will be excluded from the arrangements on quoracy. Reference should be made to the undertaking in section 4.14 of the Constitution relating to supporting clinical involvement in decision-making.

Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

3.3. Voting

In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Quality Committee will have one vote, the process for which is set out below:

Majority necessary to confirm a decision – simple majority of those present and voting

Casting vote – Chair

Dissenting views – dissenting views must be recorded in the minutes to ensure transparency of business conduct

3.4. Frequency of meetings

The Quality Committee will normally meet bi-monthly. Additional meetings can be scheduled if required.

3.5. Declaration of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the

meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

3.6. Urgent matters arising between meetings

The Chair of the Quality Committee in consultation with the Chief Quality and Nursing Officer or the Chief Officer, may act on urgent matters arising between meetings of the committee. Any actions taken outside the meeting shall be reported to the next meeting of the Committee, where the Chair will explain the reason for the action taken.

3.7. Support to the Committee

The Committee's Lead Manager is the Chief Quality and Nursing Officer.

Administrative support will be provided from within the CCG. The administrative officer will:

- Agree the agenda with the Chair in consultation with the CCG Lead Manager, take minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Send out agendas and supporting papers to members five working days before the meeting.
- Draft minutes for approval by the Chair and CCG Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

4.1 The Committee will act as a decision making Committee in respect of the following:

a) The provision of strategic leadership on all aspects of quality improvement across the CCG. This will include member practices in relation to supporting the improvement of quality in primary care.

b) Reviewing the effectiveness of quality governance arrangements to ensure that the health care commissioned on behalf of NHS Kirklees Clinical Commissioning Group is safe and of high quality.

c) Ensuring that systems to monitor the quality of commissioned services are in place and are functioning appropriately.

d) Reviewing quality information from a range of sources in accordance with the work plan.

e) Providing an oversight of systems and processes to ensure the involvement of patient experience and engagement in relation to healthcare.

f) Providing leadership to the quality work of the organisation.

g) Giving direction to the development of systems and processes for managing quality governance.

h) Overseeing the systems and processes that are in place to ensure quality is embedded in the commissioning organisation, including development of service specifications.

i) Overseeing research governance.

j) Overseeing work on improving clinical effectiveness, including the approval of clinical commissioning and medicines policies and guidelines.

k) Sharing lessons learnt.

l) Considering best practice in quality and make recommendations to the Governing Body for local application.

m) Ensuring that evidence from quality assurance processes drive the quality improvement agenda for the Kirklees Clinical Commissioning Group, and support delivery of Quality Innovation Productivity and Prevention (QIPP) through scrutinising Quality Impact Assessments (QIAs) and Equality Impact Assessments (EqIAs).

n) Developing and keeping under review policies and procedures of the CCG relevant to the role of the Quality Committee.

o) Approving arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

p) Identifying and reporting appropriate risks relating to Quality, Patient Safety and Patient Experience via existing Risk Register reporting and escalation processes including appropriate measures for the recording and escalation of Never Events and Serious Incidents Requiring Investigation.

q) Approving arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of medical services.

r) Approving the CCG's arrangements for handling complaints.

s) Ensure escalation processes are in place when the engagement of external bodies are required and report any significant provider concerns to the Quality Surveillance Group.

t) Receiving and reviewing reports and subsequent action plans from external agencies, for example, the Care Quality Commission, National Patient Safety Agency.

u) Scrutinising and monitoring quality work-streams such as:

- Patient safety (including Safeguarding Adults and Children and Infection Prevention and Control)
- Clinical Effectiveness
- Patient and Public Engagement and Experience

5. The key duties of the Quality Committee are:

The Committee shall:

4.1 Advise the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of NHS Kirklees Clinical Commissioning Group, regulatory requirements are met and patient safety is continually improved to deliver a better patient experience.

4.2 Support the Governing Body in ensuring that commissioning decisions are based on evidence of clinical effectiveness, protect patient safety and provide a positive patient experience in line with the principles of the NHS Constitution, the requirements of the Care Quality Commission (CQC) and the CCGs' Visions and Values.

4.3 Seek assurance from providers, raise formal queries and refer issues to the Governing Body where there are significant concerns, which may compromise quality and patient safety.

4.4 Ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary.

4.5 Satisfy itself that children and adult's safeguarding duties are being met and that robust actions are taken to address concerns.

4.6 To advise and support the Primary Care Commissioning Committee on areas within the remit of the Quality Committee relating to primary care commissioning.

4.7 The Quality Committee has responsibility for clinical risks. The Committee shall:

- review and monitor the corporate risk register in respect of clinical risks, and provide assurance on this to the Audit Committee through submission of minutes documenting discussion.
- review the clinical risks captured on the quarterly Risk Management report. These risks include incidents, complaints or claims.
- review information about serious incidents including all Never Events and serious case reviews (SCRs) to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.
- review and make recommendations to the Governing Body on all Quality Impact Assessments with a high risk rating.

6. Joint meetings with the Finance, Performance and Contracting Committee

The Committee will hold bi-monthly meetings (if required) with the Finance, Performance and Contracting Committee to consider matters that would benefit from a joint discussion / decision.

7. Authority

7.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the CCG or members of the Governing Body and they are directed to co-operate with any such request made by the Committee.

7.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

7.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the CCG for obtaining legal or professional advice.

7.4 The Committee is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

8. Reporting Arrangements

8.1 The Committee shall submit its minutes to each formal Governing Body meeting.

8.2 The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.

8.3 A regular Quality and Patient Safety report shall also be presented to the Governing Body. Other reports on specific issues will also be prepared for consideration by the Governing Body as required.

8.4 The Committee shall ensure that requests for information, documents, records or other items relating to areas delegated to it by the Governing Body, are submitted to the Secretary of State or the NHS Commissioning Board as necessary.

8.5 The Committee shall submit an annual report to the Audit Committee and the Governing Body.

8.6 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan.

9. Conduct of the committee

9.1 All members will have due regard to and operate within the Constitution of the CCG, standing orders, standing financial instructions and other financial procedures.

9.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

9.3 The Committee shall agree an Annual Work Plan with the Governing Body and in line with the Governing Body Assurance Framework.

9.4 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

9.5 Any resulting changes to the terms of reference shall be submitted for approval by the CCG's Governing Body.

END

NHS Kirklees CCG Remuneration Committee Terms of Reference

Version:	0.2
Committee Approved by:	Governing Body
Date Approved:	Tbc
Responsible Officer:	Chief Finance Officer
Date issued:	Tbc

Contents

1. Status

1.1 The Remuneration Committee (the Committee) is established in accordance with the National Health Service Act 2006, NHS CCG Regulations and the CCG's constitution.

1.2 It is a statutory committee of, and accountable to, the CCG Governing Body.

1.3 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 CCG's Constitution and Standing Orders.

2. Purpose

2.1 Subject to any restrictions set out in the relevant legislation, the committee has the function of making recommendations to the Governing Body about the exercise of its functions under section 14L(3)(a) and (b) of the NHS Act, i.e. its functions, in relation to:

2.1.1 determining the remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and

2.1.2 determining allowances payable under pension schemes established by the CCG.

2.2 In addition, the Governing Body has delegated a number of functions to the Committee as set out in section 4.2 below.

3. Authority

3.1 It is the responsibility of the Governing Body to make decisions about the remuneration of employees and other persons providing services to the CCG, acting upon the advice and recommendations of the Remuneration Committee. The Remuneration Committee is accountable to the Governing Body.

3.2 The Remuneration Committee is authorised by the Governing Body to:

3.2.1 investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee, member of the CCG or member of the Governing Body who are directed to co-operate with any request made by the committee within its remit as outlined in these terms of reference;

3.2.2 commission any reports it deems necessary to help fulfil its obligations;

3.2.3 obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the CCG and Governing Body for obtaining legal or professional advice; and

3.2.4 create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's membership. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the CCG's constitution, standing orders and SoRD.

3.3 For the avoidance of doubt, in the event of any conflict, the CCG's Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference.

4. Duties

4.1 The Committee has the following statutory duties:

4.1.1 make recommendations to the Governing Body about remuneration, fees and allowances for employees of the CCG and people who provide services to the CCG. For avoidance of doubt, this includes:

- all employees regardless of the use or otherwise, of various pay frameworks, seniority or role;
- people who fulfil clinical roles (eg GP clinical leads) who are neither employees nor on the Governing Body;
- the process or framework for agreeing rates for self-employed contractors;
- all components of remuneration (including any performance-related elements and other benefits, such as lease cars);
- termination payments (including redundancy and severance payments) and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

4.1.2 make recommendations to the Governing Body about allowances payable under pension schemes established by the CCG for its employees and Members.

4.2 In addition to its statutory duties, the Governing Body has delegated the following additional duties to the committee:

- making recommendations on matters in relation to terms and conditions, remuneration and travelling or other allowances, including pensions and gratuities for other Governing Body members with the exception of lay members;
- matters relating to human resources policy and procedures for the CCG including approval of those policies and procedures;

4.3 The Committee will not consider any matters relating to Lay Members and all matters relating to Lay Members will be considered by the Governing Body.

5. Membership

5.1 The Committee shall be appointed by the Governing Body from amongst the Governing Body members. Only Governing Body members may be members of the Remuneration Committee.

5.2 The Committee's membership will be comprised of:

5.2.1 2 Lay Members

5.2.2 Secondary Care Specialist

5.3 Neither the Chair of the Audit Committee nor the Chair of the CCG will be a member of the Remuneration Committee.

6. Attendees

6.1 Only members of the Committee have the right to attend meetings.

6.2 The Chair of the Committee may invite individuals such as the Accountable Officer, Chief Finance Officer, HR Advisor and external advisors to attend all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote.

7. Chair

7.1 The CCG Governing Body shall appoint the Chair of the Committee.

7.2 The Committee will be chaired by a Lay Member other than the Audit Committee Chair.

7.3 In the event that the Chair is unavailable to attend, one of the other Lay Members will deputise and chair the meeting.

7.4 In exceptional circumstances, where urgent action is required, the Chair is authorised to take urgent action with prior discussion with one other committee member. A report should be made to the full committee at the earliest next opportunity.

8. Quoracy

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

8.2 A meeting is established when members attend face-to-face, by telephone, video-call, any other electronic means or a combination of the above.

8.3 A meeting of the Committee at which a quorum is present, or are available by electronic means, is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

9. Decision making and voting

9.1 Recommendations will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

9.2 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

9.3 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

9.4 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

9.5 If a decision is needed which cannot wait for the next scheduled meeting, the chair may conduct business on a ‘virtual’ basis through the use of telephone, email or other electronic communication.

10. Administration

10.1 The Committee will meet in private.

10.2 Meetings will be held when required, with a minimum of one meeting per year.

10.3 Secretariat support will be provided to the Committee to ensure the Committee can discharge its function effectively and efficiently.

10.4 The Chair will agree the agenda prior to the meeting and the agenda and supporting papers will be circulated in accordance with the time specified in the CCG Standing Orders.

10.5 Any items to be placed on the agenda are to be sent to the secretary no later than ten calendar days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.

10.6 Minutes will be taken at all meetings including telephone and electronically facilitated meetings. Minutes will not usually be published.

10.7 The minutes will be ratified by agreement of the Remuneration Committee prior to presentation to the Governing Body.

11. Conflicts of Interest Management

11.1 No member of the committee, or attendee, shall be present, take part in or be party to discussions about any matter relating to their own role.

11.2 The committee will operate in accordance with Managing Conflicts of Interest: Statutory Guidance for CCGs and the CCG policy and procedure for managing conflicts of interest at all times.

11.3 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.

11.4 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.

11.5 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the CCG policy and may result in suspension from the Committee.

12. Sub-Groups

12.1 Where the Committee has established a time limited sub-group (see 3.2.4), it will be chaired by a member of the Remuneration Committee.

12.2 Minutes of any sub-group will be shared with the Remuneration Committee at the next meeting.

13. Reporting Responsibilities and Review of Committee Effectiveness

13.1 The Remuneration Committee will submit copies of its minutes and a report containing its recommendations to the Governing Body following each of its meetings. Where minutes and reports identify individuals, or otherwise fulfil the requirements, they will not be made public and will be presented in the private session of the Governing Body meeting. Public reports will be made to satisfy the requirements of the 2012 NHS Regulations (CCG) 16(2-5).

13.2 Reports will contain sufficient information to explain the rationale for the Committee's recommendations and to enable the Governing Body to make its decision.

13.3 The Committee will provide an annual report to the Governing Body to provide assurance that it is effectively discharging its delegated responsibilities, as set out in these terms of reference.

13.4 The Committee will conduct an annual review of its effectiveness to inform this report.

14. Review of Terms of Reference

14.1 These terms of reference will be formally reviewed by the committee on an annual basis, but may be amended at any time.

14.2 Any proposed amendments to the terms of reference will be submitted to the Governing Body for approval. Changes will not be implemented until after an application to NHS England to vary the constitution has been agreed.

14.3 A record of the date and outcome of reviews is kept in the CCG's Governance Handbook.

Date of Governing Body approval: xx

NHS Kirklees Clinical Commissioning Group

SCHEME OF RESERVATION AND DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

1.1 The arrangements made by the Clinical Commissioning Group (Group) as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's constitution.

1.2 The Group remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions reserved for the membership.	✓							
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution.	✓							
REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not been retained as reserved by the CCG, or other committee or sub-committee or specified member of employee.		✓						

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
REGULATION AND CONTROL	Prepare the CCG's overarching scheme of reservation and delegation, which sets out those decisions reserved to the membership and those delegated to the Governing Body, committees and sub-committees, individuals or specified persons.		✓						
REGULATION AND CONTROL	Approval of the CCG's overarching scheme of reservation and delegation.		✓						
REGULATION AND CONTROL	Prepare the CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG or members of the Governing Body (not included in the constitution).				✓				
REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the CCG's overarching scheme of reservation and delegation.		✓						

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
REGULATION AND CONTROL	Prepare the CCG's Prime Financial Policies.					✓			
REGULATION AND CONTROL	Approve the Prime Financial Policies.		✓						
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCG's Prime Financial Policies.					✓			
REGULATION AND CONTROL	Approve detailed financial policies.		✓						
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		✓						
REGULATION AND CONTROL	Calling meetings of the Governing Body.			✓					
REGULATION AND CONTROL	Definition and taking of 'urgent decisions' on behalf of the Governing Body (see Standing Orders).			✓	✓				✓ (lay member)
REGULATION AND CONTROL	Suspension of Standing Orders at Governing Body.			✓					

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
REGULATION AND CONTROL	Use of and signing to authenticate the seal.			✓	✓	✓			
REGULATION AND CONTROL	Execute a document on behalf of the Group.			✓	✓	✓			
REGULATION AND CONTROL	Approve of terms of reference of committees of the CCG.	✓							
REGULATION AND CONTROL	Approval of terms of reference of committees of the governing body.		✓						
REGULATION AND CONTROL	Approval of policy for managing conflicts of interest.		✓						
REGULATION AND CONTROL	Determine arrangements to manage conflicts of interest in line with policy (see Standing Orders).								✓ Conflicts of Interest Guardian
APPOINTMENTS AND REMOVALS	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the CCG.	✓							

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
APPOINTMENTS AND REMOVALS	Approve the arrangements for appointing Governing Body members and the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) under the Standing Orders for the CCG.	✓							
APPOINTMENTS AND REMOVALS	Recommend the appointment of the accountable officer to NHS England.			✓					
APPOINTMENTS AND REMOVALS	Elect the chair and vice-chair of the Council of Members.	✓							
APPOINTMENTS AND REMOVALS	Determine and approve the process for selecting and appointing members of the Senior Management Team.				✓				
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG (following development of the same by the Governing Body).	✓							

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
STRATEGY AND PLANNING	Approval of the CCG's commissioning plan following engagement with member practices.		✓						
STRATEGY AND PLANNING	Approval of the CCG's operating structure.		✓						
STRATEGY AND PLANNING	Approval of the CCG's corporate budgets (the financial plan that underpins the commissioning plan) that meet the CCG's financial duties.		✓						
STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.		✓						
STRATEGY AND PLANNING	Make decisions on the review, planning and procurement of primary medical care services (as per the terms of the delegation agreement with NHS England).								✓ Primary Care Commissioning Committee

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
ANNUAL REPORT AND ACCOUNTS	Receive the CCG's Annual Report and Annual Accounts.	✓							
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's Annual Report and Annual Accounts		✓						
ANNUAL REPORT AND ACCOUNTS	Approve the timetable for the preparation and approval of the CCG's annual report and annual accounts						✓		
ANNUAL REPORT AND ACCOUNTS	Approve the appointment of the CCG's external auditor, as advised by the CCG's auditor panel.		✓						
ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the group's statutory financial duties.		✓						
HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG.							✓	

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
HUMAN RESOURCES	Make recommendations to the governing body on the terms and conditions of employment / service, including remuneration, fees and allowances, pensions, gratuities and redundancy payments, for all employees and governing body members (excluding the lay members) and any other persons providing services to the CCG, including pensions and gratuities.							✓	
HUMAN RESOURCES	Approve the terms and conditions of employment / service, including remuneration, fees and allowances, pensions, gratuities and redundancy payments, for all employees and governing body members (excluding the lay members) and any other persons providing services to the CCG, including pensions and gratuities.		✓						
HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.		✓						

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
HUMAN RESOURCES	Approve arrangements for discharging the group's statutory duties as an employer.							✓	
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the accountable officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.							✓	
HUMAN RESOURCES	Review disciplinary arrangements where the accountable officer is an employee or member of another CCG.							✓	
HEALTH AND SAFETY	Approve arrangements for ensuring the CCG discharges its legal responsibilities for health, safety and security.						✓		
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.								✓ Quality Committee

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.								✓ Quality Committee
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements.						✓		
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management framework.						✓		
OPERATIONAL AND RISK MANAGEMENT	Approve the internal audit, external audit and counter-fraud plans and any changes to the provision or delivery of related services (other than the appointment or removal of the external auditor where authority is reserved to the Governing Body).						✓		
OPERATIONAL AND RISK MANAGEMENT	Approval of the Incident Reporting Policy and monitoring of incidents.						✓		✓ (policy approval in consultation with Quality Committee)

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and/or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).	✓ OR	✓ OR						
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.				✓				
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.						✓		
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for handling complaints.								✓ Quality Committee
OPERATIONAL AND RISK MANAGEMENT	Approve a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the CCG.		✓						

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
INFORMATION GOVERNANCE	Approve arrangements for ensuring appropriate safekeeping and confidentiality of data and for the storage, management and transfer of information and data.						✓		
INFORMATION GOVERNANCE	Approve arrangements for ensuring compliance with the Freedom of Information Act 2000.						✓		
INFORMATION GOVERNANCE	Determine arrangements for ensuring compliance with the Freedom of Information Act 2000.				✓				
TENDERING AND CONTRACTING	Approve tenders and contracts.								✓ As per thresholds set out in Financial Scheme of Delegation
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the CCG can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.		✓						

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		✓						
PARTNERSHIP WORKING	Exercise the commissioning functions of the CCG jointly with other CCGs as part of the Joint Committee of West Yorkshire & Harrogate CCGs in respect of matters set out in the committee's terms of reference and work plan.								✓ Joint Committee of West Yorkshire & Harrogate CCGs
PARTNERSHIP WORKING	Approve arrangements for joint commissioning of services with other CCGs, NHS England and or with the local authority.	✓							
PARTNERSHIP WORKING	Authority to enter in to strategic or other transformation discussions with partner organisations.		✓						

Policy Area	Decision	Reserved to Membership	Reserved or delegated to Governing Body	Chair	Accountable Officer	Chief Finance Officer	Audit Committee	Remuneration Committee	Other (as specified)
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions (excl primary care), including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		✓						

Prime Financial Policies

Contents

1. Introduction

1.1. General

1.1.1. These Prime Financial Policies and the CCG's Standing Financial Instructions shall have effect as if incorporated into the CCG's Constitution.

1.1.2. The Prime Financial Policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation (SORD).

1.1.3. In support of these Prime Financial Policies, the CCG has prepared a set of Standing Financial Instructions and Prime Financial Policies approved by the Governing Body. The CCG refers to these Prime Financial Policies and the Standing Financial Instructions together as the CCG's financial policies.

1.1.4. The Prime Financial Policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the Standing Financial Instructions and any relevant procedural documents. The Governing Body is responsible for approving Standing Financial Instructions and any detailed financial policies.

1.1.5. The CCG's Standing Financial Instructions will be published and maintained on the CCG's website, as part of the Governance Handbook.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the Prime Financial Policies or Standing Financial Instructions then the advice of the Chief Finance Officer must be sought before acting. The user of these Prime Financial Policies and Standing Financial Instructions should also be familiar with and comply with the provisions of the CCG's Constitution, Standing Orders and scheme of reservation and delegation.

1.1.7. Failure to comply with Prime Financial Policies, Standing Orders or Standing Financial Instructions can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these Prime Financial Policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All of the CCG's members and employees have a duty to disclose any non-compliance with these Prime Financial Policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of the CCG's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committee and sub-committee (if any) and persons working on behalf of the group are set out in the Constitution.

1.3.2. The financial decisions delegated by members of the CCG are set out in the CCG's financial scheme of delegation.

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these Prime Financial Policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer, and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments to the Prime Financial Policies to the Governing Body for approval. Any amendment will not come into force until approved by the Governing Body.

2. Internal Control

POLICY – the CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.

2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body.

2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.

2.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and updated annually

b) a system is in place for proper checking and reporting of all breaches of financial policies

c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. Audit

POLICY – the CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

3.1. In line with the terms of reference for the CCG's Audit Committee, the person appointed by the CCG to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to Audit Committee members and the chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

a) the CCG has a professional and technically competent internal audit function

b) the Audit Committee approves any changes to the provision or delivery of assurance services to the CCG.

4. Fraud and Corruption

POLICY – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud perpetrated against it and will actively chase any loss suffered.

4.1. The Governing Body's Audit Committee will 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.

4.2. The Governing Body's Audit Committee will ensure that the CCG has arrangements in place to work effectively with NHS Counter Fraud Authority.

5. Expenditure Control

5.1. The CCG is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.

5.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The Chief Finance Officer will:

a) provide reports in the form required by NHS England

b) ensure money drawn from NHS England is required for approved expenditure only, and drawn down only at the time of need, and follows best practice

c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. Allotments

6.1. The CCG's Chief Finance Officer will:

a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds

b) prior to the start of each financial year (or in line with the national timetable set by NHS England) submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve

c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7. Commissioning Strategy, Budgets, Budgetary Control and Monitoring

POLICY – the CCG will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.

7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.

7.3. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body and Finance, Performance and Contracting Committee. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.

7.5. The Accountable Officer will approve consultation arrangements for the CCG's commissioning plan.

8. Annual Accounts and Reports

POLICY – the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice, in the form and content, and at the time required by NHS England.

8.1. The Chief Finance Officer will ensure the CCG:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee

b) prepares the accounts according to the timetable approved by the Audit Committee

c) complies with statutory requirements and relevant directions for the publication of the annual report

d) considers the external auditor's management letter and fully addresses all issues within agreed timescales

e) publishes the external auditor's management letter on the CCG's website

9. Information Technology

POLICY – the CCG will ensure the accuracy and security of the CCG's computerised financial data.

9.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall:

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018 and subsequent legislation.

b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system

c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. Accounting Systems

POLICY – the CCG will run an accounting system that creates management and financial accounts.

10.1. The Chief Finance Officer will ensure:

a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England

b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. Bank Accounts

POLICY – the CCG will keep enough liquidity to meet its current commitments.

11.1. The Chief Finance Officer will:

a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State Directions, best practice and represent best value for money

b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts
c) prepare detailed instructions on the operation of bank accounts.

11.2. The Accountable Officer shall approve the banking arrangements.

12. Income, Fees and Charges and Security of Cash, Cheques and Other Negotiable Instruments

POLICY – the CCG will:

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively.

12.1. The Chief Finance Officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due
b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments
c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
d) developing effective arrangements for making grants or loans.

13. Tendering and Contracting Procedure

POLICY – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure it incurs only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for:
  - the supply of goods, materials and manufactured articles

- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health)
- the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

13.1. The CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the CCG's Standing Financial Instructions
b) the Public Contract Regulations, any successor legislation and any other applicable law
c) take into account as appropriate any applicable NHS England or the NHS Improvement guidance that does not conflict with (b) above.

13.2. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

14. Commissioning

POLICY – working in partnership with relevant national and local stakeholders, the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility.

14.1. The CCG will coordinate its work with NHS England, other CCGs, local providers of services, local authorities, including through Health and Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Finance, Performance and Contracting Committee and Governing Body detailing actual and forecast expenditure and activity for each contract.

14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should

provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. Risk Management and Insurance

POLICY – the CCG will put arrangements in place for evaluation and management of its risks.

15.1. The CCG will do this by:

a) putting in place a risk management framework setting out its arrangements for managing risk
b) putting in place an assurance framework, in a format based on best practice, which will be reviewed regularly by the Governing Body
c) putting in place a corporate risk register, in a format based on best practice, which will be regularly reviewed and reported
d) arranging appropriate insurance cover.

16. Payroll

POLICY – the CCG will put arrangements in place for an effective payroll service.

16.1. The Chief Finance Officer will ensure that the payroll service selected:

a) is supported by appropriate (i.e. contracted) terms and conditions
b) has adequate internal controls and audit review processes
c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2. In addition, the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

17. Non-Pay Expenditure

POLICY – the CCG will seek to obtain the best value for money goods and services received.

17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.

17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3. The Chief Finance Officer will:

a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation

b) be responsible for the prompt payment of all properly authorised accounts and claims

c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18. Capital Investment, Fixed Asset Registers and Security of Assets

POLICY – the CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the CCG's fixed assets.

18.1. The Accountable Officer will:

a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans

b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost

c) ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges

d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.2. The Chief Finance Officer will prepare detailed procedures for the disposal of assets.

19. Retention of Records

POLICY – the CCG will put arrangements in place to retain all records in accordance with Records Management Code of Practice for Health and Social Care 2016 and other relevant notified guidance.

19.1. The Accountable Officer shall:

a) be responsible for maintaining all records required to be retained in accordance with Records Management Code of Practice for Health and Social Care 2016 and other relevant notified guidance

b) ensure that arrangements are in place for effective responses to Freedom of Information requests

c) publish and maintain a Freedom of Information Publication Scheme.

20. Trust Funds and Trustees

POLICY – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds property in trust.

20.1. The Chief Finance Officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

NHS KIRKLEES CCG STANDING FINANCIAL INSTRUCTIONS

Contents

This document should be read in conjunction with the following CCG documents:

- Standing Orders and Prime Financial Policies
- Scheme of Reservation and Delegation and operational Scheme of Delegation
- Process for the issue and receipt of tender documents
- Policy on Procurement.

This document is part of the CCG's detailed financial policies, which support the Prime Financial Policies, and together are referred to as the CCG's financial policies.

Key considerations

The delegation shown is the lowest level to which authority is delegated. Where subordinate staff assist in dealing with an issue, appropriate control must be maintained.

1 Compliance

1.1 All employees or third parties engaged to act in any capacity relating to procurement or management of contracts shall comply with the Standing Orders, Prime Financial Policies, Standing Financial Instructions, procurement policies and the latest guidance produced by NHS England.

1.2 Failure to comply with the Standing Orders, Prime Financial Policies, Standing Financial Instructions and the related Procurement Procedures may result in disciplinary action against employees, or steps being taken against third parties in line with contractual terms.

1.3 All employees and companies / contractors / suppliers engaged on the CCG's behalf must ensure that any conflicts of interest are declared as set out in the Conflicts of Interest Policy.

1.4 Current Public Contract Regulations require the advertisement of opportunities in the designated portal (i.e. Find A Tender), if applicable. The limits and rules are subject to review and change, therefore confirmation must be sought. A notice of contract award in the designated portal is required.

1.5 Where Public Contract Regulations may be applicable, managers must consult the Chief Finance Officer or their nominated representative to ensure full compliance with requirements.

1.6 Where an appropriate standard or code of practice is current at the time of tender, each written contract should require that the goods, services or works will be in accordance with that standard.

1.7 The procurement of contracts must comply with relevant legislation.

2 Exemptions/Exclusions

2.1 No exemptions can be made to the CCG's Prime Financial Policies or Standing Financial Instructions unless authorised by the Accountable Officer after considering a written report. A written record of the reasons for the decision must be retained and reported to the Audit Committee.

2.2 A Register of Exemptions will be maintained centrally by the Chief Finance Officer or their nominated representative, detailing the nature and value of all the contracts where an exemption has been obtained. A report will be provided to the Audit Committee.

3 Values and the inclusion of Value Added Tax

3.1 All amounts quoted refer to values inclusive of Value Added Tax.

4 Pre Contract Requirements and Assessment of Risk

4.1 All procurement activity must comply with the CCG's procurement policies.

4.2 In all cases before **commencing any procurement** process for goods, services or works with an estimated value in excess of £50,000, the following is required:

(a) A business case to justify planned procurement and include:
  (i) a written risk assessment, identifying key risks and the actions required to ensure that an acceptable level of risk is maintained
  (ii) a written record of the reasons for decisions, updated as appropriate
  (iii) an appropriate specification which will form the basis for the contract
  (iv) an estimate of the total cost of the contract (including costs for the full term of the contract, maintenance and continuing costs, and any disposal costs, i.e. whole life time cost)
  (v) signed authorisation in line with the authority limitations.

(b) consultation with the Chief Finance Officer or their nominated representative on appropriate contract documentation, including terms and conditions

(c) for expenditure on buildings the Chief Finance Officer needs to be consulted to advise on process. In addition the business case will need to set out the service need, the capital and the revenue costs.

(d) a schedule of prioritised and weighted evaluation criteria, including (as appropriate), price, technical merit, quality, sustainability, equality, analysis of cost or any other relevant criteria. The evaluation criteria must not include any non-commercial considerations

(e) unless provided for in paragraph 8 (Aggregation of Contracts), confirmation that supplies of a similar nature are being purchased together, and that orders are not split or disaggregated. To do so is a breach of these financial policies, and may be a breach of Public Contract Regulations.

4.3 In all cases before **commencing any contract** for goods, services or works with an estimated value in excess of £50,000, the following is required:

(a) evidence that each supplier has the technical capability and capacity to enter into a contract

(b) a report detailing the financial standing of any proposed supplier for any contract exceeding £100,000 or less where the procurement is considered business critical.

4.4 Pre-tender consultation with suppliers must be transparent and not prejudice any potential supplier.

4.5 Technical advice for the preparation of a specification may not be sought from a supplier where it will provide an unfair advantage to any supplier or distort equal and fair competition.

4.6 Where there is a relevant Approved List of Contractors, this must be used as the source of providing the names of contractors from whom quotations and tenders are sought. There must be a consistent selection process in line with regulations, directives, Department of Health guidance and these financial policies.

5 Competition Requirements for Contracts below £20,000

5.1 For contracts where the estimated expenditure or income does not, or is not reasonably expected to, exceed £20,000 the Head of Contracting and Procurement should advise the most efficient method of procurement, which demonstrates value for money, keeping a written record of the reason and action taken. As a minimum written quotations should be sought from **at least one, but preferably up to three** provider(s)/supplier(s).

5.2 Procurement should be carried out in accordance with these financial policies and Department of Health Guidance.

6 Competition Requirements for Contracts above £20,000

6.1 For contracts with whole life costs **between £20,000 and £50,000** a minimum number of **three competitive written quotations** should be obtained.

6.2 Formal tendering procedures must be applied where the estimated whole life costs exceed £50,000.

6.3 When assessing the potential value of a contract the whole life costs of the contract should be considered. The cumulative costs of a service with

contractors must also be taken into account when assessing what competition requirements are needed.

6.4 For contracts valued above £20,000 up to £50,000, the Accountable Officer may give permission for procurement to take place without competitive quotations being sought in exceptional circumstances for the reasons provided in 7.1 below.

6.5 For contracts valued over £50,000, the Accountable Officer in conjunction with another Governing Body member may give permission for procurement to take place without a tender process for the reasons provided in 7.1 below.

6.6 Where it is decided that competitive quotations are not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate CCG record and reported to the Audit Committee at each meeting.

7 Exceptions and Instances Where Formal Quotations or Tendering is Not Required

7.1 The requirement for formal quotations may be waived by the Accountable Officer, and the requirement for tendering procedures may be waived by the Accountable Officer in conjunction with another Governing Body Member, in the following circumstances:

(a) in very exceptional circumstances where the Accountable Officer decides that competitive quotations or tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal competitive quotations or tender procedures, and the circumstances are detailed in an appropriate CCG record

(b) where the requirement is covered by an existing NHS contract

(c) where framework agreements that are open and accessible to the CCG are in place and have been approved by the Governing Body

(d) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members

(e) where the timescale genuinely precludes competitive quotations or tendering. Failure to plan the work properly would not be regarded as a justification for waiving the requirement for competition

(f) where specialist expertise/service/works/goods are required and these are available from only one source (specialised service)

(g) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate

(h) where there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competition

(i) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the CCG is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned. The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

(j) where allowed and provided for in the Capital Investment Manual.

7.2 The waiving of competitive quotations or competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

7.3 If, after a contract has been agreed, the contractor requests a revision and the revision brings the total contract value to less than the original approved and allocated funding then the revision can be considered with the approval of the relevant Head of Service.

7.4 If after a contract has been agreed the contractor requests a revision which brings the total amount to greater than the original approved and allocated funding then the contract has to be resubmitted for approval depending on the contract value to the original approval authorities.

7.5 Procurements which subsequently breach thresholds after original approval, without the appropriate authorised notices of variation, shall be considered a breach of financial policies and will be acted upon in line with para 1.2. Such breaches will be documented in an appropriate CCG record and reported to the Audit Committee at each meeting.

8 Aggregation of Contracts

8.1 If a number of contracts of a similar nature are to be tendered, and the total cost of the contracts exceeds the tender threshold of £50,000, they must be tendered as one contract. If the total aggregated contract value exceeds the Public Contract Regulations (see paragraph 1.5) they **must** be tendered as one contract.
(Total cost means whole life costs of the contract.)

8.2 Tenders for services which require a number of providers to be working in the market place in order to introduce flexibility and competition can be tendered as one, however, separate contracts can be awarded to more than one provider. For the avoidance of doubt, the value of the contract over the whole contract term represents the total value of the contract.

9 Approved Lists

9.1 Where the CCG has determined that it will use Approved Lists, the CCG's Head of Contracting and Procurement shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Chief Finance Officer it is desirable to provide tenders from entities not on the approved lists, the reason shall be recorded in writing to the Accountable Officer.

9.2 Where the Chief Finance Officer has decided in writing that a new approved list of contractors is required for the supply of goods and services an approved list may be compiled.

9.2.1 At least four weeks before the approved list is compiled the approved list must be advertised on the designated portal, or in any other journal, newspaper etc., where it is considered that this would be beneficial, inviting contractors to indicate their interest in inclusion on the list.

9.2.2 The list must be kept by the Contracting Team and should:

(a) Contain the names of all suppliers who wish to be included and who have been approved by the Chief Finance Officer following an evaluation process.

(b) Indicate the level of contract value as recommended by the Chief Finance Officer and the categories of work for which approval is given.

9.2.3 The list may be amended by the addition of further contractors approved by the Chief Finance Officer or by the exclusion of contractors who are not meeting the requirements of the CCG. The Contracting Team will maintain a written record of the reasons for inclusion or exclusion.

9.2.4 The list must be reviewed at least every four years in accordance with Public Contract Regulations.

9.3 Tendering from Approved Lists

9.3.1 Tenders should be sent to a minimum of three suppliers on the approved list, selected by strict rotation. The Chief Finance Officer shall maintain a written register recording details of all invitations to tender, including reasons for selection and the responses received.

9.3.2 If a contract falls under the Public Contract Regulations regime, then existing approved lists cannot be used, and the contract must be advertised under Public Contract Regulations.

10 Tendering and Procurement

10.1 Unless the competition requirements have been waived in accordance with paragraph 7.1, contractors must be appointed by one of the following methods:

(a) Selective tendering from an Approved List

Selective tendering from an Approved List is appropriate when there is a need to tender for a particular type of service on a frequent basis.

(b) Contracting with "Any Qualified Provider" (AQP) from an Accredited Approved List

Contracting with "Any Qualified Provider" is appropriate when services are required on an ad-hoc basis or to facilitate patient choice. It may be described as an accreditation process underpinned by a framework agreement or "call off" contract.

Use of an Approved List will be required in accordance with Paragraph 9.2 (Setting up Approved Lists).

(c) The Open Tendering Procedure

Under the Open Tender Procedure all interested candidates who respond to a Government's Contract Finder (https://www.gov.uk/contracts-finder) advertisement if appropriate (and other adverts placed where it is considered that this would be beneficial) must be invited to tender. The best bid is chosen according to evaluation criteria. Under this procurement route, the advertisement and Service Specification must be very clearly defined so that bidders know exactly what is being procured. There is no scope to negotiate with bidders.

This procurement route is more appropriate for goods/services that are not complex in nature.

(d) The Restricted Tendering Procedure

Under the Restricted Tendering Procedure, interested candidates are invited to respond to the Government's Contract Finder (https://www.gov.uk/contracts-finder) advertisement if appropriate (and other adverts placed where it is considered that this would be beneficial) by submitting an expression of interest.

A shortlist of candidates is then drawn up and invited to tender. There is no scope to negotiate with tenderers following receipt of bids.

The Restricted Tendering Procedure should be used for goods or services that are more complex in nature and where short listing is required to ensure that the contractor has the appropriate technical ability to provide the goods or services being tendered for. A detailed specification will sent to short-listed providers when they are invited to tender.

(e) Competitive Dialogue Tendering

The use of the Competitive Dialogue Procedure is applicable only for particularly complex contracts where development of the detailed specification will take place during the tender process.

Under the Competitive Dialogue Procedure shortlisted parties are invited to participate in dialogue which may have several stages. Once the dialogue is concluded, suppliers are invited to submit a final tender. There is

provision for bidders to clarify, specify and fine-tune their final bids before a preferred bidder is chosen.

Robust governance is required as there needs to be careful management of bids and avoidance of conflicts of interest to ensure equality of treatment and avoid any unfair advantage between bidders.

Use of the Competitive Dialogue Procedure must be approved by the Chief Finance Officer or their nominated representative.

11 Invitation to Tender or to be Included on an Approved List

11.1 All invitations to tender or for expressions of interest in a tender or inclusion on an Approved List must be advertised on Government's Contract Finder (https://www.gov.uk/contracts-finder) advertisement, if appropriate. If it is considered that it would be beneficial the tender or Approved List may also be advertised in one or more newspapers or appropriate journals.

11.2 All requests for expressions of interest or invitations to tender shall state the date and time as being the latest time for receipt.

11.3 The CCG will keep a register of the companies that have expressed an interest and whether or not they have been invited to tender.

11.4 All tenders, other than those being submitted via electronic tendering software, shall be submitted in accordance with the following requirements:

- Tenders must be submitted in a plain sealed package or envelope addressed to the Accountable Officer bearing a pre-printed label supplied by the CCG and the latest date and time for the receipt of such tender.
- Tender envelopes shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

12 Evaluation of Tender, Quotations and Expressions of Interest

12.1 Prior to accepting a tender, quotation or expression of interest, the Tender Evaluation Team must evaluate all submissions in accordance with the criteria set out in paragraph 4 (Pre Contract Requirements and Risk Assessment).

12.2 Tenders must be evaluated by a Tender Evaluation Panel comprised of a minimum of three appropriately experienced people.

12.3 The Tender Evaluation Panel is required to maintain written records of:

- the weighting and evaluation criteria used to assess the submissions
- the recorded schedule of scoring for each panel member, including detailed reasons for scoring decisions
- a signed record of attendance and agreement with the scoring decisions and choice of tenderer.

13 Acceptance of Tender or Quotation

13.1 Successful tenderers will be those offering the best value for money to the CCG, in accordance with the Tender Evaluation Criteria, or where price is the only consideration the cheapest.

13.2 No tender or quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these financial policies.

13.3 A written, signed record of the decision to award a contract will be kept by the CCG and will be reported on to the Audit Committee at each meeting.

13.4 A Notice of an award of contract must be published on the designated portal in accordance with Public Contract Regulations.

13.5 All tenderers must be informed of the outcome of the tender process and provided with detailed feedback on their submission in relation to each of the evaluation criteria.

13.6 A standstill period will be required in accordance with Public Contract Regulations or the latest guidance produced by the Department of Health.

14 Use of Seal and execution of documents by signature

14.1 Authority to execute documents by seal and/or signature is held by the Accountable Officer, Chair of the Governing Body or Chief Finance Officer, in accordance with relevant Standing Orders. It is important that final contracts are signed, either physically or by acceptable electronic means, by the appropriate authority prior to commencement of activity.

NHS
Kirklees
Clinical Commissioning Group

Conflicts of Interest Policy

Version Control Sheet

Document title: Conflicts of Interest Policy

Author: Head of Corporate Governance

Lead Officer: Chief Officer

Version: Draft v0.1

Date of production: January 2021 in preparation for April 2021

Review date: April 2022

Postholder responsible for revision: Governance Manager (Corporate Governance and Risk)

Version History

Version No.	Author	Status	Circulation
0.1	Head of Corporate Governance	Draft	Clinical Oversight Reference Group
0.2	Head of Corporate Governance	Final Draft	Governing Body

Contents

1 INTRODUCTION TO THE POLICY

1.1 Introduction

Conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

NHS Kirklees Clinical Commissioning Group (the CCG), as a commissioner of healthcare, manages conflicts of interest as part of its day-to-day activities. Effective handling of conflicts of interest by the CCG is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

1.2 Aims and Objectives

Conflicts of interest are inevitable in commissioning – it is how the CCG manages them that matters.

This Policy provides advice on recognising where and how conflicts of interest arise and managing these within a proper governance framework to ensure that conflicts of interest do not affect, or appear to affect, the integrity of the CCG's decision-making process.

This Policy establishes how the CCG will ensure that best practice is followed in managing potential conflicts of interest. The Policy further sets out the safeguards which are put in place by the CCG to ensure transparency, fairness and probity in decision-making, including:

- Arrangements for declaring interests
- Maintaining a register of interests
- Keeping a record of steps taken to manage conflicts
- Excluding individuals from decision-making when a conflict arises
- Engagement with a range of potential providers on service design
- Managing situations where individuals have failed to declare an interest
- Additional factors that CCGs should address when commissioning primary medical care services under delegated commissioning arrangements
- Conflicts of interest training

The Policy follows the advice from NHS England that conflicts of interest can be managed by:

- Doing business appropriately – conflicts of interest become easier to identify, avoid and /or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision making will be clear and transparent and should withstand scrutiny.
- Being proactive not reactive – the CCG should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity.
- Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to conflicts of interest.
- Being balanced, sensible and proportionate – rules should be clear and robust but not overly prescriptive or restrictive. Decision-making should be transparent and fair whilst not being overly constraining, complex or cumbersome.
- Being transparent – clearly documenting the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- Creating an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.

The benefits of managing conflicts of interest are:

- Safeguarding clinically led commissioning, whilst ensuring objective investment decisions.
- Maintaining confidence and trust in the NHS.
- Enabling CCGs and member practices to demonstrate that they are acting fairly and transparently and that members of CCGs will always put their duty to patients and the local population before any personal financial interest.
- Ensuring that CCGs operate within the legal framework.

1.3 Constitutional and Statutory Requirements

Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what the CCG must do in terms of managing conflicts of interest.

NHS England has published detailed guidance for CCGs on the discharge of their functions and requires each CCG to have regard to this guidance. This includes:

- Managing Conflicts of Interests: Revised Statutory Guidance for Clinical Commissioning Groups, 2017
- Code of Conduct: Managing Conflicts of Interest where GP Practices are Potential Providers of CCG Commissioned Services, April 2013

NHS England has previously issued statutory guidance on managing conflicts of interest which takes account of the actual and potential conflicts of interest associated with co-commissioning or the delegation of primary medical services commissioning. However, this has subsequently been superseded by the revised statutory guidance.

The CCG is also subject to procurement rules set out in the NHS (Procurement, Patient Choice and Competition) Regulations 2013 and the Public Contract Regulations 2015; as well as the Bribery Act 2010.

The CCG also adheres to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association, the Royal College of General Practitioners and the General Medical Council.

The CCG's Constitution defines what constitutes a conflict of interest and sets out arrangements for the management of conflicts of interest. This should be read in conjunction with this Policy.

This Policy is not, nor does it purport to be, a full statement of the law.

1.4 Scope of the Policy

This Policy applies to all CCG employees, members of the CCG, co-opted members and members of the Governing Body and its committees who must comply with the arrangements outlined in this Policy.

Where an individual fails to comply with this Policy, disciplinary action may be taken or the individual removed from office.

Furthermore, individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring interests including potential conflicts of interest. This will be written into their contract for services.

This Policy should be read in conjunction with the following:

- CCG Constitution
- CCG Anti-Fraud, Bribery and Corruption Policy
- CCG Standards of Business Conduct Policy
- CCG Procurement Policy

1.5 Accountability

It is the responsibility of everyone in the CCG to appropriately manage conflicts of interest. Everyone is responsible for familiarising themselves with this policy and to comply with the provisions of it.

Governing Body / Audit Committee

The CCG Governing Body, with support from the Audit Committee, will oversee this Policy and will ensure that there are systems and processes in

place to support all member practices and individuals who hold positions of authority or who can make or influence decisions to:

- Declare their interests through a Register of Interests, which is published and made available to the public via the CCG website or on request.
- Declare any relevant interests through discussions and proceedings so that any comments they make are fully understood by all others within that context.
- Ensure that where any conflict could have an effect on any decision or process the individual concerned will have no part in making or influencing the relevant decision.

The Governing Body will take such steps as it deems appropriate, and request information it deems appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

Conflicts of Interest Guardian

The Chair of the CCG's Audit Committee will act as the Conflicts of Interest Guardian. The Guardian, in collaboration with the CCG's Head of Corporate Governance, will:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

CCG Lay Members

Lay Members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. The Primary Care Commissioning Committee must have a lay chair and lay vice chair. To ensure the CCG Audit Chair's position as Conflicts of Interest Guardian is not compromised, the Audit Chair should not hold the position of Chair of the Primary Care Commissioning Committee.

Accountable Officer

The CCG's Chief Officer, as Accountable Officer, has overall accountability for the CCG's management of conflicts of interest. The Accountable Officer has overall responsibility for this Policy, ensuring that a process for managing conflicts of interest is in place. The Accountable Officer should consult with the Clinical Chair.

The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are put in place to manage the conflict of interest or potential conflict of interests to ensure the integrity of the CCG's decision-making process.

Where necessary, the Accountable Officer will put in writing to the relevant individual arrangements for managing the conflict of interest or potential conflicts of interest within a week of declaration. This will confirm the following:

- When an individual should withdraw from a specified activity, on a temporary or permanent basis.
- Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

Where the Accountable Officer is conflicted or potentially conflicted, they will seek advice from the Conflicts of Interest Guardian.

Head of Corporate Governance

The Head of Corporate Governance has responsibility for:

- The day-to-day management of conflicts of interest matters and queries.
- Maintaining the CCG's Register of Interests and the other registers referred to in this Policy.
- Supporting the Conflicts of Interest Guardian to enable them to carry out the role effectively.
- Providing advice, support and guidance on how conflicts of interest should be managed.
- Ensuring that appropriate administrative processes are put in place.

Heads of Service

Heads of Service are responsible for ensuring that members of staff are aware of this policy and the processes to be followed.

All Employees

To ensure openness and transparency in business transactions, all employees and appointments to the CCG are required to:

- Ensure that the interests of patients and the local population remain paramount at all times.

- Be impartial and honest in the conduct of their own official business.
- Use public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- Ensure they do not abuse their official position for personal gain or the benefits of their family or friends.
- Ensure that they do not seek to advantage or further private or other interests in the course of their official duties.
- Ensure that they declare all conflicts of interest and outside employment.

Transactions in support of commissioning functions

In any transaction undertaken in support of the CCG's exercise of its commissioning functions (including conversations between two or more individuals, emails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their Head of Service (in the case of employees) or the Chair of the Governing Body, of the transaction.

2 DEFINITION OF AN INTEREST

2.1 Definition of an Interest

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'.

A conflict of interest may be 'actual' i.e. there is a material conflict between one or more interests or 'potential' i.e. there is the possibility of a material conflict between one or more interests in the future.

Individuals may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It is important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations and new care models[1], as clinical commissioners may here find themselves in a

[1] New care models refers to Multi-specialty Community Providers (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope.

position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

It is important to remember that:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring.
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it.
- For a conflict to exist, financial gain is not necessary.

2.2 Types of Interest

Interests can be captured in four different categories. A benefit may arise from the making of a gain or the avoidance of a loss:

1. Financial Interests

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model.
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership of consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A management consultant for a provider.
- A provider of clinical private practice.

This could also include an individual being:

- In employment outside of the CCG;
- In receipt of secondary income;
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role;
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

2. Non-Financial Professional Interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g. in dermatology, acupuncture etc;
- An active member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- Engaged in a research role.
- The development holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas;

GPs or other primary care professionals who are members of the Governing Body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

3. Non-Financial Personal Interests

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

4. Indirect Interests

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

- Spouse / partner

- Close family member or relative e.g. parent, grandparent, child, grandchild or sibling
- Close friend or associate
- Business partner.

A declaration of interest for a 'business partner' in a GP partnership should include all relevant collective interest of the partnership, and all interests of their fellow GP partners (which could be done be cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

Examples of case studies developed by NHS England can be found at:

https://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/

The above categories and examples are not exhaustive, and it is not possible or desirable to define all instances in which an interest may be a real or perceived conflict.

It is for each individual to exercise their judgement and the CCG will exercise discretion on a case by case basis, having regard to the principles set out within this Policy, in deciding whether any other role, relationship or interest which would impair or otherwise influence the individual's judgement or actions in their role within the CCG. If so, this should be declared and will be appropriately managed.

If any individual is unsure as to whether an interest should be declared then that individual should seek advice from the Head of Corporate Governance, Accountable Officer, Conflicts of Interest Guardian, or from the Committee chair if appropriate.

The question of whether or not to declare an interest is an individual judgement.

3 PRINCIPLES OF GOOD GOVERNANCE

3.1 The Seven Principles of Public Life

This Policy reflects the seven principles of public life established by the Nolan Committee, which are as follows:

- ***Selflessness*** – holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

- ***Integrity*** – holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- ***Objectivity*** – in carrying out public business, including making appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- ***Accountability*** - holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- ***Openness*** - holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- ***Honesty*** - holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- ***Leadership*** - holders of public office should promote and support these principles by leadership and example.

3.2 The Seven Key Principles of the NHS Constitution[2]

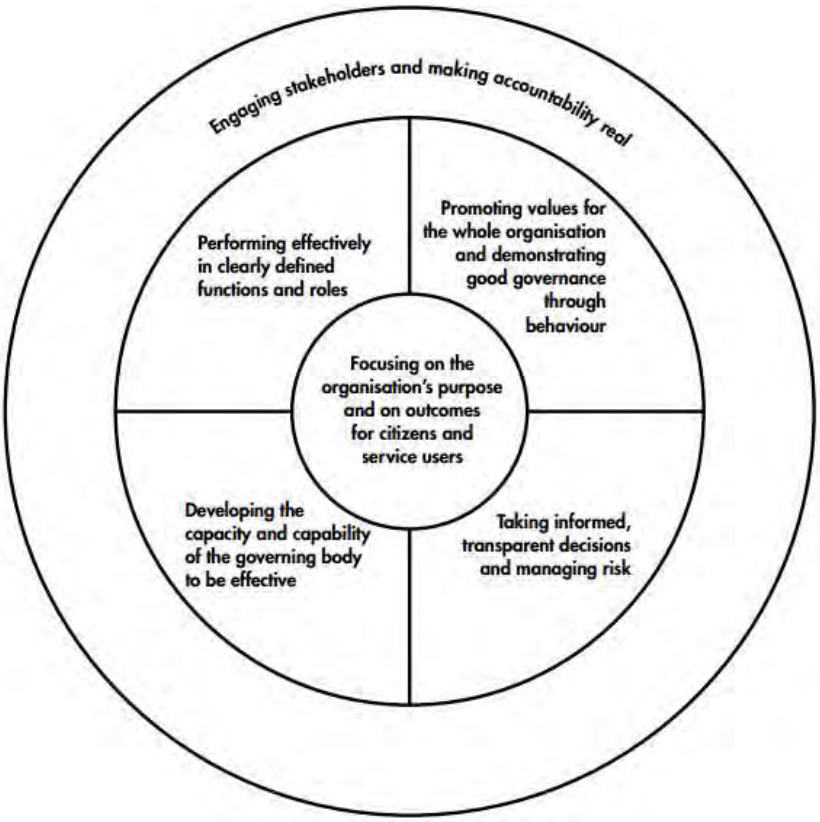
This Policy reflects the seven key guiding principles of the NHS Constitution, which are underpinned by core NHS values:

- The NHS provides a comprehensive service available to all.
- Access to NHS services is based on clinical need, not an individual's ability to pay.
- The NHS aspires to the highest standards of excellence and professionalism.
- The NHS aspires to put patients at the heart of everything it does.
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

[2] http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx

3.3 The Good Governance Standards for Public Services[3]

This Policy reflects the six core principles of good governance:



3.4 The Equality Act 2010[4]

This Policy is written with regard to the Equality Act 2010.

3.5 The UK Corporate Governance Code[5]

The Code sets standards of good practice in relation to board leadership and effectiveness, remuneration, and accountability. This Policy reflects the Code.

3.6 Standards for Members of NHS Boards and CCG Governing Bodies in England[6]

This Policy is written with regard to the Standards.

[3] https://traverse.ltd/application/files/6115/4954/5616/Good_Governance_Standards_for_Public_Services_OPM-CIPFA_2004.pdf
[4] http://www.legislation.gov.uk/ukpga/2010/15/contents
[5] https://www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.pdf
[6] http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2

4 DECLARING CONFLICTS OF INTEREST

4.1 Declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing). Further opportunities to make declarations include:

On appointment

All applicants for any appointment to the CCG or its Governing Body or any committees will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should be made using the CCG's Declaration of Interests Portal.

Annually

All interests must be declared at least annually. The Head of Corporate Governance will coordinate the declaration process. This will be complemented by a quarterly check that the register of interests is accurate and up to date. Where there are no interests, a 'nil return' should be recorded.

At meetings

At meetings all attendees will be asked to declare any interest they have in any agenda items at the start of the meeting or as soon as it becomes apparent. This applies even if the matter is recorded in the Register of Interests. Declarations of interest will be an agenda item at each meeting and any interests declared will be recorded in the minutes. Minutes should clearly specify the nature and extent of the interest, an outline of the discussion, the action taken to manage the conflict and the decisions made with regard to the course of action taken. A written declaration should be made by the individual as soon as possible using the form within this Policy (see Appendix A).

Where an interest has been previously declared, in relation to the scheduled or likely business of any meeting where the business to which that interest relates is discussed, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the interest.

On changing role, responsibility or circumstances

Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (for example, where an individual takes on a new role outside the CCG, enters into a new business or relationship, starts a new project/piece of work or may be affected by a procurement decision e.g. if their role may transfer to a proposed new

provider) a further declaration should be made. It is an individual's responsibility to make a further declaration as soon as possible, and in any event, within 28 days, rather than waiting to be asked.

4.2 If an individual fails to declare an interest that, had it been known, may have affected the decision-making process, disciplinary action or criminal sanctions may be taken.

4.3 A Declaration of Interests Flowchart is attached at Appendix B to illustrate the above process.

4.4 Access to the CCG's Declarations of Interest Portal, and details of who to contact for assistance, are available via the CCG's intranet at https://intranet.kirkleesccg.nhs.uk/home/teams-and-functions/declaration-of-interests-gifts-and-hospitality

5 REGISTER OF INTERESTS

5.1 The CCG must ensure that, when individuals declare interests, this includes all the interests of the relevant individuals within their organisation who have a relationship with the CCG and who would potentially be in a position to benefit from the CCG's decisions.

5.2 The CCG will maintain a Register of Interests (see template at Appendix C) for:

- All CCG employees, including
  - All full and part time staff
  - Any staff on sessional or short term contracts
  - Any students and trainees (including apprentices)
  - Agency staff
  - Seconded staff
  - Any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration as if they were CCG employees
- All members of the CCG (i.e. each practice)
  - This includes each provider of primary medical services which is a member of the CCG under Section 14O(1) of the 2006 Act. Declarations should be made by:
    - GP partners (or where the practice is a company, each director)

- Any individual directly involved with the business or decision-making of the CCG

- Members of the Governing Body and the CCG's Committees and Sub-Committees, including:
  - Co-opted members
  - Appointed deputies
  - Any member of committees/groups from other organisations

  (Where the CCG is participating in a joint committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.)

5.3 The Head of Corporate Governance will ensure the transfer of all interests declared to the relevant register as soon as possible, and within 28 days.

5.4 The Register of Interests is held by the Head of Corporate Governance on behalf of the Accountable Officer and will be reviewed on a regular basis to ensure it is accurate and up to date and reported to the Audit Committee.

5.5 The CCG will publish the Register of Interests for 'decision-making staff' on the CCG's website. A copy will also be available at the CCG's headquarters.

5.6 The CCG defines 'decision-making staff' as:

- All governing body members;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of the Primary Care Commissioning Committee;
- Members of other committees of the CCG;
- Members of new care models joint provider / commissioner groups / committees;
- Senior Management Team;
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG;
- Management, administrative and clinical staff involved in decision-making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

5.7 All interests will remain on the public register for a minimum of six months after the interest has expired. The CCG will retain a private record of historic interests for a minimum of six years after the date on which it expired. The register of interests will state that historic interests are retained by the CCG, with advice to contact the Head of Corporate Governance to submit a request for this information.

6 APPOINTMENTS

6.1 Appointing Governing Body / Committee Members / Senior Employees

6.1.1 On appointing Governing Body, committee or sub-committee members and senior staff, the CCG will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role.

6.1.2 This will be considered on a case-by-case basis and will include an assessment of the materiality of the interest, in particular, whether the individual (or any person with whom they have a close association) could benefit (whether financially or otherwise) from any decision the CCG might make. The CCG will determine the extent of the interest and the nature of the appointee's proposed role within the CCG. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

6.1.3 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare, including new care model providers, or healthcare commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the Governing Body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.

6.2 Outside Employment

6.2.1 Outside employment means employment and other engagements, outside of formal employment arrangements.

6.2.2 Staff must inform and obtain prior permission from the CCG by notifying their line manager if they wish to engage in outside employment in addition to their

work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest with their CCG employment.

6.2.3 Staff should declare any outside employment using the form at Appendix D.

6.2.4 Examples of work which might conflict with the business of the CCG include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG including paid advisory positions and paid honorariums which relate to bodies likely to do business with the CCG;
- Directorships e.g. of a GP federation or non-executive roles;
- Self-employment, including private practice, charitable trustee roles, political roles and consultancy work, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.

6.2.5 The CCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

7 DECLARATION OF GIFTS AND HOSPITALITY

7.1 Gifts

7.1.1 A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.

7.1.2 All gifts of any nature offered to CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined, whatever their value. The person to whom the gifts were offered should also declare the offer to the Head of Corporate Governance via the Declaration of Interest Portal, so the offer which has been declined can be recorded on the register.

7.1.3 Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case. The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e. less than £6) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers

and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register.

7.1.4 Any gift or cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the Head of Corporate Governance via the Declaration of Interest Portal and recorded on the register.

7.2 Hospitality

7.2.1 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG.

7.2.2 Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g. tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared to the Head of Corporate Governance, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business; in which case all such offers (whether or not accepted) should be declared and recorded.

7.2.3 There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:

- Hospitality of a value above £25; and
- In particular offers of foreign travel and accommodation.

7.2.4 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in the above paragraph may be contemplated. Express prior approval should be sought from the Head of Corporate Governance (who will take further advice if required) before accepting such offers, and the reasons for acceptance should be recorded in the CCG's register of gifts and hospitality.

7.2.5 Hospitality of this nature should be subsequently declared to the Head of Corporate Governance via the Declaration of Interest Portal and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Advice should always be sought from the Head of Corporate Governance (who will take further advice if required) as there may be particular sensitivities, for example, if a contract re-tender is imminent.

7.3 Commercial Sponsorship

7.3.1 CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices. All such offers, whether accepted or declined, must be declared within two weeks of offer, so that they can be included on the CCG's register of interest, and the Head of Corporate Governance should provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance with this Policy, then they may be accepted, subject to approval by a Head of Service.

7.3.2 Collaborative partnerships with industry can have a number of benefits and a transparent approach across the CCG is essential. Clinical and professional decisions must always be in the best interests of patients and the service. Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services.

7.3.3 Consideration should be given to the implications of any proposed sponsorship deal, its costs and benefits and an awareness of bias generated through sponsorship, where this might impinge on professional judgement and impartiality. High ethical standards must be adhered to at all times.

7.3.4 The CCG should not endorse individual companies or their products, and it should be made clear that any sponsorship does not mean that the CCG is endorsing a company's products or services.

7.3.5 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

7.3.6 All agreements with a commercial sponsor will be handled in an open and transparent manner and are open to scrutiny and be a matter of public record.

7.3.7 No agreements will be entered into with sponsors whose products or services are prejudicial to health or conflict with the principles and objectives of the NHS and the CCG. No agreements will be entered into with organisations whose business or function is ethically unacceptable to the CCG, its staff or the public.

7.3.8 In areas such as clinical trials, or commissioning, there must be sufficient distance between the commercial sponsor and the clinicians involved in the day to day operation of the clinical trial/commissioning decision, to ensure no undue influence is exerted to promote a particular company's product or service.

7.3.9 Commercial sponsorship for events including educational events, training, provision of speakers and open days, may be accepted provided that the following principles are strictly observed:

- the nature of the venues, meeting rooms and hospitality must be commensurate with that which would have been provided by the NHS directly had the event not been sponsored.
- permission to attend relevant conferences should be sought in advance of the event from the line manager who must be satisfied that acceptance will not compromise a purchasing decision in any way.

7.3.10 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

7.3.11 These arrangements apply to all commercial sponsorship and not just pharmaceutical companies or other equipment/material suppliers. For clarification, these arrangements would apply to all external organisations offering sponsorship of a nature defined above where those organisations themselves are businesses directly engaged in profit making, whether within healthcare or not. As such, this includes private contractors and companies set up by private contractors (even though the companies themselves may technically be non-profit making).

7.3.12 Organisations directly within the NHS such as NHS Trusts, the Area Team, direct Government agencies and bodies, Foundation Trusts, and Local Authorities, would be excluded from having to comply with these arrangements, e.g. a Foundation Trust offering to host a conference at their expense to cover the costs of hospitality for a meeting, for example, would not have to be declared nor approved within this Policy.

7.3.13 Where a member of staff is invited to speak at a meeting organised by a pharmaceutical or other commercial company, the member of staff should discuss whether to accept this invitation with their line manager. If such an invite is accepted this should be declared using the appropriate form (see Appendix E). The company should have no influence on the content of any presentation made. It should be made clear that the member of staff's presence does not imply that NHS Kirklees CCG endorses any of the company's products or services. Any fee or gift received for such a presentation should be given to the CCG and entered in the hospitality register.

7.3.14 Attendance at externally organised events that are, or may be commercially sponsored, should be agreed through the appropriate line manager (e.g. attendance at an event organised by another NHS organisation, nurses attending talks within GP practices).

8 REGISTER OF GIFTS AND HOSPITALITY

8.1 The CCG will maintain a Register of Gifts and Hospitality (see template at Appendix E).

8.2 The Head of Corporate Governance will ensure the transfer of all declarations to the register as soon as possible, and within 28 days.

8.3 The Register of Gifts and Hospitality is held by the Head of Corporate Governance on behalf of the Accountable Officer and will be reviewed on a regular basis to ensure it is accurate and up to date, reported to the Audit Committee and made publically available on the CCG's website.

9 GOVERNANCE ARRANGEMENTS AND DECISION-MAKING

9.1 Chairing arrangements and decision-making processes

9.1.1 The chair of a meeting has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

9.1.2 In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict.

9.1.3 In making such decisions, the chair may wish to consult with the Conflicts of Interest Guardian or another member of the Governing Body.

9.1.4 It is good practice for the chair, with support of the Head of Corporate Governance and, if required, the Conflicts of Interest Guardian to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting.

9.1.5 NHS England have produced a template declaration of interest checklist with the intention of providing support in conflicts of interest management to the Chair prior to, during and following the meeting (see Appendix F).

9.1.6 The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the group should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared, and complete the appropriate form (see Appendix A). Interests declared at meetings are cross referenced with the register of interests to ensure that it is up-to-date.

9.1.7 It is the responsibility of each individual member of the meeting to declare any relevant interests. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interest but which have not been declared then they should bring this to the attention of the chair. The chair will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

9.1.8 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest not to attend the meeting;

- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared.
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

9.1.9 NHS England has produced a number of case studies including examples of material and immaterial conflicts of interest. These can be viewed at:

https://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/

9.1.10 Where the conflict of interest relates to outside employment and an individual continues to participate in meetings pursuant to paragraph 9.1.8, he/she should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes. Where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.

9.1.11 If an individual leaving the meeting impacts upon quoracy, the chair reserves the right to adjourn and reconvene the meeting when appropriate membership can be ensured.

9.1.12 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interest or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

9.1.13 In making the decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's Standing Orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Accountable Officer on the action to be taken. This may include:

- Requiring another of the CCG's committees or sub-committees, the Governing Body or the Governing Body's committees or sub-committees, which can be quorate, to progress the item of business.
- Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body/committee/sub-committee in question) so that the group can progress the item of business:
    - A member of the CCG who is an individual;
    - An individual appointed by a member to act on its behalf in the dealings between it and the CCG;
    - A member of a relevant Health & Wellbeing Board;
    - A member of a Governing Body of another CCG.
- Where the item of business relates to a matter where all practice representatives on the Governing Body/Committee have to declare an interest, for that matter the practice representatives will be excluded from the arrangements on quoracy.

9.1.14 These arrangements must be recorded in the minutes.

9.2 Conflicts of interest – supporting clinical involvement

9.2.1 It is vital that the principle of clinical involvement, which provides a direct link to patients and local populations, is maintained and there needs to be a balance between good clinical input at the strategic level and the need for public assurance about the probity of procurement decision-making.

9.2.2 At the outset of a commissioning process, clear and proportionate arrangements will be made both to manage any conflicts of interest and to ensure appropriate and relevant clinical input throughout the commissioning cycle.

9.2.3 The following principles will be adopted:

- The clinical knowledge and experience (including, for example, whether this needs to come from someone currently in clinical practice) required for each part of the commissioning cycle will be identified at the outset.
- The expected impact of conflict of interest management on the access to such clinical knowledge and experience at each stage will be reviewed.
- Proposals will be developed to ensure appropriate clinical input at each stage. This may include, for example:
    - Use of external, non-conflicted clinicians commissioned by the CCG.
    - Reciprocal arrangements with other CCGs, such that practice representatives from outside Kirklees provide clinical input when Kirklees practice representatives are excluded.
- In considering appropriate input, consideration will be given to whether the person supplying the input needs specific skills or whether, for example, the person needs to be currently in clinical practice for a minimum number of sessions.

9.2.4 The proposed arrangements will be determined by the Conflict of Interests Guardian, in line with the guidance in the policy, reflecting full input from Governing Body GP members/other primary care professional practice members and internal/external input/advice as appropriate. For decisions where the majority of practice representatives are conflicted to the extent that they need to be excluded from the meeting, the Conflicts of Interest Guardian will consult with the LMC and Council of Members Chair to ensure appropriate clinical input.

9.3 Primary Care Commissioning

9.3.1 The CCG has delegated primary care commissioning responsibilities and has a Primary Care Commissioning Committee for discharging its primary medical services functions. The interests of all Committee members must be recorded on the CCG's register of interests.

9.3.2 The CCG can determine the full membership of the Committee, within the following parameters:

- A lay and executive majority, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision-making process due to conflicts of interest.
- A lay chair and vice chair.
- GPs can, and should, be members to ensure sufficient clinical input, but must not be in the majority. Retired or out of area GPs can be appointed to ensure clinical input whilst minimising risk of conflicts of

interest. Where the committee is commissioning a new care model, the CCG should consider whether that committee has sufficient clinical expertise taking into account the range of services being commissioned, for example, having at least one clinician without an interest in a potential new care model provider e.g. a recently retired or out of area GP.

- In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.
- Standing invitation to local Healthwatch representative and a local authority representative from the local Health & Well-Being Board to attend as non-voting attendees.
- Other individuals can be invited to attend on an ad hoc basis to provide expertise to support the decision-making process.

9.3.3 It is important that conflicts of interest are managed appropriately within any sub-committees or sub-groups established by the Committee. As a safeguard, minutes from any sub groups should be submitted to the Committee detailing any conflicts and how they have been managed.

9.4 Minute Taking

9.4.1 The CCG must ensure complete transparency in its decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

- Who has the interest;
- The nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- The items on the agenda to which the interest relates;
- How the conflict was agreed to be managed;
- Evidence that the conflict was managed as intended (for example, recording the points during the meeting when particular individuals left or returned to the meeting).

9.4.2 The CCG has a template for recording minutes of meetings (see Appendix G).

10 MANAGING CONFLICTS OF INTEREST THROUGHOUT THE COMMISSIONING CYCLE

10.1 The CCG recognises the importance of making decisions about the services it procures/commissions in a manner which does not call into question the reasons behind the procurement decision which has been made. The CCG will commission and procure services in a manner which is open, transparent and non-discriminatory.

10.2 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.

10.3 The CCG must identify as soon as possible where staff might transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and the CCG will ensure it manages the potential conflict.

10.4 Designing service requirements

10.4.1 The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development.

10.4.2 Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. The CCG has legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions.

10.4.3 It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid.

The CCG must be particularly mindful of these issues when engaging with existing/potential providers in relation to the development of new care models.

10.4.3 Provider engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent. This mitigates the risk of potential legal challenge.

10.4.4 As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design e.g., via the commissioners website and/or via workshops with interested parties (ensuring a record is kept of all interaction). NHS Improvement has issued guidance on the use of provider boards in service design.

10.4.5 Engagement should help to shape the requirement to meet patient need, but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

10.4.6 The CCG should seek, as far as possible, to specify the outcomes that it wishes to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services. However, they also need to ensure careful consideration is given to the appropriate degree of financial risk transfer in any new contractual model.

10.4.7 Specifications should be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.

10.5 Procurement and Awarding Grants

10.5.1 The CCG will need to be able to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services or the administration of grants.

10.5.2 “Procurement” relates to any purchase of goods, services or works and the term “procurement decision” should be understood in a wide sense to ensure transparency of decision making on spending public funds. The decision to use a single tender action, for instance, is a procurement decision and if it results in the CCG entering into a new contract, extending an existing contract, or materially altering the terms of an existing contract, then it is a decision that should be recorded.

10.5.3 NHS England and CCGs must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime, and the public procurement regime:

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement;
- The public procurement regime – Public Contracts Regulations 2015 (PCR 2015) apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under the regulations of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for two bodies, including NHS England and Improvement's functions in relation to the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 (PPCCR) healthcare services falling below the threshold value if there is likely to be interest from providers.

Whilst the two regimes overlap in terms of some of their requirements, they are not the same – so compliance with one regime does not automatically mean compliance with the other.

10.5.4 The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 201323 state: *CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into.*

10.5.5 Paragraph 24 of PCR 2015 states: *"Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators"*. Conflicts of interest are described as *"any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure"*.

10.5.6 The Procurement, Patient Choice and Competition Regulations 2013 (PPCCR) place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. Furthermore the PPCCR places requirements on commissioners to secure high quality, efficient NHS

healthcare services that meet the needs of the people who use those services. The PCR 2015 are focussed on ensuring a fair and open selection process for providers.

10.5.7 An obvious area in which conflicts could arise is where a CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may most often arise in the context of commissioning of primary care, particularly with regard to delegated commissioning, where GPs are current or possible providers or in relation to the commissioning of new care models.

10.5.8 A procurement template (see Appendix H) sets out factors that the CCG should address when drawing up their plans to commission general practice services.

10.5.9 CCGs are required to make the evidence of their management of conflicts publicly available, and the relevant information from the procurement template will be used to complete the register of procurement decisions (see Appendix I).

10.5.10 Complete transparency around procurement will provide:

- Evidence that the CCG is seeking and encouraging scrutiny of its decision-making process;
- A record of the public involvement throughout the commissioning of the service;
- A record of how the proposed service meets local needs and priorities for partners such as the Health and Wellbeing Boards, local Healthwatch and local communities;
- Evidence to the Audit Committee and internal and external auditors that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts.

10.6 Register of Procurement Decisions

10.6.1 The CCG maintains a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract (see template at Appendix I).

10.6.2 The register is updated whenever a procurement decision is taken and is publicly available on the CCG's website and upon request at the CCG's headquarters.

10.7 Declarations of Interests for Bidders/Contractors

10.7.1 Anyone seeking information in relation to procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant actual or potential conflict of interest. Bidders will be asked to complete a formal declaration at the invitation to tender stage of the procurement process – the form is attached at Appendix J.

10.7.2 It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process.

10.7.3 However, the CCG will retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow them to provide information at a later date if required. These records must be retained for a period of at least three years from the date of award of the contract.

10.8 Contract Monitoring

10.8.1 The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.

10.8.2 Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e., the chair of a contract management meeting should invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this guidance. This equally applies where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements.

10.8.3 The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

10.8.4 The CCG should be mindful of any potential conflicts of interest when they disseminate any contract or performance information/reports on providers, and manage the risks appropriately.

11 PUBLICATION OF REGISTERS

11.1 The CCG will publish the registers of interest, the register of gifts and hospitality, and the register of procurement decisions, on the CCG's website.

11.2 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. This can be done via the Declaration of Interest Portal, and will be reviewed by the Head of Corporate Governance, who will inform the Conflicts of Interest Guardian. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG will retain a confidential un-redacted version of the register(s).

11.3 All persons who are required to make a declaration of interest or a declaration of gifts or hospitality will be made aware that the registers will be published in advance of publication. The CCG's fair processing notice will detail this requirement.

11.4 The register of interests (including the register of gifts and hospitality) will be published as part of the CCG's Annual Report and Annual Governance Statement.

12 RAISING CONCERNS AND BREACHES

12.1 Raising Concerns

12.1.1 It is the duty of every CCG employee, governing body member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on conflicts of interest management, and to report these concerns.

12.1.2 These individuals should not ignore their suspicions or investigate themselves, but rather speak to the Head of Corporate Governance,

Accountable Officer or Conflicts of Interest Guardian to raise their concerns. Concerns can also be raised in writing. The CCG welcomes the raising of concerns and is committed to dealing with them responsibly and professionally. If anyone raises a concern, the matter will always be given serious consideration.

12.1.3 The CCG will treat all disclosures in a confidential and sensitive manner in line with the CCG's policies and applicable laws. The identity of the individual raising the concern may be kept confidential so long as it does not hinder or frustrate any investigation.

12.2 Managing Breaches

12.2.1 All concerns received will be documented by the Head of Corporate Governance and fully investigated to determine if a breach of the Conflict of Interest Policy has occurred. In most instances, the Conflicts of Interest Guardian will investigate the concern, with support from the Head of Corporate Governance.

12.2.2 The Head of Corporate Governance will arrange for the notification to NHS England, where a serious breach is deemed to have occurred.

12.2.3 The individual making a disclosure will receive an appropriate explanation of any decisions taken as a result of any investigation.

12.2.4 Any non-compliance with the CCG's Conflicts of Interest Policy (where the breach is being reported by an employee or worker of the CCG) will be handled in line with that policy and the CCG's Whistleblowing Policy. Anyone who wishes to report a suspected or known breach of the policy, who is not an employee or worker of the CCG, should also ensure that they comply with their own organisation's whistleblowing policy, since most such policies provide protection against detriment or dismissal.

12.2.5 The Head of Corporate Governance will arrange for anonymised details of serious breaches to be published on the CCG's website for the purpose of learning and development. The Head of Communications will be advised.

12.3 Fraud and Bribery

12.3.1 Suspected fraud, bribery and corruption can be reported:

- To the CCG's Local Counter Fraud Specialist – Rosie Dickinson – who can be contacted by telephoning 07825 228 175 or emailing rosie.dickinson1@nhs.net
- Using the NHS Fraud, Bribery and Corruption Reporting Line on 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk as an alternative to internal reporting procedures and if staff wish to remain anonymous. All reports of fraud, bribery and corruption will be taken seriously and thoroughly investigated by professionally trained staff.

13 IMPACT OF NON-COMPLIANCE

13.1 Failure to comply with the CCG's policies on conflicts of interest management can have serious implications for the CCG and any individuals concerned.

13.2 Civil Implications

13.2.1 If conflicts of interest are not effectively managed, the CCG could face civil challenges to the decisions it makes. For instance, if breaches occur during a service re-design or procurement exercise, the CCG risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCG, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the CCG's reputation.

13.2.2 In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

13.3 Criminal Implications

13.3.1 Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the CCG and linked organisations, and the individuals who are engaged by them.

13.3.2 The Fraud Act 2006 states a person is guilty of fraud if he is in breach of any of the sections listed below;

Section 2 - Fraud by false representation;

Section 3 - Fraud by failing to disclose information; and,

Section 4 - Fraud by abuse of position.

13.3.3 Fraud can generally be defined as an act by a person (or persons) with a dishonest intention to make a gain for themselves (or someone else), or to inflict a loss (or a risk of a loss) on another. Fraud is a criminal offence which carries a maximum custodial sentence of 10 Years imprisonment. The Fraud Bribery and Corruption policy sets out details of potential sanctions and redress available to the CCG where Fraud is uncovered. Please see the policy for further information.

13.3.4 Bribery is generally defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. The Bribery Act 2010, makes it a criminal offence to give, promise or offer a bribe, and to request, agree to receive or accept a bribe, either at home or abroad. It also includes bribing a foreign official and the corporate offence of failure to prevent bribery. Commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery. The corporate offence is not a stand-alone offence, but always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question. The offences of bribing another person, accepting a bribe and bribery of foreign public officials can also be committed by a body corporate. Offences under the Bribery Act 2010 carry a maximum custodial sentence of 10 years imprisonment. The Fraud Bribery and Corruption policy sets out details of potential sanctions and redress available to the CCG where Bribery or Corruption is identified. Please see the policy for further information. In relation to a body corporate the penalty for these offences is an unlimited monetary fine.

13.4 Disciplinary Implications

13.4.1 Individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action.

13.4.2 CCG staff, Governing Body and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

13.5 Professional Regulatory Implications

13.5.1 Statutorily regulated healthcare professionals who work for, or are engaged by, CCGs are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest.

13.5.2 The CCG will report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. The consequences for inappropriate action could include fitness to practise proceedings being brought against individuals, and they could, if appropriate, be struck off by their professional regulator as a result.

14 TRAINING

14.1 In line with the statutory guidance, annual training is offered via an NHS England online training package to all employees, Governing Body members, members of CCG committees and sub-committees and practice staff with involvement in CCG business on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are and how to manage them effectively. Completion rates are recorded as part of the annual conflicts of interest audit.

14.2 Face to face training is also provided by NHS England to key individuals within CCGs.

15 PUBLIC SECTOR EQUALITY DUTY

An Equality Impact Assessment has been carried out for this Policy (see Appendix K) – no impact was identified.

16 IMPLEMENTATION AND DISSEMINATION

The Policy will be disseminated to all employees, Governing Body and Committee members and member practices, via the CCG intranet and CCG newsletters.

17 MONITORING COMPLIANCE

17.1 The CCG's Audit Committee will monitor compliance with the Policy.

17.2 Internal Audit

17.2.1 The CCG is required to undertake an audit of conflicts of interest management as part of its internal audit on an annual basis.

17.2.2 The results of the audit are required to be reflected in the CCG's annual governance statement and will be discussed in the end of year governance meeting with NHS regional teams.

17.3 NHS Oversight Framework

17.3.1 The management of conflicts of interest is a key indicator of the NHS Oversight Framework.

17.3.2 As part of the framework, CCGs are required on an annual basis to confirm via self-certification:

- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
- That the CCG has a minimum of three lay members;
- That the CCG audit chair has taken on the role of the Conflicts of Interest Guardian;
- The level of compliance with the mandated conflicts of interest on-line training, as of 31 January annually.

17.3.3 In addition, CCGs are required to report on a quarterly basis via self-certification whether the CCG:

- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for: conflicts of interest; procurement decisions; and gifts and hospitality;
- Has made these registers available on its website and, upon request, at the CCG's HQ;
- Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
    - To include details of how they were managed;
    - Confirmation that anonymised details of the breach have been
    - published on the CCG website;
    - Confirmation that they been communicated to NHS England.

17.3.4 Where a CCG has decided not to comply with one or more of the requirements whether in relation to any of the matters referred to in paragraphs 17.3.2 and 17.3.3 above or otherwise it is expected to be discussed in advance with NHS England.

17.3.5 CCGs must also include within their self-certification statements the reasons for deciding not to do so, on a “comply or explain” basis.

APPENDIX A – In-meeting Declaration of Interests Form

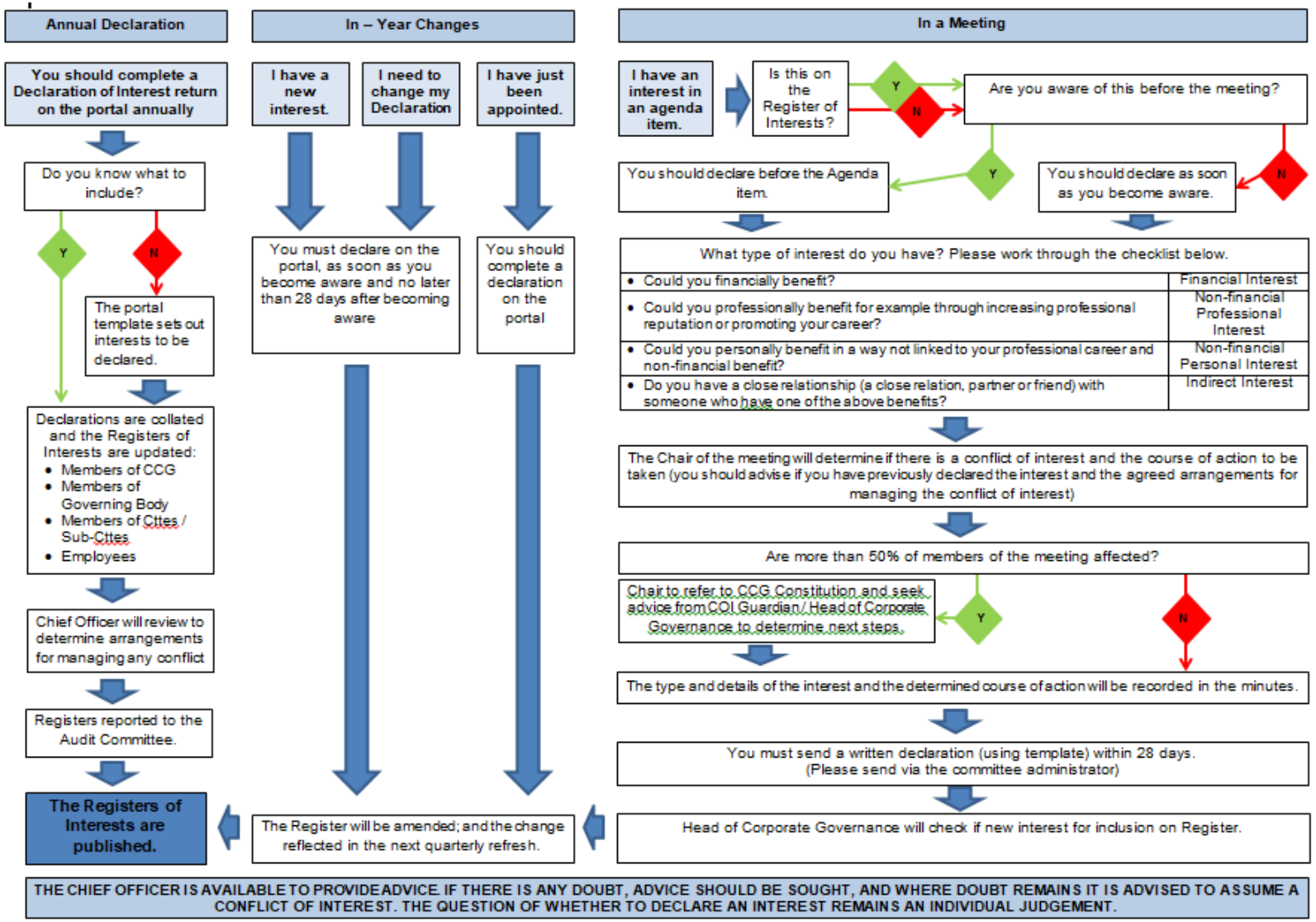
Name:					
Meeting:				**Date:**	
Agenda item in which you have an interest	**Type of interest**		**Direct or indirect?**	**Brief description of your interest**	**Agreed arrangements for managing conflict of interest**
	Financial				
	Non-financial professional				
	Non-financial personal				
	Financial				
	Non-financial professional				
	Non-financial personal				
	Financial				
	Non-financial professional				
	Non-financial personal				
	Financial				
	Non-financial professional				
	Non-financial personal				
	Financial				
	Non-financial professional				
	Non-financial personal				

I confirm that the information provided above is complete and correct. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Signed: **Date Signed:**

(The full description of the process illustrated by the flowchart is set out at section 4 of the policy.)

APPENDIX B – Flowchart illustrating section 4 of the policy



APPENDIX C – Register of Interests Template for NHS Kirklees CCG

Role	Name	Interest Description	Interest Type	Direct/Indirect	Date From	Date To

APPENDIX D – Declaration of Outside Employment / Private Practice Form

Guidance Notes: This form is to notify NHS Kirklees CCG if you are engaged in, or wish to engage in outside employment in addition to your work with the CCG. Please return to Head of Corporate Governance

Details of Outside Employment/outside practice:

Employer .....

Nature / Type of Business .....

Other Relevant Information

.....

.....

.....

.....

Do you envisage a conflict of interests between this employment/outside practice and your CCG employment? YES / NO

If such work would mean that your working hours may exceed 48 hours per week, you should discuss this with your line manager.

I confirm that I have read the CCG's Standards of Business Conduct Policy, and have complied with the requirements. I confirm that this does not breach the policy.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Signature: ..... Date: .....

Print Name: ..... Contact No.....

Job Title: .....

Department: .....

Manager's Signature: ..... Date: .....

Print Name: ..... Contact No.....

Job Title: .....

Department: .....

APPENDIX E – Register of Gifts, Hospitality and Sponsorship Template

Role	Beneficiary	Type	Date Offered	Declined or Accepted	Date Of Receipt (if applicable)	Details of Gift, Hospitality orSponsorship	Estimated Value	Supplier / Offeror Details	Reason Accept or Decline

(This is an extract from the national statutory guidance, and is not in an accessible format. Please ask if you require a different format).

APPENDIX F – Declarations of interest checklist

Annex E: Template declarations of interest checklist

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	1. **The agenda** to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.	Meeting Chair and secretariat
	2. A **definition of conflicts of interest** should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. **Agenda** to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and secretariat
	4. **Members should contact the Chair** as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review a **summary report from preceding meetings** i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. **A template for a summary report** to present discussions at preceding meetings is detailed below.	Meeting Chair
	6. A **copy of the members' declared interests** is checked to establish any actual or potential conflicts of interest that may occur during the meeting.	Meeting Chair

(This is an extract from the national statutory guidance, and is not in an accessible format. Please ask if you require a different format).

During the meeting	**7. Check and declare the meeting is quorate** and ensure that this is noted in the minutes of the meeting.	Meeting Chair
	8. Chair requests **members to declare any interests in agenda items-** which have not already been declared, including the nature of the conflict.	Meeting Chair
	9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.	Meeting Chair and secretariat
	10. As minimum requirement, the following should be **recorded in the minutes of the meeting**: • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • **Visitors in attendance** who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. **A template for recording any interests during meetings** is detailed below.	Secretariat
Following the meeting	**11.** All **new interests declared** at the meeting should be promptly updated onto the declaration of interest form;	Individual(s) declaring interest(s)
	12. All new completed declarations of interest should be **transferred onto the register of interests.**	Designated person responsible for registers of interest

APPENDIX G – Minutes Template

Minutes of the NHS Kirklees CCG *Meeting Title*

held on *Day Date Year, xx pm/am – xx pm/am*

Venue/Location.

Remove borders from the name boxes

Governing Body Members/ XX Committee Members Present *(delete as applicable)*

Member Name	(Initial)	Job Title/Position

**Use table to keep information clear (lines are to be removed from presented version)*

Members Apologies:

Name	(Initial)	Job Title/Position

**Use table to keep information clear (lines are to be removed from presented version)*

In Attendance

Name	(Initial)	Job Title/Position

**Use table to keep information clear (lines are to be removed from presented version)*

Other Apologies:

Name	(Initial)	Job Title/Position

**Use table to keep information clear (lines are to be removed from presented version)*

Minutes:

Named Administrator	(Initial)	Job Title

Minute Ref **Welcome and Introductions** *(Title as it appears on agenda)*

(See guidance)

XX opened the meeting ……

Minute Ref **Apologies and Declarations of Interest** *(Title as it appears on agenda)*

Apologies were received from ……

Declarations of interest:

Committee members were reminded of their obligation to declare any interest they may have on issues arising at committee meetings which might conflict with the business of the CCG.

Declarations declared are listed in the CCG's register of interests, which is available at [insert hyperlink].

The following Declarations of interest were made in respect of this meeting:-

[Include name of person declaring interest, type of interest and whether direct or indirect, description of interest, and agreed arrangements for managing conflict.]

The interests were **NOTED** and action taken as appropriate.

Minute Ref **Title as it appears on agenda**

Minutes

The Minutes of meeting(s) held on DD-MMM-YYYY were reviewed for accuracy.

Matters Arising

XXXX

Action Log *(EXAMPLEs)*

GB/14/255 Performance Report - Clarity to be sought from Calderdale and Huddersfield NHS Foundation Trust (CHFT) against six week diagnostic Target. **– Action to Remain Open**

AB provided an update against action GB/14/255 Performance Report in relation to MRI Breaches. Work is being undertaken regarding capacity, there has been a small reduction however further work is required in this area **– Action to be Closed**

Action(s) *(Where a new action arises use this format at the end of the item section)*

- **CD to gain assurance from YAS regarding the process for identifying any impact on patient care resulting from poor performance within delivery of the NHS 111 service.**

Minute Ref **Title as it appears on agenda**

XXXXXXXXXXXXXX

Action(s)

- **XXXXXXXXXX**

The *Governing Body/Committee* **RECEIVED** and **NOTED** the report and actions being taken.

OR

The *Governing Body/Committee* unanimously **AGREED** and **APPROVED** the contract award as recommended: ***Bidder one*** *for a period of* ***three years.***

Movements during the meeting should be noted as followed and include a time if possible e.g.

(EF and GH left the meeting at 16:49)

(IJ handed the meeting back to KL as Chair)

(Conflicted members left the room at 12:16)

(Conflicted members returned to the room at 12:30)

Minute Ref Title as it appears on agenda

XXXXXXXXXX

Minute Ref Date and Time of Next Meeting

It was confirmed that the next meeting would be held on DAY, DATE YYYY, 00:00 – 00:00hrs.

This concluded the Governing Body Meeting held in Public at approximately 00:00hrs.

(For Governing Body only)

Chair's Signature: ..... Date: .....

Vice Chair's Signature: ..... Date: .....

(Where Vice Chair has presided over the/a section of the meeting)

APPENDIX H – Procurement Checklist

Service:

Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	

10. Why have you chosen this procurement route e.g., single action tender?[7]	
11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to GP providers	
15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	

[7]Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of NHS England/Improvement).

17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

APPENDIX I – Register of Procurement Decisions and Contracts Awarded

Ref No	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead	CCG contract manager	Decision making process and name of decision making committee	Summary of conflicts of interest declared and how these were managed	Contract Award (supplier name & registered address)	Contract value (£) (Total)	Contract value to CCG

APPENDIX J – Template Declaration of Conflicts of Interests for Bidders / Contractors

Name of Organisation:	
Details of interests held:	
Type of Interest	**Details**
Provision of services or other work for the CCG or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions	

Name of Relevant Person	[*complete for all Relevant Persons*]	
Details of interests held:		
Type of Interest	**Details**	**Personal interest or that of a family member, close friend or other acquaintance?**
Provision of services or other work for the CCG or NHS England		

Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

APPENDIX K – Equality Impact Assessment Tool

	Conflicts of Interest Policy		
		Yes/No	**Comments**
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	-	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	-	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	-	
7.	**Can we reduce the impact by taking different action?**	-	

If you have identified a potential discriminatory impact of this procedural document, please refer it to, together with any suggestions as to the action required to avoid/reduce this impact.

APPENDIX L - Summary of key aspects of the guidance on managing conflicts of interest relating to commissioning of new care models

Introduction

1. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring. They arise in many situations, environments and forms of commissioning.

2. Where CCGs are commissioning new care models [8], particularly those that include primary medical services, it is likely that there will be some individuals with roles in the CCG (whether clinical or non-clinical), that also have roles within a potential provider, or may be affected by decisions relating to new care models. Any conflicts of interest must be identified and appropriately managed, in accordance with this statutory guidance.

3. This annex is intended to provide further advice and support to help CCGs to manage conflicts of interest in the commissioning of new care models. It summarises key aspects of the statutory guidance which are of particular relevance to commissioning new care models rather than setting out new requirements. Whilst this annex highlights some of the key aspects of the statutory guidance, CCGs should always refer to, and comply with, the full statutory guidance.

Identifying and managing conflicts of interest

4. The statutory guidance for CCGs is clear that any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or provider of commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the governing body or of a committee or sub-committee of the CCG.

5. In the case of new care models, it is perhaps likely that there will be individuals with roles in both the CCG and new care model provider/potential provider. These conflicts of interest should be identified as soon as possible, and appropriately managed locally. The position should also be reviewed whenever an individual's role, responsibility or circumstances change in a

[8] Where we refer to 'new care models' in this note, we are referring to any Multi-speciality Community Provider (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope that (directly or indirectly) includes primary medical services

way that affects the individual's interests. For example where an individual takes on a new role outside the CCG, or enters into a new business or relationship, these new interests should be promptly declared and appropriately managed in accordance with the statutory guidance.

6. There will be occasions where the conflict of interest is profound and acute. In such scenarios (such as where an individual has a direct financial interest which gives rise to a conflict, e.g., secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to a CCG or aspires to be a new care model provider), it is likely that CCGs will want to consider whether, practically, such an interest is manageable at all. CCGs should note that this can arise in relation to both clinical and non- clinical members/roles. If an interest is not manageable, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the CCG and may require the CCG to take action to terminate an appointment if the individual refuses to step down. CCGs should ensure that their contracts of employment and letters of appointment, HR policies, governing body and committee terms of reference and standing orders are reviewed to ensure that they enable the CCG to take appropriate action to manage conflicts of interest robustly and effectively in such circumstances.

7. Where a member of CCG staff participating in a meeting has dual roles, for example a role with the CCG and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, he or she should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.

8. CCGs should take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG (for example, in relation to new care model arrangements).

9. CCGs should identify as soon as possible where staff might be affected by the outcome of a procurement exercise, e.g., they may transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and CCGs should ensure they manage the potential conflict. This conflict of interest arises as soon as individuals are able to identify that their role may be personally affected.

10. Similarly, CCGs should identify and manage potential conflicts of interest where staff are involved in both the contract management of existing contracts, and involved in procurement of related new contracts.

Governance arrangements

11. Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with this statutory guidance, without compromising the CCG's ability to make robust commissioning decisions.

12. We know that some CCGs are adapting existing governance arrangements and others developing new ones to manage the risks that can arise when commissioning new care models. We are therefore, not recommending a "one size fits" all governance approach, but have included some examples of governance models which CCGs may want to consider.

13. The principles set out in the general statutory guidance on managing conflicts of interest (paragraph 19-23), including the Nolan Principles and the Good Governance Standards for Public Services (2004), should underpin all governance arrangements.

14. CCGs should consider whether it is appropriate for the Governing Body to take decisions on new care models or (if there are too many conflicted members to make this possible) whether it would be appropriate to refer decisions to a CCG committee.

<u>Primary Care Commissioning Committee</u>

15. Where a CCG has full delegation for primary medical services, CCGs could consider delegating the commissioning and contract management of the entire new care model to its Primary Care Commissioning Committee. This Committee is constituted with a lay and executive majority, and includes a requirement to invite a Local Authority and Healthwatch representative to attend (see paragraph 97 onwards of the CCG guidance).

16. Should this approach be adopted, the CCG may also want to increase the representation of other relevant clinicians on the Primary Care Commissioning Committee when new care models are being considered, as mentioned in Paragraph 98 of this guidance. The use of the Primary Care Commissioning Committee may assist with the management of conflicts/quorum issues at governing body level without the creation of a new forum/committee within the CCG.

17. If the CCG does not have a Primary Care Commissioning Committee, the CCG might want to consider whether it would be appropriate/advantageous to establish either:

    a) A **new care model commissioning committee** (with membership including relevant non-conflicted clinicians, and formal decision making powers similar to a Primary Care Commissioning Committee ("NCM Commissioning Committee"); or

    b) A separate **clinical advisory committee**, to act as an advisory body to provide clinical input to the Governing Body in connection with a new care model project, with representation from all providers involved or potentially involved in the new care model but with formal decision making powers remaining reserved to the governing body ("NCM Clinical Advisory Committee").

NCM Commissioning Committee

18. The establishment of a NCM Commissioning Committee could help to provide an alternative forum for decisions where it is not possible/appropriate for decisions to be made by the Governing Body due to the existence of multiple conflicts of interest amongst members of the Governing Body. The NCM Commissioning Committee should be established as a sub-committee of the Governing Body.

19. The CCG could make the NCM Commissioning Committee responsible for oversight of the procurement process and provide assurance that appropriate governance is in place, managing conflicts of interest and making decisions in relation to new care models on behalf of the CCG. CCGs may need to amend their constitution if it does not currently contain a power to set up such a committee either with formal delegated decision making powers or containing the proposed categories of individuals (see below).

20. The NCM Commissioning Committee should be chaired by a lay member and include non-conflicted GPs and CCG members, and relevant non-conflicted secondary care clinicians.

NCM Clinical Advisory Committee

21. This advisory committee would need to include appropriate clinical representation from all potential providers, but have no decision making powers. With conflicts of interest declared and managed appropriately, the NCM Clinical Advisory Committee could formally advise the CCG Governing Body on clinical matters relating to the new care model, in accordance with a scope and remit specified by the Governing Body.

22. This would provide assurance that there is appropriate clinical input into Governing Body decisions, whilst creating a clear distinction between the clinical/provider side input and the commissioner decision-making powers (retained by the Governing Body, with any conflicts on the Governing Body managed in accordance with this statutory guidance and constitution of the CCG).

23. From a procurement perspective the Public Contracts Regulations 2015 encourage early market engagement and input into procurement processes. However, this must be managed very carefully and done in an open, transparent and fair way. Advice should therefore be taken as to how best to constitute the NCM Clinical Advisory Committee to ensure all potential participants have the same opportunity. Furthermore it would also be important to ensure that the advice provided to the CCG by this committee is considered proportionately alongside all other relevant information. Ultimately it will be the responsibility of the CCG to run an award process in accordance with the relevant procurement rules and this should be a process which does not unfairly favour any one particular provider or group of providers.

24. When considering what approach to adopt (whether adopting an NCM Commissioning Committee, NCM Clinical Advisory committee or otherwise) each CCG will need to consider the best approach for their particular circumstances whilst ensuring robust governance arrangements are put in place. Depending on the circumstances, either of the approaches in paragraph 17 above may help to give the CCG assurance that there was appropriate clinical input into decisions, whilst supporting the management of conflicts. When considering its options the CCG will, in particular, need to bear in mind any joint / delegated commissioning arrangements that it already has in place either with NHS England, other CCGs or local authorities and how those arrangements impact on its options.

Provider engagement

25. It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid. CCGs should be particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models and CCGs must ensure they comply with their statutory obligations

including, but not limited to, their obligations under the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and the Public Contracts Regulations 2015.

Further support

26. If you have any queries about this advice, please contact: england.co-commissioning@nhs.net.

Standards of Business Conduct Policy

Version Control Sheet

Document title: Standards of Business Conduct Policy

Author: Head of Corporate Governance

Lead Officer: Chief Finance Officer

Version: Draft v0.1

Date of production: February 2021 in preparation for April 2021

Review date: April 2022

Postholder responsible for revision: Governance Manager (Corporate Governance and Risk)

Version history

Version no.	Date	Author	Description	Circulation
0.1	1 February 2021	Head of Corporate Governance	Preparation of policy for new Kirklees CCG	CCG Merger Clinical/Membership Oversight/Strategy Group
0.2	31 March 2021	Head of Corporate Governance	Updated in line with Accessible Information Standard	Governing Body

Contents

1 Introduction

1.1 As public sector bodies, NHS Kirklees Clinical Commissioning Group (the CCG) must be impartial and honest in the conduct of business and employees should remain beyond suspicion. The CCG operates within an environment of mutual openness, honesty and transparency. This policy has been developed to protect both staff and the CCG against contention or allegations of misconduct.

1.2 This policy sets out the standards of business conduct for NHS Kirklees Clinical Commissioning Group, hereafter referred to as "the CCG", and provides guidance. It should be read in conjunction with the CCG's Conflicts of Interest Policy.

2 Purpose

2.1 The CCG's Constitution, at section 6, Provisions for Conflict of Interest Management and Standards of Business Conduct, confirms that all employees, members, Committee members and sub-committee members of the CCG and members of the Governing Body should act in good faith in the interests of the CCG, follow the Seven Principles of Public Life (Nolan Principles) and comply with the CCG's policy on business conduct.

2.2 The supplementary guidance in this policy seeks to ensure a consistent and transparent approach to standards of business conduct throughout the organisation.

2.3 This policy:

- provides guidance to ensure that employees, members of the CCG, co-opted members and members of the Governing Body and its committees do not misuse their official position or information acquired in their official duties for personal gain or to benefit their family or friends or seek to advantage or further private business or other interests, in the course of their official duties.
- signposts the Conflicts of Interests Policy, which provides guidance on offers of gifts, hospitality and commercial sponsorship.
- highlights staff responsibilities to declare outside interests and employment outside of the organisation, ensuring that outside interests are in no way detrimental to the CCG and signposting the Conflicts of Interests Policy.
- provides guidance on charitable fundraising.

- provides guidance regarding the award of contracts, ensuring there is no unfair advantage of one competitor over another or show favouritism in awarding contracts in line with CCG and national policy.
- raises awareness that the Bribery Act makes it an offence to give, promise, or offer a bribe; and to request, agree to receive or accept a bribe.

3 Definition of Terms

3.1 A **"gift"** is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value. Full guidance on declaring offers of gifts is contained in section 7.1 of the Conflicts of Interest Policy.

3.2 **"Hospitality"** is defined as food, drink, accommodation or entertainment offered to an individual employee or CCG member outside of their usual place of work, or provided in the nature of the organisation's business by anyone other than the organisation itself. Hospitality offered on an organisation-wide basis will be dealt with as "sponsorship". Full guidance on declaring offers of hospitality is contained in section 7.2 of the Conflicts of Interest Policy.

3.3 **"Sponsorship"** is defined within DH guidance[1] as funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services and buildings or premises.

Sponsorship may also be indirect – such as the offer from a current contractor to deliver a pilot scheme at no cost to the CCG.

Full guidance on declaring offers of commercial sponsorship is contained in section 7.3 of the Conflicts of Interest Policy.

4 Scope of the Policy

4.1 The CCG expect this policy to be complied with by:

- all employees
- members of the CCG
- co-opted members
- members of the Governing Body and its committees

[1] Commercial Sponsorship – Ethical Standards for the NHS (DH, 2000)

- those on temporary or honorary contracts, secondments, pool staff, contractors and students.

4.2 Staff are responsible for ensuring that they are not placed in a position which risks conflict between their private interests and their NHS duties. Every member of staff is responsible for ensuring that he/she complies with this policy on standards of business conduct. Some staff may additionally be required to adhere to a code of conduct of their own professional body.

4.3 **Member practices** are responsible for the management of standards of business conduct within their own practices.

4.4 Any non-compliance with the policy may lead to disciplinary action which could result in dismissal for gross misconduct.

4.5 Breaches of the provisions of the legislation referred to in **section 2** may render individuals liable to criminal prosecution and may lead to dismissal, loss of NHS employment and superannuation rights.

5 Policy Details

5.1 Gifts

All offers of gifts must be declared in accordance with the Conflicts of Interest Policy. Full guidance on declaring offers of gifts is contained in section 7.1 of that policy.

5.2 Hospitality

All offers of hospitality must be declared in accordance with the Conflicts of Interest Policy. Full guidance on declaring offers of hospitality is contained in section 7.2 of that policy.

5.3 Commercial Sponsorship

All offers of commercial sponsorship must be declared in accordance with the Conflicts of Interest Policy. Full guidance on declaring offers of commercial sponsorship, including attendance at training events sponsored by pharmaceutical companies, is contained in section 7.3 of that policy.

5.4 Rewards for Initiative

As a general principle, any financial gain resulting from any external work undertaken and connected with CCG business, whether undertaken in work or private time, will be due to the CCG. Employees are required to speak to their Head of Service before undertaking any work.

Any patent or copyright resulting from the work of a CCG employee in the course of their duties shall be the property of the CCG.

Consideration will be given to rewarding employees who, within the course of their work, have produced innovative work of outstanding benefit to the CCG.

5.5 Declarations of Outside Interests

All employees, members and co-optees must ensure that public confidence in their integrity is not compromised or damaged in any way by maintaining high standards of conduct at all times.

Whilst the off duty hours of employees are their own concern, employees should ensure that their private interests do not come before their job and they should not put themselves in a position where their private interests conflict with their job.

Staff must declare any interest they, their immediate family, partner or close associate may have in a contract or other similar matter under consideration by the CCG by declaring this matter in accordance with the Conflicts of Interest Policy. Full guidance on declaring interests is contained in section 4 of that policy. Staff should familiarise themselves with the policy and ensure they adhere to it.

The interests of members of the Governing Body and its committees, staff and the CCG's membership are registered and reported to the Audit Committee on a quarterly basis. They are also recorded in the appropriate minutes when issues giving rise to possible conflicting interests are discussed.

5.6 Declarations of Outside Employment/Private Practice

Staff must inform and obtain prior permission from the CCG by notifying their line manager if they wish to engage in outside employment in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest with their CCG employment. The process for declaring outside employment (along with examples of work which might conflict with the business of the CCG) is set out in section 6.2 of the Conflicts of Interest Policy.

Private Practice

Employees may undertake private practice or work for outside agencies, provided they **do not** do so within the time they are contracted to the NHS, and they observe the conditions set out above and in the Conflicts of Interest Policy.

Agreements with medical staff regarding private practice are as specified in their terms and conditions of service/employment. Relevant professional guidance, e.g. “A guide to the Management of Private Practice in the NHS”, should be adhered to.

5.7 Financial References

Organisations or individuals external to the NHS have on occasion approached members of staff requesting the provision of references to support their application for funding from sources internal or external to the CCG.

The CCG will support such applications where appropriate. However, such references must be signed off at Chief Officer or Chief Finance Officer level. This is because the CCG may carry liability should the organisation or individual develop financial problems.

5.8 Contracts

Members of the Governing Body, its committees and CCG employees who are in contact with suppliers and contractors (including external consultants) and in particular, those who are authorised to sign purchase orders, or place contracts for goods, materials or services, must adhere to the standards of behaviour expected that are set out in this policy and:

- the CCG Constitution
- Standing Financial Instructions
- Procurement Policy
- Conflict of Interests Policy

Fair and open competition between prospective contractors or suppliers for NHS contracts is a statutory requirement. This means that:

- No private, public or voluntary organisation or company which bids for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the CCG, such as a long running series of previous contracts.
- Each new contract should be awarded solely on merit, taking into account the requirements of the CCG and the ability of the contractors to fulfil them.

- No special favour must be shown to current or former employees or Governing Body members, or their close relatives or associates, in awarding contracts to private or other businesses run by them, or employing them in a senior relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders.
- Employees, Governing Body and committee members with a relevant interest must play no part in the selection, and scrupulous care must be taken to ensure that the selection process is conducted impartially.
- All invitations to potential contractors to tender for CCG business must include a tender notice warning tenderers of the consequences of engaging in any corrupt practices involving employees of public bodies. All tenderers are routinely required to sign a form relating to canvassing in respect of collusive tendering.

5.9 Commercial Confidentiality

Employees should, at all times, guard against using or making public, information on the operations of the CCG which might provide a commercial advantage to any organisation in a position to supply goods and/or services to the CCG in line with the CCG's Procurement Policy and Freedom of Information Policy.

5.10 Research and Development

Any research, as opposed to audit, or service evaluation undertaken must first be approved by a Local Research Ethics Committee and be given approval by the CCG as part of the Research Governance Framework.

The CCG works in partnership with the West Yorkshire Research and Development (WY R&D) team to ensure that all research activity that takes place within the CCG and its member practices is undertaken in accordance with current governance and regulatory requirements,

Anyone planning to undertake a Research and Development project should seek advice on the proposed project from research@bradford.nhs.uk

5.11 Charitable Fundraising

The CCG support the raising of funds for donation to a charitable organisation or appeal. To ensure that these funds are raised in the spirit of this policy, the following process must be followed by anyone intending to raise more than £100 from a fundraising event, sponsorship or sale of raffle tickets:

- All individuals wishing to raise money must complete the Charitable Fundraising form at Appendix 2 and send the completed form to the Head

of Corporate Governance who, in consultation with **the relevant Head of Service**, will decide if this is appropriate.

- The Head of Corporate Governance will keep a record of all CCG staff raising money for charity.
- If the Head of Service or Head of Corporate Governance has any concern about the proposal then they will raise the matter with the **Chief Finance Officer** and inform the member of staff of the outcome.
- The fundraiser is responsible for organising the event and any indemnity insurance as required if members of the public attend an event which is something other than the normal working interface with such groups of public. The CCG does not guarantee to provide any resources to assist in the process, unless a request was made in the initial submission and agreed at that point.
- After the fundraising activity, the fundraiser must inform the Head of Corporate Governance in writing, detailing the amount of money raised at the event, together with a receipt from the charity to indicate that they have received the money.

6 Accountabilities and Responsibilities

6.1 Duties within the Organisation

Standards of Business Conduct state that all employees and officers of the NHS must be impartial and honest in the conduct of their business and do not place themselves in a position which risks or appears to risk conflict between their private interest and NHS duties. High standards of corporate and personal conduct are a requirement throughout the NHS and, since it is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.

The CCG endorses the three crucial public service values that must underpin the work of the NHS:

a. Accountability

Everything done by those who work in the NHS must be able to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

b. Probity

There should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be the hallmark of all personal conduct in decisions

affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

c. Openness

There should be sufficient transparency about NHS activities to promote confidence between any NHS body and its staff, service users and the public.

NOLAN PRINCIPLES OF CONDUCT IN PUBLIC LIFE

In addition to the public service values described above, principles of conduct in the NHS and codes of conduct detailed in the Codes of Conduct and Accountability Framework, CCG staff should adopt the seven Principles of Public Life (the "Nolan Principles") published and subsequently updated by the Committee for Standards in Public Life, which aim to ensure the highest standards of propriety in public life.

These are:

i. **Selflessness**
Holders of public office should act solely in terms of the public interest.

ii. **Integrity**
Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

iii. **Objectivity**
Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

iv. **Accountability**
Holders of public office are accountable to the public for their decisions and actions must submit themselves to the scrutiny necessary to ensure this.

v. **Openness**
Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

vi. **Honesty**
Holders of public office should be truthful.

vii. **Leadership**
Holders of public office should exhibit these principles in their own

behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour whenever it occurs.

All staff are expected to adopt these principles when conducting official business for and on behalf of the CCG so that appropriate ethical standards can be demonstrated at all times.

Senior Management Team

The **Chief Officer** is the organisation's designated 'Accountable Officer' and has overall responsibility for ensuring the CCG operates in a transparent and open manner.

The **Chief Finance Officer** is responsible for ensuring this policy is in place.

Officers, Lay Members and Heads of Service

All **officers and lay members**, must act in accordance with this policy and lead by example in acting with the utmost integrity and ensuring adherence to all relevant regulations, policies and procedures.

Clinical Leads, Officers, Heads of Service and Line Managers are responsible for assisting employees in complying with this policy by:

- ensuring that this policy and its requirements are brought to the attention of employees for whom they are responsible, and that those employees are aware of its implications for their work.
- ensuring that members of staff have a thorough understanding of the CCG's governance arrangements.

Head of Corporate Governance

The **Head of Corporate Governance** is responsible for administering this policy and ensuring reporting to the Audit Committee. The **Head of Corporate Governance** will maintain registers covering:

a. Gifts and Hospitality
b. Outside employment and interests
c. Sponsorship
d. Charitable Fundraising

Staff

All staff are expected to ensure that the interests of patients remain paramount at all times:

- be impartial and honest in the conduct of their official business;
- use the public funds entrusted to them to the best advantage of the service, always ensuring value for money;
- not abuse their official position for personal gain or to benefit their family or friends;
- not seek to gain advantage or further private business or other interests, in the course of their official duties;
- be aware that it is both a serious criminal offence (the Bribery Act 2010, the Theft Act 1968 and the Fraud Act 2006) and disciplinary matter to corruptly receive or give any fee, loan, gift, reward or other advantage in return for doing (or not doing) anything or showing favour (or disfavour) to any person or organisation;
- understand that failure to follow this policy may damage the CCG and its work and so may be viewed as a disciplinary matter.

All staff must:

- act honestly and with integrity at all times and to safeguard the organisation's resources for which they are responsible;
- ensure that they read, understand and comply with this policy;
- comply with the spirit, as well as the letter, of the laws and regulations of all jurisdictions in which the organisation operates, in respect of the lawful and responsible conduct of activities;
- adhere to all relevant regulations, policies and procedures;
- raise concerns as soon as possible if they believe or suspect that a conflict with this policy has occurred, or may occur in the future.

Should members or staff wish to report any concerns or allegations, they have a number of options available to them:-

- Report all suspected irregularities to the Chief Finance Officer who is also the contact point for NHS Counter Fraud Authority, the Police and External Audit.
- Contact your Local Counter Fraud Specialist: rosie.dickinson1@nhs.net 07825 228175
- Contact the NHS Counter Fraud Authority Fraud and Corruption Reporting Line 0800 028 4060 or https://cfa.nhs.uk/reportfraud

- Contact the Public Concern at Work line on 0207 404 6609
- Follow the CCG's own Whistleblowing Policy guidelines

The consequences of non-compliance with this policy are set out in section 4.

Audit Committee

The Audit Committee will review the policy regularly on behalf of the Governing Body, and recommend amendment whenever there is a material change in legislation or guidance underpinning the policy.

The committee will receive reports on declarations in line with this policy on a regular basis.

7. Public Sector Equality Duty

7.1 The CCG, as a public body, have to demonstrate **due regard** to the general duty. This means active consideration of equality must influence the decision(s) reached that will impact on patients, carers, communities and staff.

7.2 The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none is placed at a disadvantage relative to others.

7.3 An Equality Impact Assessment (EIA) has been carried out for this policy – no impact was identified.

8. Consultation

Consultation on this policy has been undertaken via the Senior Management Team and Counter Fraud Team.

9. Training

The Head of Corporate Governance will identify staff groups who require training on this policy and decide how this training need will be met.

10. Monitoring Compliance with the Document

The CCG will monitor compliance with the policy via the Audit Committee and the Head of Corporate Governance. The Chief Officer will take any action as necessary.

11. Arrangements for Review

This policy will be reviewed in April 2022 or sooner if required.

12. Dissemination

This policy will be disseminated via internal communications and the intranet.

13. Associated Documentation

Professional Standards Authority 'Standards for Members of NHS Boards and CCG Governing Bodies in England' November 2013

HSG (93) 5 Standards of Business Conduct for NHS staff

Nolan Principles of Standards in Public Life (descriptions last revised 2013)

The Codes of Conduct and Accountability for NHS Boards 2004

The Code of Conduct for NHS Managers 2002

CIPFA Better Governance Forum – CIPFA Networks

14. References

CCG Constitution

Standing Financial Instructions

Code of Conduct for NHS Managers (2002)

Code of Accountability for NHS Boards (July 2004)

HSG (93) 5 Standards of Business Conduct for NHS Staff

Nolan Principles of Standards in Public Life (descriptions last revised 2013)

Whistleblowing Policy

Conflicts of Interest Policy

Anti-Fraud, Bribery and Corruption Policy

Discipline Policy and Procedure

Commercial Sponsorship – Ethical Standards for the NHS November 2000

The Medicines (Advertising Regulations) 1994

Research Governance Framework for Health and Social Care (2nd edition 2005)

Institute of Business Ethics

15. Appendices

The following appendices are attached to this policy:

Appendix 1 – Charitable Fundraising Form

Appendix 2 – Equality Impact Assessment

Appendix 1 - CHARITABLE FUNDRAISING FORM

To be completed and signed by the person intending to raise the money either individually or on behalf of a charitable organisation.

Name of Charity / Appeal for which money is to be raised	
Contact details of liaison person within the charity	
Purpose of the fundraising	
Type of fundraising – collection, cake sale, etc	
Date of event / period of fundraising	

I confirm that I have read the CCG's Standards of Business Conduct Policy, and have complied with the requirements. I confirm that this does not breach the policy.

Signed:

Dated:

Name of fundraiser (please print):

Please return completed form to the Head of Corporate Governance.

Appendix 2 - Equality Impact Assessment

Title of policy	Standards of Business Conduct Policy	
Names and roles of people completing the assessment	Laura Ellis, Head of Corporate Governance	
Date assessment started/completed	1 February 2021	1 February 2021
Reviewed		

1. Outline	
Give a brief summary of the policy	The Standards of Business Conduct Policy seeks to ensure a consistent and transparent approach to standards of business conduct throughout the organisations.
What outcomes do you want to achieve?	To ensure: • the CCG remains impartial and honest in the conduct of business and employees remain beyond suspicion; • the CCG operates within an environment of mutual openness, honesty and transparency; and • both staff and the CCG are protected against contention or allegations of misconduct.

2. Analysis of impact
This is the core of the assessment. Using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.

	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	None identified.		
Carers	None identified.		
Disability	None identified.		
Sex	None identified.		
Race	None identified.		
Religion or belief	None identified.		
Sexual orientation	None identified.		
Gender reassignment	None identified.		
Pregnancy and maternity	None identified.		
Marriage and civil partnership	None identified.		
Other relevant group	None identified.		
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.	N/A		

4. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions?	Whilst no specific actions have been identified to address any equality issues, the policy will be reviewed at scheduled intervals, and the review of this assessment will form part of those reviews.		
Lead Officer:	Nick Lamper	**Review date:**	April 2022

5. Sign off			
Lead Officer	Nick Lamper		
Senior Manager	Laura Ellis	**Date approved:**	1 February 2021

Name of Meeting	Governing Body	**Meeting Date**	14 April 2021
Title of Report	CCG Policies Delegation	**Agenda Item No.**	8
Report Author	Laura Ellis, Head of Corporate Governance	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem, Clinical Chair	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary

The CCG has a statutory duty to have in place policies and procedural documents which comply with legislation. It is important that the CCG has a systematic and planned approach to the development and review of policy and associated guidance documents.

The Governing Body has overall responsibility for approving policies, however it is common practice to formally delegate responsibility for approving certain policies to committees. It is neither desirable nor feasible that the Governing Body reserve the approval of policies to itself. The delegation of policy approval to appropriate committees enables a more detailed review by those with specialist knowledge.

As part of the merger process, each of the predecessor CCGs' policies have been, or are in the process of being, reviewed. The review has focused on ensuring policies are up to date, made relevant to the new CCG, and also meet the Accessible Information Standard.

In order to secure the approval of these policies for the new Kirklees CCG, the Governing Body is being asked to approve the delegation of policies as set out within the report.

Previous Considerations

Name of meeting	-	**Meeting Date**	
Name of meeting	-	**Meeting Date**	

Recommendations

It is recommended that the Governing Body:

1. **APPROVE** the delegation of the policies as set out within the report.
2. **APPROVE** the interim use of the policies from the predecessor CCGs, until such time as each new policy is reviewed and approved.

Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	None directly arising from this report.

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Each policy is subject to an equality impact assessment.
Resources / Financial Implications (including Staffing/Workforce considerations)	None directly arising from this report
Sustainability Implications	None directly arising from this report

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	All	**Risk (include risk number and a brief description of the risk)**	None
Legal / CCG Constitutional Implications	Each policy sets out the legal implications. A number of policies are required by the Constitution.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None

1. Introduction

1.1 To ensure robust governance, organisations need formal written documents such as policies, which communicate standard corporate organisational ways of working. These help clarify requirements and ensure consistency within day to day practice and support the achievement of objectives.

1.2 A policy is a statement of intent, describing an approach or course of action to be adopted or pursued in respect of a particular issue. Each policy is a formal document which enables managers and staff to make correct decisions, comply with relevant legislation and follow specific rules.

1.3 The CCG has a statutory duty to have in place policies and procedural documents which comply with legislation. It is important that the CCG has a systematic and planned approach to the development and review of policy and associated guidance documents.

1.4 The Governing Body has overall responsibility for approving policies, however it is common practice to formally delegate responsibility for approving certain policies to committees. It is neither desirable nor feasible that the Governing Body reserve the approval of policies to itself. The delegation of policy approval to appropriate committees enables a more detailed review by those with specialist knowledge.

1.5 As part of the merger process, each of the predecessor CCGs' policies have been, or are in the process of being, reviewed. The review has focused on ensuring policies are up to date, made relevant to the new CCG, and also meet the Accessible Information Standard.

1.6 In order to secure the approval of these policies for the new Kirklees CCG, the Governing Body is being asked to approve the delegation of policies as set out within the report.

2. Detail

2.1 The CCG's policies can be broadly grouped into five categories: corporate policies; information governance policies; clinical/quality policies; procurement policy; and human resources policies.

2.2 A full list of policies and the proposed committee to whom each should be delegated is set out in the table below. For the most part this would see corporate and information governance policies delegated to the Audit Committee; clinical and quality policies delegated to the Quality Committee; the procurement policy delegated to the Finance, Performance and Contracting Committee; and human resources policies delegated to the Remuneration Committee. There are however a few exceptions, where policies are reserved to the Governing Body.

2.3 Corporate Policies

Policy	Committee delegation
Anti-Fraud, Bribery and Corruption Policy	Audit Committee
Health and Safety Policy	Audit Committee
Integrated Risk Management Framework	Audit Committee
Standards of Business Conduct Policy	Governing Body

Conflicts of Interest Policy	Governing Body
Business Continuity Plan	Audit Committee
Fire Safety Policy	Audit Committee
Incident Management Policy and Procedure	Audit Committee
New and Expectant Mothers Policy	Audit Committee
Governing Body Members and Co-optees Expenses Policy	Governing Body
Local Security Management Policy (including lone worker procedure)	Audit Committee

2.4 Information Governance Policies

Policy	Committee delegation
Information Governance Policy Handbook	Audit Committee
Freedom of Information and Environmental Information Regulations Policy	Audit Committee

2.5 Clinical / Quality Policies

Policy	Committee delegation
Safeguarding Children and Adults at Risk Policy	Quality Committee
Complaints Framework	Quality Committee
Managing Serious Incidents Policy	Quality Committee
Commissioning Policy for Individual Funding Requests	Governing Body
Mental Capacity Policy with Deprivation of Liberties Safeguards	Quality Committee
Continuing Healthcare Principles Policy	Quality Committee
Policy for Approving Primary Care Prescribing Rebate Schemes	Governing Body
Pharmaceutical and Related Industries Joint Working Policy	Governing Body
Access to Infertility Treatment Policy	Governing Body
Domestic Abuse Policy	Quality Committee

2.6 Procurement Policy

Policy	Committee delegation
Procurement Policy	Finance, Performance and Contracting Committee

2.7 Human Resources Policies

Policy	Committee delegation
Travel Expenses and Subsistence Policy	Remuneration Committee
Performance Management Policy	Remuneration Committee
Organisational Change Policy	Remuneration Committee
Pay Protection Policy	Remuneration Committee
Working Time Regulations Policy	Remuneration Committee
Freedom to Speak Up (Whistleblowing) Policy	Remuneration Committee
Long Service Award Policy	Remuneration Committee
Alcohol, Drug and Substance Misuse Policy	Remuneration Committee
TU Recognition and Facilities and Time Off Policy	Remuneration Committee
Grievance Policy	Remuneration Committee
Disciplinary Policy	Remuneration Committee
Maternity, Adoption and Parental Leave Policy	Remuneration Committee
Pay Progression Policy	Remuneration Committee
Retirement Policy	Remuneration Committee
Secondment Policy	Remuneration Committee
Acceptable Standards of Behaviour at Work Policy	Remuneration Committee
Managing Sickness Absence Policy	Remuneration Committee
Annual and Special Leave Policy	Remuneration Committee
Employment Break Policy	Remuneration Committee
Recruitment and Selection Policy	Remuneration Committee
Flexible Working Policy	Remuneration Committee
Equality and Diversity Policy	Remuneration Committee
Learning and Development Policy	Remuneration Committee
Off Payroll Policy	Remuneration Committee
Co-opted Members and Subject Specialists Policy	Remuneration Committee

3. Next Steps

3.1 Each of the policies will be reviewed and brought to the relevant committee (or Governing Body if not delegated) for approval over the next few weeks. The policies relating to the former Greater Huddersfield and North Kirklees CCGs will remain available until such time as each replacement policy is available – the Governing Body are asked to approve the use of these policies for the interim period.

4. Implications

As set out on the cover page.

5. Recommendations

It is recommended that the Governing Body:

1. **APPROVE** the delegation of the policies as set out within the report.
2. **APPROVE** the interim use of the policies from the predecessor CCGs, until such time as each new policy is reviewed and approved.

Name of Meeting	Governing Body	**Meeting Date**	14 April 2021
Title of Report	CCG Policies Approval	**Agenda Item No.**	9
Report Author	Laura Ellis, Head of Corporate Governance	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem, Clinical Chair	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary

The CCG has a statutory duty to have in place policies and procedural documents which comply with legislation. As part of the merger process, each of the predecessor CCGs' policies have been reviewed to ensure the policies remain up to date, are made relevant to the new CCG, and also meet the Accessible Information Standard.

The Governing Body has overall responsibility for approving policies, and formally delegates the majority of these to its committees. However, there are a small number of policies which remain reserved to the Governing Body for approval.

The Governing Body is asked to approve a number of those policies.

Previous Considerations

Name of meeting	-	**Meeting Date**	
Name of meeting	-	**Meeting Date**	

Recommendations

It is recommended that the Governing Body **APPROVE** the following policies:

- Governing Body Members and Co-optees Expenses Policy
- Operating Framework for Managing Individual Funding Requests and Commissioning Policy for Individual Funding Requests
- Access to Infertility Treatment Policy
- Policy for Approving Primary Care Prescribing Rebate Schemes

Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	None directly arising from this report.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Each policy is subject to an equality impact assessment.

Resources / Financial Implications (including Staffing/Workforce considerations)	None directly arising from this report
Sustainability Implications	None directly arising from this report

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	All	**Risk (include risk number and a brief description of the risk)**	None
Legal / CCG Constitutional Implications	Each policy sets out the legal implications. A number of policies are required by the Constitution.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None

1. Introduction

1.1 To ensure robust governance, organisations need formal written documents such as policies, which communicate standard corporate organisational ways of working. These help clarify requirements and ensure consistency within day to day practice and support the achievement of objectives.

1.2 A policy is a statement of intent, describing an approach or course of action to be adopted or pursued in respect of a particular issue. Each policy is a formal document which enables managers and staff to make correct decisions, comply with relevant legislation and follow specific rules.

1.3 The CCG has a statutory duty to have in place policies and procedural documents which comply with legislation. It is important that the CCG has a systematic and planned approach to the development and review of policy and associated guidance documents.

1.4 The Governing Body has overall responsibility for approving policies, and formally delegates the majority of these to its committees. However, there are a small number of policies which remain reserved to the Governing Body for approval.

1.5 As part of the merger process, each of the predecessor CCGs' policies have been, or are in the process of being, reviewed. The review has focused on ensuring policies are up to date, made relevant to the new CCG, and also meet the Accessible Information Standard.

1.6 The Governing Body is being asked to approve a number of policies, as set out within the report.

2. Detail

2.1 Each of the following policies has been reviewed to ensure it is up to date, is relevant to the new CCG, and meets the Accessible Information Standard. For the most part, this review has only resulted in minor amends, and many of the policies would not have been due for review had it not been for merger. To assist the Governing Body, background to each policy and any significant changes are highlighted below.

2.2 **Governing Body Members and Co-optees Expenses Policy**

This policy sets out guidance for claiming expenses, ensuring a consistent and efficient approach is taken across the organisations when dealing with expenses incurred by members and co-opted members through business activities with particular reference to travel costs and subsistence.

The predecessor CCG policies were last reviewed in March 2020 and were not due for review.

The review has not made any significant changes.

2.3 **Operating Framework and for Managing Individual Funding Requests and Commissioning Policy for Individual Funding Requests**

The framework sets out the CCG's procedures for managing requests for an individual to receive a health care intervention that is not routinely funded by the CCG. The policy identifies procedures / treatments which the CCG consider to be primarily cosmetic in nature and which have relatively small health benefits compared to other competing priorities for NHS resources. The policy will be applied in conjunction with the CCG operating framework for decision making.

The predecessor CCG frameworks and policies were last reviewed in June 2018 and were overdue for review.

The review has not made any significant changes.

2.4 **Access to Infertility Policy**

This policy sets out the commissioning policy of the CCG for the clinical pathway that provides access to specialist fertility services.

The predecessor CCG policies were last reviewed in 2020 and were not due for review.

The review has not made any significant changes.

2.5 **Policy for Approving Primary Care Prescribing Rebate Schemes**

This policy sets out the approach to evaluation and sign off of rebate schemes to ensure that schemes are only signed off where they provide good value for money to the public purse and the scheme's terms are in line with organisation vision, values, policies and procedures and also to ensure that the CCG is transparent in the process for considering these schemes. The principles outlined in this policy document allow for the objective evaluation of schemes submitted to the CCG and for a clear process for approving and scrutinising agreements.

The predecessor CCG policies were last reviewed in October 2020 and were not due for review.

The review has not made any significant changes.

2.6 Three other policies are also reserved for Governing Body approval – the Pharmaceutical and Related Industries Joint Working Policy, the Conflicts of Interest Policy and the Standards of Business Conduct Policy.

2.7 The Pharmaceutical and Related Industries Joint Working Policy is still being reviewed, and will be brought to the June Governing Body. The existing policies will remain in place until this review is completed (subject to the Governing Body's approval of this approach as set out the Policy Delegation agenda item).

2.8 The Conflicts of Interest Policy and Standards of Business Conduct Policy form part of the Governance Handbook and have been submitted under a separate agenda item related to the Governance Handbook for approval by the Governing Body.

3. Next Steps

3.1 Following approval, the policies will be published on the CCG's intranet and website (as appropriate) and the policies relating to the predecessor CCGs will be removed. The CCG is maintaining an archive of formal documentation for the predecessor CCGs.

4. Implications

As set out on the cover page.

5. Recommendations

It is recommended that the Governing Body **APPROVE** the following policies:

- Governing Body Members and Co-optees Expenses Policy
- Operating Framework for Managing Individual Funding Requests and Commissioning Policy for Individual Funding Requests
- Access to Infertility Treatment Policy
- Policy for Approving Primary Care Prescribing Rebate Schemes

6. Appendices

Appendix 1 - Governing Body Members and Co-optees Expenses Policy
Appendix 2a – Operating Framework for Managing Individual Funding Requests
Appendix 2b - Commissioning Policy for Individual Funding Requests
Appendix 3 - Access to Infertility Treatment Policy
Appendix 4 - Policy for Approving Primary Care Prescribing Rebate Schemes

Governing Body and Co-opted Members Expenses Policy

(Applicable to non-Very Senior Managers and non-Agenda for Change Governing Body and Co-opted Members)

Policy reference – HR024

Summary:	The purpose of this policy is to provide guidance for claiming expenses incurred through business activities with particular reference to travel costs and subsistence.
Author:	Human Resources
Version:	0.1
Effective Date:	1 April 2021
Applies to:	Governing Body and Co-opted members not employed under Agenda for Change or on a VSM contract of employment.
Approval Committee:	Governing Body (due to conflicted members of the Remuneration Committee)
Renewal Date:	March 2024

THIS POLICY HAS BEEN SUBJECT TO AN EQUALITY IMPACT ASSESSMENT

VERSION CONTROL SHEET

Based on:
Former Greater Huddersfield CCG and North Kirklees CCG Policy v2 – approved 11 March 2020

Version	Date	Author	Status/Approval Body	Circulation
0.1	March 2021	Human Resources/Equality and Diversity Manager	Equality impact assessment updated to reflect minor amends made to the policy to section 7.2, 7.3 and removal of car user form.	Head of Corporate Governance
0.2	March 2021	Human Resources/Head of Corporate Governance	Updated for Kirklees CCG and to meet the requirements of the Accessible Information Standard	Governing Body / intranet

Contents

1. Policy Statement

1.1 The purpose of this policy is to provide guidance for claiming expenses, ensuring a consistent and efficient approach is taken across the organisations when dealing with expenses incurred by members and co-opted members of the CCG's Governing Body, its Sub-Committees and other groups/structures that are part of the CCG's Governance structure (hereafter referred to as 'members'), through business activities with particular reference to travel costs and subsistence.

1.2 This policy sets out the process that should be followed in regard to reimbursement of expenses incurred in order for an individual to perform in their duties.

2. Scope

2.1 This policy will apply to the CCG's Governing Body and co-opted members on a contract for service. This policy does not include those employed under Agenda for Change or under a VSM contract of employment. Employees who hold a VSM or Agenda for Change contract should refer to the CCG's Expenses Policy for staff.

2.2 Those seconded to the CCG Governing Body are subject to their own organisation's expenses claims process.

3. Principles

3.1 For Governing Body and Co-opted members, all expense claims should be submitted in line with this policy and must be authorised by the Chief Officer of the CCG as the authorised budget holder.

3.2 The Head of Primary Care Strategy and Commissioning is responsible for approving expense claims and requests to attend courses/events from Co-opted members and representatives on the Practice Managers Reference

Group and Practice Nurses Reference Group.

3.3 Members are able to claim for expenses under the following headings:

- Reimbursement of travel costs;
- Subsistence allowance.

3.4 The CCG's Governing Body and Co-opted Members Expenses Policy should be read in conjunction with the NHS Agenda for Change NHS Terms and Conditions of Service Handbook, in addition to any referenced annexes. The Agenda for Change NHS Terms and Conditions of Service Handbook can be found on the NHS Employers website.

4. Equality Statement

4.1 In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination**,** promote equality of opportunity**,** and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, carers and sexual orientation. An Equality Impact Assessment has been carried out for this policy.

5. Accountability

5.1 The Chief Officer is accountable for this policy.

6. Implementation and Monitoring

6.1 Although this forms part of the suite of HR policies, which are routinely delegated to the Remuneration Committee for approval, members of the Committees are conflicted in relation to this policy, and it is therefore for non-conflicted members of the Governing Body to approve the policy.

6.2 The policy and procedure will be reviewed every 3 years by the HR Team in conjunction with the Head of Corporate Governance. Where review is

necessary due to legislative or organisational change, this will happen sooner.

7. Responsibilities

7.1 Good working relations are vital for the CCG to operate successfully and provide services. There is a joint responsibility for management, Governing Body and co-opted members to accept the responsibility of working together on issues in good faith and with the shared intention of facilitating good working relations. It is therefore important that as an NHS organisation, public money is used effectively in minimising costs.

7.2 Governing Body and Co-opted Members

The key responsibilities for Governing Body and Co-opted members include:

- That they have read and understand the policy, seeking advice from the Chief Officer, Head of Primary Care Strategy Commissioning, Head of Corporate Governance, or HR where required;
- That they are responsible for ensuring that any claims made are in line with the procedure set out within this policy. False claims may represent fraud and may result in disciplinary action under the Disciplinary Policy and Procedure and be referred to the Local Counter Fraud Specialist;
- Ensuring they are fit to drive and they obey relevant driving laws e.g. speed limits and inform the CCG of any change in driving status;
- Responsibility to provide a valid driving licence and motor insurance which covers business travel (annually) through the expenses system administered by Payroll at Leeds Teaching Hospitals NHS Trust.
- Members are responsible for making any necessary declarations to Her Majesty's Revenue and Customs (HMRC) in respect of travel expense claims they make during the course of their work for the CCG.

7.3 Chief Officer and the Head of Primary Care Strategy and Commissioning

The key responsibilities for the Chief Officer (Governing Body Members) and Head of Primary Care Strategy and Commissioning (Co-opted Members):

- Responsible for ensuring that all members are aware of and understand this policy and procedure around claiming expenses appropriately, including new members;
- Ensuring that member's annually provide a copy of their motor insurance that covers them for business travel through the electronic Expenses system administered by Payroll at Leeds Teaching Hospitals NHS Trust;
- Managing personal information provided in accordance with the General Data Protection Regulations and Data Protection Act 2018 and all appropriate documentation are provided to HR to be placed on the members personal file;
- Responsible for validating and signing off all mileage claims presented by members, ensuring appropriate miles are being claimed for legitimate journeys whether as excess travel or business travel;
- Undertaking investigations under formal procedures as appropriate with the support of the HR team.

8. Procedure for Submitting Expense Claims

8.1 All claims for travel costs and subsistence should be made on a monthly basis. Unless there are exceptional circumstances claims over three months old will not be reimbursed. Expenses (including parking subsistence) will only be authorised if they are submitted correctly and accompanied by original receipts (except for mileage). Payment will be withheld or delayed if the necessary information is not completed (unless in exceptional circumstances).

8.2 The submitted claims through the electronic expenses system once authorised will be processed by Leeds Teaching Hospitals NHS Trust Payroll in the next available pay run.

8.3 Any queries about the payment of expenses should be directed to the Payroll team at Leedsth-tr-chftccg@nhs.net.

9. Reimbursement of Travel Expenses

9.1 Members and the Chief Officer/Head of Primary Care Strategy and Commissioning will agree the most suitable means of transport for the routine journeys which members have to make in the performance of their duties. If a particular journey is unusual, in terms of distance or purpose, then the Chief Officer/ Head of Primary Care Strategy and Commissioning and member should agree the most appropriate and cost effective means of travel in advance. For example, public transport may be the most suitable mode of transport in some circumstances where there are economic benefits for the individual and the CCG but also where there are significant environmental advantages.

9.2 In line with the CCG's commitment to sustainability, the member in partnership with the Chief Officer/ Head of Primary Care Strategy and Commissioning must seek opportunities for shared travel arrangements, for example where more than one member is attending the same external meeting, for which a passenger rate may be applicable.

10. Rates of Reimbursement

10.1 Members that use their own vehicles or pedal cycles to make journeys in the performance of their duties will be reimbursed their travel costs at the appropriate rates detailed within appendix 1.

10.2 The rates of reimbursement detailed in appendix 1 are those resulting from the regular review undertaken by the NHS Staff Council, which refers to the AA Guide. These rates will be amended from time to time in accordance with the periodic reviews of reimbursement rates undertaken by the NHS Staff Council. These rates are subject to change and it is the responsibility of the claimant to check the current rate.

11. Eligible Miles

11.1 In line with guidance prepared by NHS Improvement, NHS chairs and non-executives are entitled to receive payment of 'home to office' expenses[1]. In respect of the CCG, this is deemed to be the Lay Members, Secondary Care Specialists and Registered Nurses or Nurse Advisor only.

11.2 The rate of payment for all other Governing Body and Co-opted members is deemed to include travel to and from Norwich Union House as the usual place of work. Therefore all other members will be reimbursed for miles travelled in the performance of their duties which are in excess of the home to agreed work base return journey.

11.3 If the journey being reimbursed starts at a location other than the agreed work base for example home, the mileage eligible for the reimbursement will be set out in the example table below:-

Eligible mileage - illustrative example and in this example, the distance from the employee's home to the agreed base is 15 miles		
Journey (outward)	Distance	Eligible miles
Home to base	15 miles	None
Home to first call	Less than 15 miles	Eligible mileage starts after 15 miles have been travelled
Home to first call	More than 15 miles	Eligible mileage starts from home, less 15 miles
Journey (return)		
Last call to base		Eligible mileage ends at base
Last call to home	Less than 15 miles	Eligible mileage ends 15 miles from home
Last call to home	More than 15 miles	Eligible mileage ends 15 miles from home

[1] Home to Office travelling expenses are wholly taxable – the Inland Revenue has agreed to 'Special Arrangements' for NHS bodies to enable them to meet the resulting tax liability. This information can be found on the NHS Improvement website or by clicking here.

12. Training Courses/Conferences and Events

12.1 All members attending training courses, conferences or events with prior approval are eligible to claim mileage at the standard business rate. Lay Members, Secondary Care Specialists and Registered Nurses or Nurse Advisor only are able to claim this in addition to home to work.

12.2 Subject to the prior agreement of the CCG, travel costs incurred when members attend training courses or conferences and events, in circumstances when the attendance is not required by the CCG, will be reimbursed at the reserve rate as set out in the Agenda for Change Terms and Conditions Handbook.

13. Exemptions

13.1 CCG members are expected to abide by all motoring laws and be aware of parking limitations. There will be **no** reimbursement of the following by the CCG:

- Parking fines;
- Speeding fines;
- Seatbelt penalties;
- Mobile phone penalties;
- An additional contribution towards running costs (other than those calculated under the agreed Agenda for Change mileage rates) and personal motoring costs.

14. Subsistence Allowance

14.1 The purpose of this section is to reimburse members for the necessary extra costs of meals, accommodation and travel arising as a result of official duties away from home. Business expenses which may arise such as official telephone calls may be reimbursed with certificated proof of expenditure.

14.2 Night subsistence covers short overnight stays in hotels, guesthouses and commercial accommodation. When a member stays overnight in a hotel, guest house or other commercial accommodation with agreement of the CCG (booked and paid in advance by the CCG), the overnight costs will be reimbursed in line with appendix 2.

14.3 Where the maximum limit is exceeded for genuine business reasons (e.g. the choice of hotel was not in the member's control, or cheaper hotels were fully booked) additional assistance may be granted at the discretion of the CCG. Reasonableness in all the circumstances will be expected of both the member and the CCG. For example a necessary last minute hotel booking might result in a higher cost than a booking made in advance.

14.4 Where a member stays overnight with friends or relatives or in a caravan or other non-commercial accommodation, the flat rate sum set out in appendix 2 is payable. This includes an allowance for meals and no receipts will be required.

14.5 Members who stay in accommodation provided by the CCG or a host organisation shall be entitled to an allowance to cover meals which are not provided free of charge, up to the total set out in appendix 2.

14.6 Day subsistence – A meal allowance is payable only when a member necessarily spends more on meal(s) than would have been spent at their place of work. A member shall certify accordingly, on each occasion for which day meals allowance is claimed, but a receipt is not required.

14.7 Normally a member claiming a lunch meal allowance would be expected to be away from his/her base or normal working location for more than five hours and covering the normal lunch period of 12:00pm to 2:00pm. To claim an evening meal allowance a member would normally be expected to be away from base for more than ten hours and unable to return to base or home before 7:00pm and as a result of the late return is required to have an evening meal. Members may qualify for both lunch and evening meal allowance in some circumstances.

Appendix 1 – Rates of Reimbursement

Vehicle Type	Annual Mileage up to 3,500 (standard)	Annual mileage over 3,500 (standard)	All eligible miles
Car (all fuel types)	56 pence per mile	20 pence per mile	N/A
Motor Cycle	N/A	N/A	28 pence per mile
Pedal Cycle	N/A	N/A	20 pence per mile
Passenger allowance (When members travel together on CCG business and separate claims would otherwise be made, the driver may claim a passenger allowance. The name of all passengers must be shown on the claim form).	N/A	N/A	5 pence per mile
Reserve Rate	N/A	N/A	28 pence per mile
Carrying heavy or bulky equipment	N/A	N/A	3 pence

The rates of reimbursement detailed in (appendix 2) are those resulting from the review undertaken by the NHS Staff Council using information on fuel prices. Rates change if the impact of price changes on the standard mileage rate is five per cent or greater. These rates may change in future years, all reimbursement rates will be in accordance with national agreements and guidance.

For further information, please refer to the Agenda for Change Terms and Conditions Handbook available of the NHS Employers website or click here.

Appendix 2 – Schedule of Allowances

Subsistence rates in line with Agenda for Change Staff Handbook

1. Night allowance: first 30 nights – Actual receipted cost of bed and breakfast up to a maximum of £55.00 (excluding London). (Where the maximum limit is exceeded for genuine business reasons (e.g. the choice of hotel was not within the Governing Body members control or cheaper hotels were fully booked) additional assistance may be granted at the discretion of the CCG);

2. Meals allowance – Per 24 hour period £20.00;

3. Night allowance in non-commercial accommodation
   Per 24 hour period – £25.00;

4. Night allowances: after first 30 nights
   Maximum amount payable £35.00;

5. Day meals subsistence allowances;
   Lunch allowance (more than five hours away from base, including the lunchtime period between 12:00 pm to 2:00 pm) - £5.00

   Evening meal allowance (more than ten hours away from base and return after 7:00 pm) - £15.00.

Appendix 3 - Equality Impact Assessment

Title of policy	Governing Body Expenses Policy (Applicable to non-Very Senior Managers and non-Agenda for Change Governing Body Members)	
Names and roles of people completing the assessment	Tazeem Hanif – HR Business Partner Sarah Mackenzie-Cooper – Equality and Diversity Manager	
Date assessment started/completed	February 2021	18.03.2021

1. Outline	
Give a brief summary of the policy	The policy provides clarity regarding a fair and consistent approach to dealing with expenses incurred through business activities with particular reference to travel costs and subsistence.
What outcomes do you want to achieve	The purpose of this policy is to ensure that all Governing Body members and the Chair are aware of the correct policy to follow for payment of travel and subsistence claims.

2. Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations

	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	**Are these negative or positive?**	**What action will be taken to address any negative impacts or enhance positive ones?**
Age	No		

Carers	No		
Disability	Yes – take into account disabled staff that may require specific assistance to travel to work.	Positive	The specific needs of disabled governing body members will be met, where appropriate.
Sex	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		
Gender reassignment	No		
Pregnancy and maternity	No		
Marriage and civil partnership	No		
Other relevant group	No		

If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.	None identified. Having considered this policy it is felt that there are unlikely to be any potential positive or negative impact.
4. Monitoring, Review and Publication	
How will you review/monitor the impact and effectiveness of your actions	Review of policy annually for compliance and effectiveness with a three yearly review of content (earlier should updated guidance published). Equality impact assessment to be updated accordingly. All Governing Body member expenses are made through the Payroll system. Governing Body members are able to

	check their payslip details online five days in advance of being paid to ensure correct payments have been made. Monthly reports are produced by the Finance Department for accounting purposes.		
Lead Officer	Tazeem Hanif	**Review date:**	March 2024
5.Sign off			
Lead Officer	Sarah Mackenzie-Cooper – Equality and Diversity Manager		
	Date approved:		18.03.2021

Operating Framework for Managing Individual Funding Requests

Version / Status: 8.0

Responsible Clinical Commissioning Group (CCG):

Kirklees CCG and Calderdale CCG

Responsible Committee:

Kirklees CCG Governing Body and Calderdale CCG Governing Body

Date Approved:

Author: Assistant Manager, Individual Funding Requests

Review Date: June 2022

Version Control:

The table below provides an audit trail for all amendments to this document. The table provides the following information, the version, date amended, author of the amendment, the status of the document and additional comments as to what amendments were made.

Version	Date	Author	Document Status	Comment
6.0	Apr 2014	Claire Gordon – Project Officer GHCCG	FINAL	Approved by Greater Huddersfield and North Kirklees CCG Governing Bodies.
6.1	Sept 2016	Claire Wood – Assistant Manager IFR	Draft	Revised and circulated to the GHCCG, NKCCG and CCCGs SMT and the Joint Exceptional Cases Committee –
6.2	Oct 2016	Claire Wood – Assistant Manager IFR GHCCG	Draft	Revised with comments from GHCCG and NKCCG SMT. Approved by GHCCG and NKCCG Governing Bodies – October 2016. Circulated to staff and public via website
6.3	Apr 2017	Claire Wood – Assistant Manager IFR GHCCG	Draft	The Operating Framework updated to incorporate comments from Calderdale CCG SMT Meeting - April 2017 Presented to Calderdale CCG Governing Body for approval – June 2018
7.0	Jun 2018	Claire Wood – Assistant Manager IFR GHCCG	FINAL	Approved by Calderdale CCG Governing Body – 14 June 2018 Circulated to staff and public via website.

8.0	April 2021	Claire Wood – Assistant Manager IFR KCCG	Final	Updated to reflect policy being adopted by new organization, Kirklees CCG.

Contents

Operating Framework Statement

NHS Kirklees Clinical Commissioning Group (KCCG) and NHS Calderdale Clinical Commissioning Group (CCCG) throughout this document will be known as ‘the CCGs’. KCCG is the host commissioner for the implementation of the Individual Funding Requests (IFR) operating framework, on behalf of KCCG and CCCG as covered within the Memorandum of Understanding dated January 2016.

The CCGs have a systematic and documented process for considering all Individual Funding Requests that will take into account national, regional and local guidance to support decision making.
All Individual Funding Requests will be considered via this documented process.

This will ensure decisions are consistent and based on the best available evidence and enable the most appropriate care to be delivered within the context of individual clinical need.
The operating framework will be made publically available on each CCGs website with links to clinical guidance documents where these are available.

Introduction

This document sets out the CCGs procedures for managing requests for an individual to receive a health care intervention that is not routinely funded by the CCGs. The vast majority of health care commissioned by the CCGs is covered by NHS Service Level Agreements or other Contracts. However, there are a small number of requests for treatment by individual patients each year that are not covered by either of these.

For the purpose of this document, and in common with the Secretary of State's Directions to CCGs and NHS Trusts concerning decisions about drugs and other treatments 2009, the term "health care intervention" includes use of a medicine or medical device, diagnostic technique, surgical procedure and other therapeutic intervention.

Scope of this Operating Framework

This operating framework applies to all employees of the CCGs, any staff who are seconded to the CCGs, contract and agency staff and any other individual working on the CCGs premises or on behalf of the CCGs who are involved in the administration processes for IFRs.

Clinicians making an IFR request on behalf of their patient are expected to adhere to the procedure outlined in this document. Advice and support is available from the IFR Team based at Broad Lea House.

The scope is to have a clear operating framework to:

- Manage Individual Funding Requests
- Consider the legal aspects of priority setting
- Have a systemic and consistent approach to the management of Individual Funding Requests This will be achieved by the following objectives:
- To be compliant with the NHS Confederation guidelines on interpretation of legislation
- To have systems in place that enable a consistent approach to decision making within appropriate timescales
- To ensure decisions made are based on the best available evidence at the time of consideration

The process for managing new treatments will not be considered as part of this because it is a separate process within the CCGs. This operating framework will aim to provide a robust process of decision making by which all Individual Funding Requests can be considered.

In responding to an Individual Funding Request the CCGs accept no clinical responsibility for the health care intervention or its use, or for the consequences of not using the intervention

Legal Context

The CCGs have a duty:

- To allocate healthcare resources, utilising a consistent framework for decision making
- To promote and provide a comprehensive healthcare service within its allocations and consider how this is best done
- To be aware of differences in neighbouring CCGs and be able to justify them if necessary

(NHS Confederation, 2008a)

The CCGs need to be satisfied that any decision follows the procedures and processes described in this document and in doing so ensure requests are considered on their own merits.

The courts have established that a CCG is not under an absolute obligation to provide every treatment that a patient demands, although they must be able to clearly demonstrate why a treatment has been refused (NHS Confederation, 2008a). A CCG can develop a policy which prioritises treatment to take account of the resources available to it and the competing demands on those resources. Patients with rare or unusual medical conditions have as much right to care as anyone else and have the right to have their requests considered properly, on their own merits and against the CCGs policy in each individual case.

The need for priority setting processes to be central to CCGs corporate governance in relation to Individual Funding Requests and commissioning decisions cannot be underestimated because the potential for Judicial Review is increasing. Judicial Review is the process by which the lawfulness of decision making can be challenged and can occur as a result of major service change or refusal to fund treatments for individual patients. There are grounds for a review if:

- Decisions may be unlawful – acting outside statutory power (e.g. not following direction of the Secretary of State)
- Decisions may be irrational – considering irrelevant/excluding relevant factor
- Decisions are procedurally improper – (e.g. failure to comply with the CCGs policy or the CCGs policy itself being unlawful or irrational) (NHS confederation, 2008a)

Commissioning Principles

The CCGs have a statutory duty to provide health care for their population and in doing so have to take account of the resources available, usually a fixed budget from central government to commission health care and services. The CCGs commissioning principles are used to make decisions in a consistent, fair and transparent way, given that funds are not endless and choices inevitably need to be made. The criteria for commissioning treatments are:

- Clinical Needs – Consideration should be given to understanding the need and whether we are likely to achieve the greatest possible health outcome for the patient. Health care interventions which produce the greatest benefit in terms of clinical improvement and/or improvements in quality of life should be prioritised.
- Lawful – As previously discussed in this document as part of the legal responsibilities of the CCGs. In addition, as part of this process a Clinician makes a request on behalf of the patient and therefore must be aware of the need to obtain informed consent for the referral as well as ensuring the patient is aware of both the potential benefits and risks of any treatment being requested.
- Clinically Effective – Commissioning decisions should be based on evidence of effectiveness wherever possible. For example, this could come from sources such as NICE, Cochrane reviews, meta-analysis or randomised control trials.
- Cost-effective – Given limited resources, the CCGs must receive optimum value from available resources and recognises that QALY (Quality Adjusted Life Years) would help judge this, with NICE using a maximum value of £30,000 per QALY. However it is important to note that cost alone will not be a reason for refusing an Individual Funding Request. The Exceptional Cases Committee shall have a broad discretion to determine whether the proposed treatment is a justifiable expenditure for the CCGs. The CCGs are however required to bear in mind that the allocation of any resources to support any individual patient will reduce the availability of resources for investments in previously agreed care and treatments.
- Equitable – In this context equity means that if an Individual Funding Request is agreed for a new treatment/drug trial then it could lead to service development which could benefit the wider population. In addition, once a precedent has been

set, it is likely that future requests for the same treatment would also qualify for funding, subject to the clinical presentation of the patient.

- Accessible – While accessibility implies utilisation of local services the CCGs also need to take into account patient choice. The CCGs would expect referrals to be made to the NHS services wherever possible but a choice list will be provided to highlight where the CCGs will fund treatment outside the local NHS if available and where requested by the patient.
- Good quality of care and patient experience – Decisions should be based on the potential to deliver good and safe care, improve health outcomes and enhance patient experiences. Individual Funding Requests should be agreed if it meets this criteria and will achieve or has the potential to achieve explicit measures of quality, including:

    1. Patient feedback through local and national surveys, PALS and complaints
    2. Local and national standards, targets and quality indicators

Associated Policies and Procedures

This operating framework and the procedures outlined within it are related to:

- Policy and procedure for commissioning treatments not covered by existing service level agreements
- Medicines (and technologies) commissioning policy

Accountability and Responsibilities

The Chief Officer and Governing Body of the CCGs are accountable for the discharge of CCG statutory duties and have a scheme of delegation in place that is set out in the CCGs Standing Orders and Standing Financial Instructions.

CCG Leads

The Lead Manager with overall responsibility for this operating framework and the procedures within it is the Head of Strategic Planning, Service Transformation and Integration for KCCG.

Committee Accountability

Overall responsibility for the development and implementation of this operating framework and its procedures remain with each CCGs Governing Body. The annual report will be made available to the Finance & Performance and Quality and Safety Committees and reported formally to the Governing Bodies of each CCG to enable them to:

- Ensure the systems in place are sufficient to meet patient's needs
- Ensure that decisions made throughout the process are consistent and appropriate
- Ensure positive health outcomes are being achieved as a result of the decisions made

Delegated Responsibilities

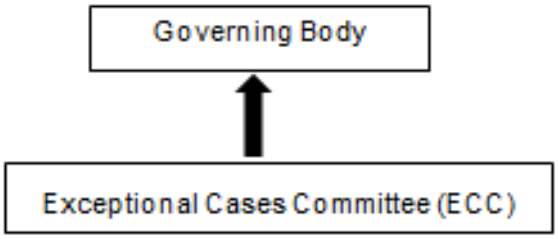
Responsibility for making decisions regarding Individual Funding Requests on behalf of the CCGs has been delegated by the Governing Bodies of each CCG to:

- The Exceptional Cases Committee (ECC)

The membership, roles and responsibilities of each of these bodies is set out in the procedures section of this document.

Structure of Reporting

The ECC reports directly to the KCCG Governing Body Meeting. The diagram below shows the flow of reporting information and accountability from the ECC to the KCCG Governing Body.



Responsibility for Operating Framework Review

Where a need to change any aspect of the structure or process of decision making is identified, the IFR Team will co-ordinate a review of this policy. A review may also be required in response to new local, regional and national guidelines as they become available.

Changes to other policies within the CCGs may occur as part of this process. This could occur following the introduction of new national guidelines or where a significant number of people are applying for funding for the same treatment or intervention,

leading to a review of routinely commissioned treatments / services. When a policy decision needs to be made recommendations will go to:

- Senior Management Team – for decisions involving policy changes that impact on the management of the CCGs
- Quality & Safety Committee – for clinical decisions
- Finance & Performance Committee – for financial impacts
- Governing Body

Screening and Decision Making Principles

The Screening Panel will assess each individual request taking into account:

- Appropriateness.
- Comprehensiveness.
- Effectiveness (including that of safety).
- Size of intended benefit (outcomes).
- Alternative interventions.
- Consequences of not having the treatment/intervention.

Individuals requesting funding are screened for:

- Whether the CCG or NHS England are the responsible commissioner.
- Treatment or drugs not covered by existing Service Level Agreements or are specifically identified as exceptions within the Service Level Agreement
- Treatment availability locally but requested from another provider where additional costs will lead to uncertain extra clinical benefit
- Treatments or drugs that are not routinely commissioned
- Treatment or drugs that are new or experimental
- Complex or unusual cases

The following guidance should also be taken into account when considering appropriateness of a request:

High Cost Drugs

IFRs for high cost drugs. On receiving a request for high cost drug treatment the Screening Panel will consider available evidence based reviews to inform the decision making process. The request will also be reviewed by a Medicines Management Representative to provide key information that should be considered. A representative from Medicines Management will attend the Screening Panel to present any information and discuss these cases as required.

Introduction of New Drugs or Treatments

Consideration of new drugs/treatments should be referred into established planning frameworks but a decision should be made as to whether an interim commissioning policy is needed to enable the clinician/patient to access treatment.

Restricted Treatments

Treatments not included in existing pathways are not routinely funded but policy statements on restricted treatments are available. IFRs can be considered in relation to these restricted treatments to assess whether the request fits the criteria or if exceptional circumstances exists.

Rare Conditions

NHS England has the responsibility for commissioning treatments for many rare conditions as set out in their Specialised Services Manual and accompanying documents. The CCG will be the responsible commissioner where NHS England is not responsible for commissioning the service. These patients are unlikely to have treatment options covered by NICE guidance or commissioning policies and therefore, Individual Funding Requests should be considered against the commissioning principles.

Drug Trials

The CCGs will not usually provide funding for individuals coming off drug trials unless prior agreement has been obtained before commencement of the trial. In accordance with the Medicines Act (2004) responsibility for an exit strategy from a trial lies with those conducting it (NHS Confederation, 2008b).

Continuing Private Care

Funding for individuals to continue care purchased privately, where an individual has exhausted their own resources or chosen to terminate a private arrangement, will not routinely be funded by the CCGs. Applications for funding can be considered via the funding request process in the usual way.

Inheriting decisions from other PCTs / CCGs

Patients moving into either of the CCG areas and registering with a GP in that CCG area, become the responsibility of that CCG and therefore decisions for treatment already agreed by the previous PCT / CCG would normally be upheld as long as it is consistent with the principles in this framework and the Department of Health publication “Establishing a Responsible Commissioner”.

Retrospective Payment

The CCGs would not support applications for patients who have paid for private treatment and then asked for reimbursement of these costs from the CCG because prior approval for funding should have been sought through the processes outlined in this document.

Co-payment

Patients who pay for some aspects of treatment while being treated in the Public Sector. The NHS Act (2006) does not allow for recovery of charges for healthcare and the Code of Conduct for Private Practice: Guidance for NHS Medical Staff (2003) states that patients wishing to become private patients cannot be treated as both a private and NHS patient during the same visit to an NHS Organisation. The government’s current position is to rule out co-payment and it is recommended that CCGs follow this guidance because it would provide access to a treatment that the CCGs were not making available to others (NHS Confederation, 2008b).

Patient Safety

The CCGs have a responsibility for patient safety when being treated in healthcare settings. The Care Quality Commission (CQC) governs the suitability of providers of NHS services and therefore patients should only be referred to providers registered with the CQC.

Exceptionality

Exceptionality should be considered in the context of the CCGs general policy for a health care intervention and specified indication.

In general, the CCGs must justify the grounds upon which they are choosing to fund a health care intervention for a patient when that intervention is unavailable to others with the condition.

A patient may be considered exceptional to the general policy if:

- The patient has demonstrated exceptional clinical circumstances in comparison to the cohort of other patients in the same clinical condition1 (Patient is significantly different to the general population of patients with the condition in question who would normally be refused the health care intervention)
- There are good grounds to believe that the requested health care intervention will be clinically effective (there are good grounds to believe the patient is likely to gain significantly more benefit from the intervention than might be expected for the average patient with that particular condition. e.g. may not tolerate standard treatment options)
- It is likely that the requested health care intervention will be a cost effective use of NHS resources (David Lock 2011)

When considering Individual Funding Requests the CCGs will use the same ethical framework and guidelines for decision-making that underpin its general policies for health care interventions, see commissioning principles above. Where social, demographic or employment circumstances are not considered relevant to population based decisions, these factors will not be considered for Individual Funding Requests. Any assessment of exceptionally will therefore be based primarily on the consideration of clinical need.

When a patient has already been established on a health care intervention, for example as part of a clinical trial or following payment for additional private care, this

will be considered to neither advantage not disadvantage the patient. Response to an intervention will not be considered to be an exceptional factor.

Though this test may need some revision in the case of a patient with a rare condition where there is no policy.

Procedures

Making a Request

An Individual Funding Request (IFR) is a request to a CCG to fund a health care intervention for an individual who falls outside the range of services and treatments that the CCG has agreed to commission (NHS Confederation 2008b). The process should be both thorough and comprehensive taking into account the legal issues and commissioning principles outlined in the operating framework above. The process of decision making in all cases should therefore be:

- Consistent – in line with agreed policy
- Concise – often requests for funding are related to care which is required relatively urgently, but not so concise that key issues are marginalised
- Transparent and explicable
- Defensible – based on sound evidence from national or legal guidance The Individual Funding Request Procedure

The IFR procedure can only be initiated by a Clinician i.e. the General Practitioner, Consultant or Dentist making a request for funding for a treatment to the CCG. It is the responsibility of the individual seeking funding in conjunction with the referring Clinician to ensure that all relevant information is forwarded to the IFR Team. This should include:

- An outline of the patient's problem and the circumstances of the case, including any previous treatment
- A clear statement of the referral/treatment plan proposed
- Consideration of whether the patient's needs could be met within existing pathways
- If the care could be provided within existing pathways, a statement of why an alternative referral, which would not be offered to others with a similar clinical need, is a priority in this case
- If the case is not routinely funded by the CCG through existing care pathways, evidence to show why this patient is exceptional

An IFR referral form should be completed by the referring clinician in all cases in order to ensure all the above information is received. The only exception to this is when an alternative proforma is available from individual Trusts requesting high cost drugs for individual patients.

If a referral form is not completed the referral will not be considered until the CCG has received the information that they require to enable a decision to be made.

All requests for funding should be referred in writing, preferably typed, in the first instance to the IFR Team. All requests must be legible in order to avoid delays in consideration of the request. On receiving a request the IFR Team will:

- Enter the request onto a secure database which will automatically assign a unique IFR reference number
- Create a file within which to keep all correspondence and information relating to the request
- Log all correspondence onto the secure database

The IFR Team should collate the information supplied for each case and ensure it is passed on to the Screening Panel to enable them to consider each case. All decisions made by the Screening Panel are logged on the IFR database as comprehensively as possible.

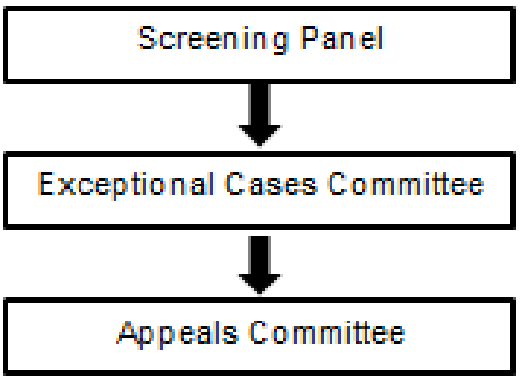
The role of the IFR Team is an administrative role tasked with co-ordinating the IFR process

Any queries relating to a specific case at any stage of the process should be communicated by the IFR Team, in writing via the GP or referring Clinician. This will enable accurate records of each case to be maintained and enquires to be answered by the most appropriate person.

The IFR Team can be contacted either by the patient or referring clinician if clarification is required regarding the IFR process.

Considering IFR Requests

There will be three stages for considering IFR requests, this three stages are Screening Panel, Exceptional Cases Committee and Appeals Committee. The diagram below shows the flow of information between the three stages within the request process. Further information for each stage is also provided below.



Stage One – Screening Process

Screening cases is recommended as good practice by the NHS Confederation (2008b). The role of screening is to review all applications in relation to current national, regional or local guidance and/or policies as well as identifying any previous precedents that have been set. The screening process will operate within principles set out in this operating framework.

Outcomes from the Screening Process[2]

Recommendations for Approval

IFRs can be recommended for approval to the Exceptional Cases Committee (ECC) as part of the screening process, if the referring Clinician is requesting approval for treatment on the restricted treatments list where the patient already meets agreed criteria. Requests can also be recommended for approval if the request clearly meets the criteria specified for that indication in NICE guidance. The referring Clinician and the patient will be informed in writing within 5-10 working days of the Screening Panel meeting.

Requests for high cost drugs can be recommended for approval by the Screening Panel if the request is supported by local, regional or national policy or guidance. The Screening Panel will also refer a request to the ECC for high cost drugs or rare conditions where there is no clear guidance or criteria available to enable them to make a recommendation. To aid the decision making process, the Screening Panel may request an evidence review to be carried out by the Public Health Team as per the Memorandum of Understanding dated April 2014.

The Chair of the Exceptional Cases Committee will take responsibility for signing off approved requests for KCCG. The Head of Finance at CCCG will take responsibility for signing off approved requests for CCCG.

Moratorium

It should be noted that in severe financial difficulties the following has occurred in 2006 by Huddersfield PCT's and thereafter by Kirklees PCT until early 2007:

In circumstances of severe financial constraint, consideration of Individual Funding Requests can be suspended by the CCGs. It is lawful and fair to restrict treatments on the basis of costs in extreme circumstances. However it will still be necessary to screen requests and continue to support those that the ECC agree meet the following criteria:

- The condition is immediately life threatening
- That undue delay would result in a real and imminent risk of harm, e.g. death, infirmity or handicap
- That the procedure needs to be carried out within a strict time frame as delay would result in it becoming ineffective

Refused

IFRs can be refused as part of the IFR process if:

- The individual does not meet the agreed criteria
- There is no clear evidence supporting the treatment

- Where the request does not clearly demonstrate exceptionality

In the event of refusal to fund a request, the referring Clinician and the patient will be informed in writing within 5-10 working days of the Screening Panel meeting. The reason and clear rationale will be documented within the letter along with the relevant appeals process to follow.

IFRs in the following circumstances will normally be refused:

- Where the patient does not take up treatment within one year of approval being granted, then the case will be closed and a new application for funding must be made
- Where an IFR is made by a non NHS clinician based in a private provider with whom the CCGs do not hold a contract
- Where an IFR is made for treatment within a non-contracted private provider, when equivalent NHS commissioned services are available

Urgent or Emergency Cases

It is recognised that there may be occasions when the Screening Panel receive cases for consideration that need a decision urgently. Given that there would be difficulties in convening the Exceptional Cases Committee at short notice in cases of extreme emergency (for example, someone's life is dependent on a decision being made) the Screening Panel will pass on its recommendations to the Chief Officer of the CCG or the Head of Strategic Planning, Service Transformation & Integration. The Clinical Lead or nominated deputy will also be involved in the decision making process of urgent or emergency requests.

The decision will be documented and formally reported to the Exceptional Cases Committee at the next meeting.

While the CCGs will endeavour to respond to such urgent requests as quickly as possible, this should not compromise the quality and validity of the decision making process.

At all times the provider is able to fund a health care intervention pending a decision from the CCGs and the CCGs accept no responsibility for the clinical consequences of any delay in responding to the request.

Membership of the Screening Panel

- Head of Service for KCCG (Chair)
- IFR Support Officer
- Senior Medicines Commissioning Pharmacist

This is the core membership of the Screening Panel and if for any reason a member of the Panel cannot attend then an agreed deputy will attend the meeting. The Panel will meet on a weekly basis.

Other officers from the CCGs or the Public Health Team can be invited to attend the Panel as necessary.

Stage Two – Exceptional Cases Committee

In making a decision the Committee will consider all available clinical history and examine the evidence base where necessary. The Committee will:

- Review each patient request on an individual basis
- Take into account relevant factors which are unique to the patient, e.g. current health status and existing co-morbidities
- Consider if the treatment is necessary and appropriate in relation to individual clinical need, with expected benefits outweighing any risks, and whether there are any exceptional needs or circumstances
- Consider the evidence base for safety and efficacy and if the request is drug related, its licensed indication
- Consider if the treatment is clinically and cost effective with equity of access and provision across the CCG, utilising clinical information (provided by patient's GP, Consultant or other appropriate clinical staff) and evidence base (regarding clinical and cost effectiveness of the intervention).

- Consider consistent with agreed guidance whether CCG, regional or national that may be available
- Consider other alternative options available for the patient including whether the request can be met by local or alternative providers or whether they are inappropriate for that individual
- Consider if this establishes a precedent or whether there is an existing precedent

The Panel will use the following information to make the decision as to whether the case referred is an exception:

- Information provided by the patient's GP/referring Clinician
- Clinical effectiveness reviews of the intervention requested
- Evidence that all alternative clinical strategies have been exhausted, e.g. conservative and primary care management of the patient's condition

Decision for Approval or Non Approval

Whether the request for funding is approved or not, the patient, the referring Clinician and the patients GP (where they are not the referring clinician) will be informed in writing of the decision within 5-10 working days of the Exceptional Cases Committee meeting.

Where the request was refused the Committee will set out their decision and the reasons for it to the referring Clinician and GP. The patient will be informed of the decision and encouraged to speak to their GP to discuss the reasons behind the decision. If the patient does not accept the outcome they can appeal via the referring clinical only to the Appeals Committee.

Membership of the Exceptional Cases Committee

Membership of the Exceptional Cases Committee is detailed below. It is the expectation that all of these people or their deputies will attend every Committee meeting.

- Chief Officer KCCG (Chair) or nominated deputy

- Chief Financial Officer KCCG or nominated deputy
- Lay member (KCCG)
- A maximum of 4 Clinical Leads (KCCG)

Each of the above nominated Committee members will have a deputy. The Committee is quorate with the presence of the following:

- Chief Officer KCCG (Chair) or nominated deputy
- Chief Financial Officer KCCG or nominated deputy
- Lay member (KCCG)
- Clinical Leads (KCCG)

The Committee will be chaired by the Chief Officer of KCCG or their Deputy. The Chair will be responsible for checking that the decisions made are accurately recorded and for signing any letters sent to patients and Clinicians reflecting those decisions. In case of disagreement, the Chair has the casting vote if necessary.

Stage Three - Appeals Process

Individuals wishing to appeal against a decision made by the Exceptional Cases Committee must notify the CCG of their intention in writing to the IFR Team, within 40 working days of the date of the initial decision via their GP or initial referring Clinician.

The GP or referring Clinician must demonstrate on what grounds they wish to appeal against the decision. An appeal can be made on the following grounds;

- Procedural irregularities (eg. due process has not been followed or that a Committee has not been quorate to make a decision) or all of the information has not been considered, or new / additional information is to be considered.
- The Clinician / patient is not happy with the outcome decision. In this case the appeal will be treated as a formal complaint and passed to the complaints department at the relevant CCG.

If the Clinician does not lodge an appeal within the allocated timescales the case will be closed and any further correspondence would start the process again.

Decision Making Process

The Appeals Committee considers and decides on appeal applications which challenge due process by reference to this operating framework.

The duties of the Appeals Committee are set out below:

- To consider and review the Exceptional Cases Committee's decision in relation to the funding of an individual's treatment by reference to fair and appropriate application of the process.
- To receive and review all documentation considered by the Exceptional Cases Committee and further submissions received from parties.
- To make a decision to uphold the original decision of the Exceptional Cases Committee or refer the case back to the Exceptional Cases Committee for reconsideration, if there is evidence that all of the relevant information was not considered or that due process has not been followed. In this instance this will be supported by a written recommendation from the Appeals Committee.

A failure in the process of handling an IFR does not necessarily mean that the decision that was made was incorrect (Guidelines from the NHS Confederation 2008b).

Decision for Approval or Non Approval

The IFR Team will write to the patient, referring Clinician and GP (where this is not the referring Clinician) within 5-10 working days with the Appeals Committee's decision and their reasons.

Patients who remain dissatisfied with the Appeal Committee decision will be given the information on potential courses of action as part of the letter detailing the Appeals Committee decision.

Membership of the Appeals Committee

It is the expectation that all of these people or their deputies will attend every Appeals Committee meeting. The Appeals Committee is quorate with the presence of the following:

- Clinical Lead (KCCG)
- Senior Manager (KCCG)
- Lay Member (KCCG)

Other representatives, for example from Public Health, can also be invited to be part of the Appeals Committee as required.

The chair of the Appeals Committee will be one of the Senior Managers detailed above.

The IFR Team will co-ordinate the meeting, circulate papers and minute and record the actions / recommendations from the meeting.

Precedence

At any point in the decision making process of the Exceptional Cases Committee or the Appeals Committee a precedent could be set. This means that any decision made can be used to inform future decisions for similar requests. If previous decisions are not taken into account this could form the basis for legally challenging the CCG and the decision made on an IFR. Given the significance of setting precedence and its potential impact on future decisions all decisions will be recorded on a secure database by the IFR Team. However a decision to allow or refuse funding will not be absolutely binding on the CCG but where the CCG departs from a previous decision, clear evidence must be available to justify and support this departure (examples of this might include a patient presenting with slightly different symptoms, or someone who due to age/weight/sex/other medication might not respond to treatment in the same way).

Where IFRs are to be referred to the Exceptional Cases Committee the Screening Panel will review all previous decisions for the same treatment and indication.

Any relevant decisions made about previous cases that could have an impact on the decision making process for an individual case will be made available to the Committee.

An IFR should not be seen as a mechanism to introduce a new treatment. The request should be seen as genuinely individual. The requesting clinician should also demonstrate that the request is an individual request to fund a treatment, and not about introducing a treatment to a group – however small.

Treatment outside the European Economic Area (EEA)

Requests for treatment outside the EEA will be considered in line with the Department of Health Guidelines.

Equality Impact Assessment (EIA)

The CCGs aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

This policy is not intended to discriminate against any group or individual on the grounds of ethnicity, gender, age, disability, sexual orientation or religion/belief. In order to meet these requirements, a single EIA is completed.

Training Needs Analysis

No specific training is required before this operating framework and the procedures outlined within it can be implemented.

Monitoring Compliance with this Operating Framework

The administration of this process continues beyond the stages described above in order to make informed commissioning decisions in the future. It will be the role of the IFR Team to track all agreed requests to enable the CCGs to collate information on patient flows and costs associated with IFRs.

Any information collected will be collated for an annual report in Q1 of each financial year. The report will include reporting the number of individual requests, those approved and declined by procedure at each stage of the process (Screening Panel, Exceptional Cases Committee and Appeals Committee). Information will also be collated in relation to numbers of IFR requests by GP Practice.

In certain circumstances it may be necessary to trial a treatment or high cost drug prior to a decision being made. Where this is the case the outcome of the trial will be obtained prior to any decision about further treatment being made.

References

Department of Health (2004) A Code of Conduct for private practice: Recommended Standards of Practice for Private Consultants

Lock, D 2011, What does the duty on PCT's to give reasons for an individual treatment decision mean in practice ; Barrister and Head of Public Law at No5 Chambers

NHS Constitution March 2013

NHS England, 'Defining the Boundaries between NHS and Private Healthcare'

National Prescribing Centre, 'Supporting rational local decision making about medicines (and treatments)'

North Yorkshire and York PCT, High Cost Healthcare Commissioning Policy. November 2007

The NHS Confederation (2008a) Priority Setting: Legal Considerations.

The NHS Confederation (2008b) Priority Setting: Managing Individual Funding Requests.

The National Health Service Bill (2006)

The Stationary Office (2004) 2004: The medicines for Human use (Clinical Trials) Regulations.

Yorkshire and the Humber Specialised Commissioning Group, 'Policy for Individual Funding Requests'

NHS Kirklees and NHS Calderdale Clinical Commissioning Groups Commissioning Policy for Individual Funding Requests

Version / Status: 4.0 / Final

Responsible Clinical Commissioning Group (CCG):

Kirklees CCG, Calderdale CCG

Responsible Chief Officers:

Carol McKenna (KCCG), Robin Tuddenham (CCCG)

Responsible Committee:

Kirklees CCG Governing Body, Calderdale CCG Governing Body

Date Approved:

Executive Summary

This policy applies to all Individual Funding Requests (IFRs) for people registered with General Practitioners in the following Clinical Commissioning Groups (CCGs), where the CCG is the responsible commissioner for the treatment or service

- Kirklees CCG
- NHS Calderdale CCG

This policy does not apply where any one of the above CCGs is not the responsible commissioner.

This policy supersedes all previous policies and must (where appropriate) be read in association with the other relevant CCGs commissioning policies.

All IFR and associated policies will be publically available on the internet for each CCG.

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet

1. Introduction

The Clinical Commissioning Groups (CCGs), NHS Kirklees CCG and NHS Calderdale CCG were established on 1st April 2013 under the Health & Social Care Act 2012 as the statutory bodies responsible for commissioning services for the patients for whom they are responsible in accordance with s3 National Health Service Act 2006.

As part of these duties, there is a need to commission services which are evidenced based, cost effective, improve health outcomes, reduce health inequalities and represent value for money for the taxpayer. The Clinical Commissioning Groups are accountable to their constituent populations and Member Practices for funding decisions.

The above Clinical Commissioning Groups throughout this policy will be referred to as the CCGs.

The policy identifies procedures / treatments which the CCGs consider to be primarily cosmetic in nature and which have relatively small health benefits compared to other competing priorities for NHS resources.

The policy will be applied in conjunction with the CCGs operating framework for decision making for Individual Funding Requests (IFRs) which is available on each CCGs website.

2. Scope of the Policy

The majority of service provision is commissioned through established service agreements with providers. However, there are instances when a treatment or procedure does not form part of the core commissioning arrangements.

Due consideration must be given to these procedures / treatments which do not form part of the core commissioning arrangements, or need to be assessed as exceptions to the CCGs commissioning policies.

Where a procedure or treatment is being requested that is not part of the core commissioning arrangements then an IFR must be submitted to the CCG in line with the IFR process detailed within the CCGs operating framework. The IFR process provides a mechanism to allow such requests to be considered for individuals in exceptional circumstances and all requests must strictly fulfil the criteria for exceptionality as defined within the CCGs current operating framework for considering IFRs.

Whilst this policy addresses many common procedures, it does not address all procedures that might be considered to be cosmetic. The CCGs reserve the right not to commission other procedures considered cosmetic and not medically necessary.

2.1 Exclusions to this Policy

The following are classed as exclusions to this policy:

- Specialist services that are commissioned by NHS England or Public Health England.
- Suspected cancer, diagnoses should be dealt with via a two week wait referral and not via an IFR request.
- Emergency or Urgent Care

2.2 Dissemination of the Policy

The policy will be disseminated via all the agreed communications and engagement channels internal and external to the CCGs.

The policy will be available to all stakeholders who are responsible for the broader dissemination of the policy within their individual organisations and services.

All members of staff responsible for commissioning services have a responsibility to familiarise themselves with the content of this policy.

A full copy of the policy will be available to the general public via each CCGs website.

2.3 Application of the Policy

The policy applies to all staff (clinical and non- clinical) who are involved in any way with the commissioning, authorising of treatments or proposed clinical interventions commissioned by the CCGs.

This policy must be followed by all staff who are employed by the CCGs including those on temporary, fixed-term or honorary contracts, secondments, pool staff and students. It must also be followed by any organisation contracted to commission, authorise or administer healthcare on behalf of the CCGs.

Both referrers (including GP practices) and provider organisations are expected to adhere to the principles, criteria and policies set out in this document. Any service requested or provided outside of the funding criteria set out in this policy will be undertaken at the organisations' own risk.

3. Aims and Objectives

The aim of this policy is to detail the eligibility criteria for procedures / treatments that the CCGs do not routinely commission.

The objectives of this policy are to;

- Reduce the variation in access to procedures / treatments that are not routinely commissioned by the CCGs.
- To ensure that the procedures / treatments detailed within the policy are commissioned where there is robust evidence of clinical benefit and cost-effectiveness.
- To have systems in place that enable a consistent approach to decision-making within appropriate timescales.
- To ensure decisions made are based on the best available evidence at the time of consideration.
- To give clarity to our local population on what procedures / treatments are funded by the CCGs and under what circumstances.

- To give clarity to referring clinicians and providers of commissioned services on what procedures / treatments are funded by the CCGs and under what circumstances.

4. Equality and Quality Impact Assessments

The CCGs aim to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

This policy is not intended to discriminate against any group or individual on the grounds of age, gender, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, the CCGs will have due regard to the different needs of protected characteristic groups, in line with the Equality Act 2010. Equality (EIA) and Quality Impact Assessments (QIA) have been carried out for this policy. The EIA is attached as Appendix 2 of this policy and the QIA is available on request.

5. Procedures and Treatments with Eligibility Criteria

The following section provides further detail on the eligibility criteria that is applicable to the procedures / treatments that are not routinely commissioned.

In this policy aesthetic or cosmetic surgery is defined as surgery undertaken to improve one's appearance or reshape normal body parts to improve appearance. This differs from reconstructive surgery that is undertaken to reshape abnormal structures of the body, from accidents, injuries, infections, cancers or other diseases, as well as congenital deformities.

Revisional procedures will only be considered electively for clinical reasons due to evidenced clinical complications. Any revisional procedures will require prior approval unless they are required on an urgent / emergency basis.

Psychological distress will rarely be considered as a reason for cosmetic surgery. Only in rare clinically exceptional circumstances in which severe and enduring psychological

dysfunction can be demonstrated, and for which all alternative psychotherapeutic interventions have been tried.

NOTE: Lifestyle Factors - Best Practice (This is not a restriction to this policy unless otherwise stated)

Patients who are current smokers should be referred or re-directed to a smoking cessation programme prior to surgical intervention.

In line with ‘Healthy Lives, Healthy People; a tobacco control plan for England', local authorities and health professionals are committed to encourage more smokers to quit. Smoking remains the leading cause of preventable morbidity and premature death in England. There is sufficient evidence to suggest that people who smoke have a considerably increased risk of intra- and post-operative complications such as chest infections, lung disorders, wound complications and impaired healing.

Patients with a BMI >30 should be encouraged by their clinician to lose weight prior to surgery and signposted to appropriate support to address lifestyle factors that would improve their fitness for surgery and recovery afterwards. There is a clinical balance between risk of surgical complications with obesity and the risk to delaying any surgery.

6. Procedures that require Individual Funding Approval:

All of the following procedures / treatments are criteria led and will require completion of an Individual Funding Request form by an appropriate clinician.

- Abdominoplasty / Apronectomy
- Breast Augmentation (Breast Enlargement)
- Mastopexy (Breast Lift)
- Revision of Breast Augmentation
- Breast Asymmetry
- Breast Reduction for Gynaecomastia (Male)
- Nipple Inversion
- Hair Replacement (Including Hair Transplant and Correction of Male Pattern Baldness)

- Hair Removal
- Acne Scarring
- Blepharoplasty
- Body Contouring Procedures (Buttock, Thigh & Arm Lift)
- Facial Procedures (Face Lift & Brow Lift)
- Pinnaplasty (Correction or Prominent Ears)
- Liposuction
- Labiaplasty
- Repair of External Ear Lobes (Lobules)
- Rhinophyma
- Scar Revision / Keloidectomy
- Skin Hypo-Pigmentation & Skin Resurfacing Techniques
- Rhinoplasty / Septo-rhinoplasty
- Circumcision (for Religious Reasons)
- Tattoo Removal
- Infertility Services & Surrogacy
- Reversal of Sterilisation (Male & Female)
- Complementary & Alternative Therapies
- Allergy Treatments
- Lycra Garments
- Functional Electrical Stimulation (FES) for Foot Drop
- Open / Upright MRI Scanning
- Botulinum Toxin for Axillary Hyperhidrosis
- Botulinum Toxin for Prophylaxis Migraine
- Spinal Cord Stimulation
- Sacral Neuromodulation
- Wig pathway
- Adult Snoring Surgery (in the absence of OSA)
- Dilatation and Curettage (D&C) for heavy menstrual bleeding in women
- Injections for nonspecific low back pain without sciatica
- Knee arthroscopy for patients with osteoarthritis

6.1 ABDOMINOPLASTY / APRONECTOMY ("Tummy Tuck")

Abdominoplasty / Apronectomy will not be routinely commissioned by the CCGs for requests made for:

- Cosmetic / aesthetic reasons, including stretch marks
- Psychological benefit without associated clinical need

Abdominoplasty / Apronectomy may rarely be considered on an exceptional basis for the following groups of patients who should have achieved a stable BMI between 18 and 27 Kg/m^2 (stable is defined as within the acceptable range detailed above **AND** stable at the same measurement for **at least 2 years**) **AND** be suffering from severe functional problems:

- Those with complex scarring following trauma or previous abdominal surgery
- Those who have undergone treatment for morbid obesity and have excessive skin folds
- Previously obese patients who have achieved significant weight loss and have maintained their weight loss for at least two years. (significant is defined as moved down two levels of the BMI SIGN guidance as shown below)
- Where it is required as part of abdominal hernia correction or other abdominal wall surgery

Severe functional problems include:

- Chronic and persistent skin condition (for example, intertriginous dermatitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids and/or local or systemic antibiotics
- Experiencing severe difficulties with daily living, i.e. ambulatory or urological restrictions
- Where previous post-trauma or surgical scarring (usually midline vertical or multiple) leads to very poor appearance and carries a risk of infection
- Problems associated with poorly fitting stoma bags

In addition to the above, the following will also be required:

- Age over 19 years
- Documented record of all BMI measurements over the previous 2 years
- Documented record of the number of repeat episodes of intertrigo and evidence to support what medical treatments have been prescribed to treat the infection
- Confirmation that the panniculus hangs below the symphysis pubis when the patient is standing normally
- For requests following bariatric surgery, the patient is at least 18 months post bariatric surgery, to minimise the risks of recurrent obesity

Body Mass Index is referred to as per SIGN guidance where:

- Less than 18.5 Underweight
- 18.5 -24.9 Normal BMI
- 25.0 - 29.9 Overweight
- 30.0 - 39.9 Obese
- 40 or above Extremely Obese

6.2 BREAST AUGMENTATION

Note: Breast augmentation which is part of reconstructive surgery after trauma or previous mastectomy or other excisional breast surgery does not go through the Individual Funding requests process as it is part of the treatment pathway for those conditions.

Breast augmentation will not be routinely commissioned by the CCGs for:

- Cosmetic reasons, for example for “small” but normal breasts or for breast tissue involution (including post-partum changes).
- Requests made for psychological benefit without associated clinical need.

Breast augmentation may rarely be considered on an exceptional basis, for example where the patient:

- Has congenital amastia (complete absence of bilateral breast tissue) or
- Has suffered trauma to the breast during or after development or
- Has endocrine abnormalities or

- Has developmental asymmetry (at least 3 cup sizes) or
- Has tubular breasts – type iii with severe breast constriction with minimal breast base and hypoplasia of all four quadrants (see Tuberous Breast: Clinical Evaluation and Surgical Treatment)
- Gender re-assignment – where requests for breast augmentation are submitted following gender re-assignment surgery, the same criteria outlined in this policy will be used to inform decision making.

In addition to the above, the following will also be required:

- Age over 19 years
- BMI within the range 18 – 27 kg/m2

6.3 MASTOPEXY (Breast Lift)

Mastopexy will not be routinely commissioned by the CCGs for cosmetic reasons, for example weight loss, post lactation or age related ptosis.

Mastopexy may be included as part of the treatment to correct breast asymmetry and reduction. In this instance, patients would be required to meet the established criteria to correct breast asymmetry or for breast reduction. Please see the relevant applicable criteria.

6.4 REVISION OF BREAST AUGMENTATION

Revision of breast augmentation will not be routinely commissioned by the CCGs.

Removal of implants (including implants inserted within the private sector) will be considered if at least one of the following criteria is met;

- Remnant breast cancer or cancer on the contralateral breast or
- Intra or extra capsular rupture of silicone gel filled implants or
- Implants complicated by recurrent infections or
- Extrusion of implant through the skin or
- Implants with Baker Class IV contracture associated with severe pain (classifications detailed below) or
- Implants with severe contracture that interferes with mammography

Implant replacement will **only** be considered if the NHS commissioned the original procedure and that the patient is still eligible for breast implant/s under the CCGs current commissioning criteria.

Note – Approval will be given for implant replacement/s for any patients whose original procedure was undertaken as part of the NHS commissioned cancer pathway.

Gender re-assignment – where requests for revisional breast surgery are submitted following gender re-assignment surgery, the same criteria outlined in this policy will be used to inform decision making.

In addition to the above, the following will also be required:

- Age over 19 years
- BMI within the range 18 – 27 kg/m2
- Ultrasound scan results to evidence implant rupture and / or capsular contracture
- Evidence to support the clinical need for revisional surgery
- Evidence to support that the patient meets the current criteria for augmentation

Baker Classification

Class I - Augmented breast feels soft as a normal breast.
Class II - Augmented breast is less soft and implant can be palpated, but is not visible.
Class III - Augmented breast is firm, palpable and the implant (or distortion) is visible.
Class IV - Augmented breast is hard, painful, cold, tender and distorted

National supporting evidence

NHS England Interim Commissioning Policy: Breast Implant removal and re-insertion November 2013

6.5 BREAST ASYMMETRY

Surgery to correct breast asymmetry will not routinely be commissioned by the CCGs for cosmetic reasons.

Breast Prosthesis or Implants often have a limited lifespan and are likely to require replacement or revision during the patient's lifetime. Therefore, where possible, breast reduction of the larger breast should be the preferred option for patients seeking to correct breast asymmetry.

Surgery may rarely be considered on an exceptional basis when there is no ability to maintain a normal breast shape using non-surgical methods, for example where the patient:

- Has developmental failure resulting in unilateral absence of breast tissue (unilateral congenital amastia) OR
- Patients with gross asymmetry (defined as a difference of 3 cup sizes) **AND** BMI in the range 18 – 27 kg/m2
- Has tried and failed with all other advice and treatment, including a padded bra and a professional bra fitting
- Age over 19 years to allow for completion of puberty

In addition to the above, the following will also be required:

- Written confirmation from a professional bra fitter evidencing a difference in breast size of at least 3 cup sizes difference.

Only the following cup sizes are recognised in the UK;

- AA
- A
- B
- C
- D
- DD
- E
- F
- FF
- G
- GG
- H
- HH
- J

- JJ
- K
- L

National supporting evidence

NHS England Interim Commissioning Policy: Breast Asymmetry November 2013;

6.6 BREAST REDUCTION FOR GYNAECOMASTIA – MALE

Surgery to correct benign gynaecomastia will not routinely be commissioned by the CCGs for cosmetic reasons. The CCG will not fund this procedure where the patient has previously used recreational drugs or anabolic steroids.

Surgery may be considered on an exceptional basis, for example where the patient:

- Has > 2cm palpable, firm, sub-areolar gland and ductal tissue (not fat) **AND**
- Has a BMI of 25 kg/m2 or less and stable for 12 months (stable is defined as within the acceptable range detailed above and stable at the same measurement for 12 months), unless a specific uncorrectable aetiological factor is identified such as androgen therapy for prostate cancer **AND**
- Has been screened prior to referral to exclude endocrinological and drug related causes or if drugs have been a factor then a period of one year since last use should have elapsed **AND**
- Has completed puberty - surgery is not routinely commissioned below the age of 19 years
- Has been monitored for at least 2 years to allow for natural resolution if aged 25 or younger

In addition to the above, the following will also be required:

- BMI to have been measured within 2 months of the request being submitted
- Evidence that screening for endocrine and drug-related causes has taken place and their results
- Documented additional information where circumstances include:
  - Pain
  - Gross Asymmetry
  - The Gynaecomastia is iatrogenic

National supporting evidence

NHS England Interim Commissioning Policy: Breast Reduction for Gynaecomastia (male) November 2013https

6.7 NIPPLE INVERSION

Surgical correction of benign nipple inversion will not be routinely commissioned by the CCGs for:

- Requests made for cosmetic/aesthetic reasons.
- Requests made for psychological benefit without associated clinical need.

Nipple inversion may occur as a result of an underlying breast malignancy and it is essential that this be excluded [1]

Surgical correction of nipple inversion may only be funded where it has been documented that there was an inability to breastfeed during a previous pregnancy and the patient is considering a subsequent pregnancy. In this instance all of the following criteria must be met in full:

- The nipple(s) must be non-retractable based on clinical examination **AND**
- The patient is post pubertal **AND**
- The inversion has not been corrected by correct use of a non-invasive suction device

National supporting evidence

NICE Guidance NG12 Recommendations organised by symptom and findings of primary care investigations lumps or masses

6.8 HAIR REPLACEMENT

Hair Transplantation

Hair transplantation will not be routinely commissioned by the CCGs for cosmetic reasons, regardless of gender.

Hair transplantation may be considered on an exceptional basis, for example when reconstruction of the eyebrow is required following cancer or trauma.

Correction of Male Pattern Baldness

Treatments to correct male pattern baldness will not be routinely commissioned by the CCGs for cosmetic reasons. This is excluded from treatment by the NHS.

6.9 HAIR REMOVAL

Hair removal will not be routinely commissioned by the CCGs for cosmetic reasons.

Patients concerned with the appearance of their body and facial hair should be advised about managing their condition through conservative methods including shaving, waxing, and depilatory creams although such treatments are also not routinely commissioned or funded by the CCGs.

Hair removal may be considered on an exceptional basis, for example where the patient:

- Has undergone reconstructive surgery resulting in abnormally located hair bearing skin to the face, neck or upper chest (areas not covered by normal clothing)
- Has a proven underlying endocrine disturbance resulting in hirsutism (e.g. Polycystic Ovary Syndrome)
- Are undergoing treatment for pilonidal sinuses to reduce recurrence

In addition to the above, the following will also be required:

- Evidence of the underlying endocrine disturbance eg. blood test results or ultrasound scan report

Where patients meet the above criteria, laser treatment for hair removal requested for hirsutism will only be approved for the removal of facial hair. In this instance three laser treatment sessions will be approved.

National supporting evidence

NHS England Interim Commissioning Policy: Hair removal (including Electrolysis and Laser Therapy) November 2013:

6.10 ACNE SCARRING

Procedures to treat facial acne scarring will not be routinely commissioned by the CCGs.

Cases may be considered on an exceptional basis, for example when the patient has very severe facial scarring unresponsive to conventional medical treatments.

6.11 BLEPHAROPLASTY (Surgery for drooping or mis-shaped eyelid/s)

Blepharoplasty will not be routinely commissioned by the CCGs for cosmetic reasons.

Surgery on the upper lid/s maybe considered on an exceptional basis, for example:

- Impairment of visual fields in the relaxed, non-compensated state where there is evidence that eyelids impinge on visual fields
- Clinical observation of poor eyelid function, discomfort, e.g. headache worsening towards end of day and/or evidence of chronic compensation through elevation of the brow
- Significant ectropion or entropion that requires correction or for the removal of lesions of the eyelid skin or lid margin

In addition to the above, the following will also be required:

- Results from an appropriate visual fields test. Results from tests will be required with the eyelid/s both retracted and un-retracted to rule out any pathological causes.

6.12 BODY CONTOURING PROCEDURES (Skin Excision for Buttocks, Thighs & Arms)

Surgery to remove excess skin from the buttock, thighs and arms will not be routinely commissioned by the CCGs for cosmetic reasons.

Cases may be considered on an exceptional basis for the following groups of patients who should have achieved a stable BMI between 18 and 27 Kg/m2 (stable is defined as within the acceptable range detailed above AND stable at the same measurement for at least 2 years) **AND** be suffering from severe functional problems:

- has an underlying skin condition, for example cutis laxa (rare inherited or acquired connective tissue disorder in which the skin becomes inelastic and hangs loosely in folds)

- has lost a considerable amount of weight resulting in severe mechanical problems affecting activities of daily living (ie. walking, dressing and ambulatory restrictions) which have been formally assessed

In addition to the above, the following will also be required:

- Age over 19 years
- Documented record of all BMI measurements over the previous 2 years
- Documented record of the number of repeat episodes of intertrigo and evidence to support what medical treatments have been prescribed to treat the infection
- For requests following bariatric surgery, the patient is at least 18 months post bariatric surgery, to minimise the risks of recurrent obesity
- If it is an adjunct to another surgical procedure, then patients would be required to meet the established criteria (where applicable) for the defined surgical procedure being carried out. Please see the relevant applicable criteria.

6.13 FACELIFT / BROWLIFT

Facial procedures and Botulinum Toxin will not be routinely commissioned by the CCGs for cosmetic reasons.

Cases may be considered on an exceptional basis, for treatment of:

- Congenital facial abnormalities
- Facial palsy (congenital or acquired paralysis)
- As part of the treatment of specific conditions affecting the facial skin, e.g. cuffs axa pseudoxanthoma elasticum, neurofibromatosis
- To correct the consequences of trauma
- To correct deformity following surgery

In addition to the above, for a Browlift procedure the following will also be required:

- Results from an appropriate visual fields test with eyelid un-retracted

6.14 PINNAPLASTY (Correction of Prominent Ears)

Surgical correction of prominent ears will not be routinely commissioned by the CCGs for cosmetic reasons.

Cases may be considered on an exceptional basis, for example where the patient:

- Must be aged 5-19 at the time of referral and the child (not the parents alone) expresses concern **AND**
- has very significant ear deformity or asymmetry

Prominent ears may lead to significant psychosocial dysfunction for children and adolescents and impact on the education of young children as a result of teasing and truancy.

The National Service Framework for Children (National Service Framework for Children, Young People and Maternity Services (DH October 2004), defines childhood as ending at 19 years. Funding for this age group should only be considered if there is a problem likely to impair normal emotional development. Children under the age of five rarely experience teasing and referrals may reflect concerns expressed by the parents rather than the child, which should be taken into consideration prior to referral. Some patients are only able to seek correction surgery once they are in control of their own healthcare decisions and again this should be taken into consideration prior to referral.

National supporting evidence

NHS England Interim Commissioning Policy: Pinnaplasty / Otoplasty November 2013;

6.15 LIPOSUCTION

Liposuction will not be routinely commissioned by the CCGs for cosmetic reasons or to correct the distribution of fat.

Cases may be considered on an exceptional basis, for example when;

- It may be useful for contouring areas of localised fat atrophy or pathological hypertrophy (e.g. multiple lipomatosis, lipodystrophies)
- If it is an adjunct to other surgical procedures e.g. surgery for gynaecomastia. In this instance, patients would be required to meet the

established criteria (where applicable) for the defined surgical procedure being carried out. Please see the relevant applicable criteria.

6.16 LABIAPLASTY

Labiaplasty will not be routinely commissioned by the CCGs for cosmetic reasons.

Surgery may be considered on an exceptional basis, for example where the patient has;

- Congenital conditions **or**
- Recurrent disease or chronic irritation (with documented evidence of ulceration/severe excoriation over several months that has failed to respond to conservative treatment **or**
- Excess androgenic hormones

Note: Treatment for female genital mutilation is not considered cosmetic and does not require funding approval.

NHS England Interim Commissioning Policy: Labiaplasty/Vaginoplasty/Hymenorrhaphy

6.17 REPAIR OF EXTERNAL EAR LOBES (Lobules)

Repair of external ear lobes will not be routinely commissioned by the CCGs for cosmetic reasons.

This procedure is only commissioned by the CCGs for the repair of totally split earlobes as a result of direct trauma.

Repair of external ear lobes as a result of a gauge piercing is excluded from treatment by the CCGs.

6.18 RHINOPHYMA

Surgical / laser treatment of rhinophyma will not be routinely commissioned by the CCGs for cosmetic reasons.

The first-line treatment of this disfiguring condition of the nasal skin is medical. Severe cases or those that do not respond to medical treatment may be considered on an exceptional basis for surgery or laser treatment.

6.19 SCAR REVISION / KELOIDECTOMY

Revision surgery for scars including keloid scars will not be routinely commissioned by the CCGs for cosmetic reasons.

Cases may be considered on an exceptional basis, for example where the patient:

- Has significant deformity
- Has severe functional problems, or needs surgery to restore normal function
- Causes significant pain requiring chronic analgesic medication
- Bleeding
- Obstruction of orifice or vision
- Has a scar resulting in significant facial disfigurement

6.20 SKIN HYPO-PIGMENTATION & SKIN RESURFACING TECHNIQUES

Skin Hypo-Pigmentation

The recommended NHS suitable treatment for hypo-pigmentation is cosmetic camouflage. Access to a qualified camouflage beautician must be available on the NHS for this and other skin conditions requiring camouflage.

Skin Resurfacing Techniques

All resurfacing techniques including laser, dermabrasion and chemical peels may be considered for post-traumatic scarring (including post surgical) and severe acne scarring once the active disease is controlled.

Any requests for skin resurfacing techniques for scarring would be required to meet the established criteria for scar revision as shown above in section 6.19.

6.21 SEPTO-RHINOPLASTY / RHINOPLASTY

Septo-rhinoplasty and Rhinoplasty will not be routinely commissioned by the CCGs for cosmetic reasons.

Septo-rhinoplasty may be considered on an exceptional basis, for example in the presence of;

- Septal deviation causing continuous nasal airway obstruction resulting in nasal breathing difficulty associated with a bony deviation of the nose, where an operation on the nasal septum would not be effective in restoring the nasal airway without a simultaneous operation to straighten the nasal bones.
- Asymptomatic nasal deformity that prevents access to other intranasal areas when such access is required to perform medically necessary surgical procedures (e.g. ethmoidectomy); or when done in association with cleft palate repair.

Rhinoplasty may be considered on an exceptional basis, for example;

- When it is being performed to correct a nasal deformity secondary to congenital cleft lip and / or palate
- To correct chronic non-septal nasal airway obstruction from vestibular stenosis (collapsed internal valves) due to trauma, disease, or congenital defect when all of the following criteria are met:

  - Nasal airway obstruction is causing significant symptoms (e.g., chronic rhinosinusitis, difficulty breathing), **AND**
  - Obstructive symptoms persist despite conservative management for three months or greater, which includes, where appropriate, nasal steroids; **AND**
  - Airway obstruction will not respond to septoplasty and turbinectomy alone.

In addition to the above, the following will also be required:

- Relevant history of accidental or surgical trauma, congenital defect, or disease (e.g., Wegener's granulomatosis, choanal atresia, nasal malignancy, abscess, septal infection with saddle deformity, or congenital deformity); **AND**
- Documentation of duration and degree of symptoms related to nasal obstruction, such as chronic rhinosinusitis, mouth breathing, etc.; **AND**
- Documentation of results of conservative management of symptoms

Note: For requests that meet the above criteria in relation to sporting / activity trauma,

the CCGs reserve the right to decline funding where the request is for a repeat surgical procedure in relation to trauma where it is as a direct cause of the same sport / activity.

6.22 CIRCUMCISION (for religious reasons)

Circumcision for social, religious or cultural reasons will not be routinely commissioned by the CCGs.

Cases may be considered on an exceptional basis, for example;

- When an underlying medical condition means that routine surgery in the usual setting may be unsafe

6.23 TATTOO REMOVAL

Tattoo removal will not be routinely commissioned by the CCGs.

Cases may be considered on an exceptional basis, for example where the patient:

- Has suffered a significant allergic reaction to the dye and medical treatments have failed
- Where the tattoo is the result of trauma, inflicted against the patient's will ("rape tattoo")
- Exceptions may also be made for tattoos inflicted under duress during adolescence or disturbed periods where it is considered that psychological rehabilitation, break up of family units or prolonged unemployment could be avoided given the treatment opportunity. (Only considered in very exceptional circumstances where the tattoo causes marked limitations of psychosocial functioning.)

National supporting evidence

NHS England Interim Commissioning Policy: Tattoo Removal November 2013;

6.24 IVF – INFERTILITY TREATMENT and SURROGACY

Criteria has been agreed across the Yorkshire and Humber. See separate policy on each CCG website.

The CCGs arrangements are in line with the Yorkshire & Humber policy but the CCGs will only fund one full cycle of IVF where the eligibility criteria are met in full.

Surrogacy arrangements will not be funded, but the CCGs will fund treatment (IVF component and storage) in identified (fertile) surrogates, where this is the most suitable treatment for a couple's infertility problem and the eligibility criteria are met in full.

6.25 REVERSAL OF VASECTOMY AND FEMALE STERILISATION

Surgery for the reversal of a vasectomy or female sterilisation will not be routinely commissioned by the CCGs.

Cases may be considered on an exceptional basis, for example:

- the death of an existing child through accidents or illness
- There is clear evidence (over and above the patient's assertion) that the original operation had been performed under duress. E.g. Cases when the patient was very young when the procedure was carried out and evidence from the referring clinician shows that they did not receive any counselling

Funding is not agreed for these procedures for patients who are in a new relationship or who are not in contact with children from a previous relationship. The CCGs reserve the right to decline funding where either partner has living children (this includes adopted children but not fostered) from that or any previous relationship.

6.26 COMPLEMENTARY OR ALTERNATIVE THERAPIES

Complementary and alternative therapies are not routinely commissioned as stand-alone treatments by the CCGs.

See Appendix 1 for the list of therapies which are not routinely commissioned. The list is not exhaustive and other therapies not listed but that are considered 'alternative' therapies will be considered in the same way.

Those complementary and alternative therapies which are an integral part of an agreed care pathway within existing contracts (supported by a service specification) are excluded from this policy.

6.27 ALLERGY TREATMENTS AT A SPECIALIST ALLERGY CENTRE

The CCGs will support referrals being made to an NHS Specialist Allergy Centre when the condition has been thoroughly assessed and standard treatment given by a GP or Clinician has not improved the condition and that the condition is considered “resistant” to conventional treatment.

The CCGs will not support referrals made to non-NHS providers.

6.28 LYCRA GARMENTS

Lycra garments are not routinely commissioned by the CCGs. Cases may be considered on an exceptional basis for example;

- The patient should have cerebral palsy or similar condition with significantly abnormal postural muscle tone.
- There are no contraindications present (see below).
- Referral should identify the specific significant benefits offered by the therapy for this patient.
- Evidence provided that other therapies have been considered but were deemed to be insufficient.
- Evidence of the patient / carer’s willingness to comply with treatment (e.g. signed agreement or previous successful use).
- If the patient is over 18, successful previous use of Lycra garments and benefits evidenced.
- Requests for replacement garments should include a user or professional evaluation of benefits.

Contraindications

- Lycra garments are contraindicated when adequate monitoring and supervision are not available, there is deemed to be a lack of purposeful intent or, dependent on site of the garment, if severe epilepsy or chronic respiratory problems are present. Lycra splinting is not recommended if there is severe uncontrolled reflux or chronic skin conditions.
- Problems with comfort, reflux sickness and putting on / taking off the suit have been reported. Temperature can also be an issue, particularly in

summer. These factors may all impact on compliance and motivation of the patient.

- A study carried out with the support of Scope and Birmingham Community Health Trust from 1998 – 2000 also found that some people stop wearing the garments altogether because of:
- The level of support needed to get the garments on and off
- Toileting issues
- Garment took too long to dry after washing
- Unable to maintain the function gains achieved without continued use

Funding requests for replacement garments will be required to evidence on-going clinical benefit. Funding for a replacement garments will not normally be agreed within:-

- 12 months from last approval for children aged up to 18 or
- 18 months to 2 years from last approval for patients aged 18+

6.29 FUNCTIONAL ELECTRICAL STIMULATION (FES) (For Foot Drop of Central Neurological Origin)

The CCGs will routinely commission Functional Electrical Stimulation (FES) for drop foot, with the non-implantable wired device (skin surface FES - OPCS A70.7 application of transcutaneous electrical nerve stimulator), in line with NICE IPG278. Provisions for clinical, governance, consent, audit and research are fully expected to be in place for this service.

- The patient must be over 18 years of age and being treated for foot drop (deficit of dorsiflexion and / or eversion of the ankle) which must be of central neurological origin, due to an upper motor neurone lesion i.e. one that occurs in the brain or spinal cord at or above the level of T12.
- Upper motor neurone lesions resulting in dropped foot occur in conditions such as stroke, brain injury, multiple sclerosis, incomplete spinal cord injury at T12 or above, cerebral palsy, familial /hereditary spastic paraparesis and Parkinson's disease.

Exclusions

The following forms of FES are not commissioned by the CCGs:

- Other forms of electrical stimulation for conditions other than foot drop
- FES for upper limb
- Implanted FES
- Wireless FES

Funding will only be considered for wireless or implantable devices where there are exceptional clinical circumstances.

National supporting evidence

NICE Guidance IPG 278 - Functional Electrical Stimulation for drop foot of central neurological origin

6.30 OPEN / UPRIGHT MRI SCANNING

Open MRI

Referral to an NHS Open MRI scanner for an Open MRI scan as an alternative to a conventional MRI scan may be commissioned in the following circumstances as an exception where the following criteria are met:

- Patients who suffer from claustrophobia where an oral prescription sedative has not been effective (flexibility in the route of sedative administration may be required in paediatric patients as oral prescription may not be appropriate). For the use for Spinal cord compression and neural axis tumours, the use of an Open MRI is recommended rather than the use of a general anaesthetic as there is a lesser risk to the patient.
- Patients who are obese and cannot fit comfortably in a conventional MRI scanner as determined by a Radiology department policy. (The issue re size is how the weight is distributed).

Upright MRI

Upright MRI scanning within the Private sector is not routinely commissioned by the CCGs.
Upright MRI scanning may be considered for cases on an exceptional basis where;

- Evidence supports that due to severe pain (having utilized appropriate pain medication) **AND**
- The patient cannot lie properly for the required scan time in a conventional MRI scanner due to the patient's condition

6.31 BOTULINUM TOXIN FOR AXILLARY HYPERHIDROSIS

Botulinum Toxin for axillary hyperhidrosis will not be routinely commissioned by the CCGs.

Treatment may be considered on an exceptional basis for intractable, disabling focal primary hyperhidrosis when all of the following criteria are met;

- Topical aluminium chloride or other extra-strength antiperspirants are ineffective or result in a severe rash **AND**
- Iontophoresis has been ineffective **AND**
- Unresponsive or unable to tolerate pharmacotherapy prescribed for excessive sweating (e.g., anticholinergics) if sweating is episodic **AND**
- Significant disruption of life has occurred because of excessive sweating

Exclusion

The CCGs will not commission Botulinum Toxin to treat hyperhidrosis in people with social anxiety disorder. – NICE CG159

NOTE - for approved requests the CCGs will fund a maximum of 2 treatments per year per patient, not to be repeated more frequently than every 16 weeks.

National supporting evidence

NICE CG159 - Social anxiety disorder: recognition, assessment and treatment;

6.32 BOTULINUM TOXIN FOR PROPHYLAXIS MIGRAINE

Botulinum Toxin for prophylaxis migraine will not be routinely commissioned by the CCGs.

Botulinum Toxin Type A is recommended as an option for the prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine)

- that has not responded to at least three prior pharmacological prophylaxis therapies **AND**
- whose condition is appropriately managed for medication overuse.

Treatment with Botulinum Toxin Type A that is recommended according to the above should be stopped in people whose condition:

- is not adequately responding to treatment (defined as less than a 30% reduction in headache days per month after two treatment cycles) **or**
- has changed to episodic migraine (defined as fewer than 15 headache days per month) for three consecutive months.

NOTE - for approved requests the CCGs will fund a maximum of 4 treatments per year per patient of Botulinum Toxin, not to be repeated more frequently than every 2 treatments without specialist review.

National supporting evidence

NICE Guidance TA260 - Botulinum toxin type A for the prevention of headaches in adults with chronic migraine

6.33 SPINAL CORD STIMULATION

Spinal Cord Stimulation (SCS) device and leads fall outside PbR tariff. Clinicians are responsible for deciding if the treatment is appropriate for individual patients. NICE Technology Appraisal Guidance 159 recommends SCS for adults with chronic neuropathic pain who:

- Continue to experience chronic pain (measuring at least 50mm on a 0-100mm visual analogue scale) for at least 6 months despite all other reasonable treatment alternatives having been tried with an unsatisfactory outcome **AND**

- Who have had a successful spinal cord stimulation trial (this determines suitability for permanent implantation by assessing tolerability and the degree of pain relief likely to be achieved by full implantation)

SCS is **NOT** commissioned for adults with chronic pain of ischaemic origin, except in the context of research as part of a clinical material (due to lack of evidence of clinical effectiveness).

SCS may only be commissioned after an assessment by a multidisciplinary team (MDT) experienced in chronic pain assessment and management of people with SCS devices, including experience in the provision of ongoing monitoring and support.

If different SCS systems are considered to be equally suitable for a person the least costly should be used. (Assessment of cost should take into account acquisition costs, the anticipated longevity of the system, the stimulation requirements of the person with chronic pain and the support package offered).

National supporting evidence

NICE Guidance TA159 - Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

6.34 SACRAL NEUROMODULATION

Sacral Neuromodulation in relation to urinary retention and constipation will be commissioned in line with NICE IPG 536. Individual funding must be sought prior to commencement of treatment.

Sacro Neuromodulation for faecal and urinary incontinence are currently commissioned by NHS England.

National supporting evidence

NICE IPG 536: Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention (published 25/11/15)

6.35 ADVICE & PATHWAY FOR THE SUPPLY OF NHS FUNDED WIGS

NHS wigs will be routinely funded outside of cancer pathways for the following indications:

1. Consultant Dermatologist request

   AND

2. Specialist diagnosis of

   a) Alopecia totalis

   OR

   b) Scarring alopecia including

   - Scleroderma
   - Lichen planus
   - Discoid lupus
   - Folliculitis decalvans
   - Frontal fibrosing alopecia

A Consultant Dermatologist will determine the patients' diagnosis and suitability for a wig and issue a prescription where appropriate.

Patients are entitled to either two stock modacrylic fibre wigs per year **or** one stock real hair wig every 2 years.

There are no nationally set limits on the number of wigs a patient can have from the NHS. However, this is a locally agreed own limit.

The patient will be expected to pay the current standard prescription charge for either of the above types of wig. This prescription charge is payable to either the hospital Trust or any NHS wig provider that accepts NHS prescriptions. The balance of the cost of the wig is paid by the NHS.

Some patients may be exempt from paying this prescription charge.

Many hospital Trusts will carry wigs as part of their appliance offering, however advice can be provided to patients on other NHS wig providers who will accept an NHS prescription.

Exclusions

Bespoke wigs including bespoke human hair wigs are not routinely prescribed. The patient's clinician would need to submit an Individual Funding Request to the Clinical Commissioning Group on behalf of the patient to request funding for a bespoke human hair wig or any other non-standard wig.

The funding request must evidence on what exceptional grounds that the patient should be prescribed a bespoke wig. Evidence of 'allergy' needs to be proven by patch testing prior to the clinician submitting an Individual Funding Request.

Should funding be successfully granted, patients would be expected to pay the current standard prescription charge (see more information on the NHS England link above for charges and exemptions).

The CCG will fund up to a maximum of one bespoke real hair wig every 2 years up to a maximum balance cost of £1,500.

Re-issue process in subsequent years

For bespoke wigs agreed through the Individual Funding Request process, once the initial request has been approved the patient can request subsequent years funding from the Clinical Commissioning Group when the wig is due for replacement.

The patient will be required to write to the IFR team informing them that the wig is due for replacement. The IFR team will process the request and confirm in writing to the patient that a replacement wig has been authorised.

6.36 ADULT SNORING SURGERY (IN THE ABSENCE OF OSA)

This guidance relates to surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate (Uvulopalatopharyngoplasty, Laser assisted Uvulopalatoplasty & Radiofrequency ablation of the palate) in an attempt to improve the symptom of snoring. Please note this guidance only relates to patients with snoring in the absence of Obstructive Sleep Apnoea (OSA) and should not be applied to the surgical treatment of

patients who snore and have proven OSA who may benefit from surgical intervention as part of the treatment of the OSA.

It is important to note that snoring can be associated with multiple other causes such as being overweight, smoking, alcohol or blockage elsewhere in the upper airways (e.g. nose or tonsils) and often these other causes can contribute to the noise alongside vibration of the tissues of the throat and palate.

It is on the basis of limited clinical evidence of effectiveness, and the significant risks that patients could be exposed to, this procedure should no longer be routinely commissioned in the management of simple snoring.

Alternative Treatments

There are a number of alternatives to surgery that can improve the symptom of snoring. These include:

- Weight loss
- Stopping smoking
- Reducing alcohol intake
- Medical treatment of nasal congestion (rhinitis)
- Mouth splints (to move jaw forward when sleeping)

6.37 DILATATION AND CURETTAGE (D&C) FOR HEAVY MENSTRUAL BLEEDING IN WOMEN

NICE guidelines recommend that D&C is not offered as a diagnostic or treatment option for heavy menstrual bleeding, as there is very little evidence to suggest that it works to investigate or treat heavy periods.

Ultrasound scans and camera tests, with sampling of the lining of the womb (hysteroscopy and biopsy), can be used to investigate heavy periods. Medication and intrauterine systems (IUS), as well as weight loss (if appropriate) can treat heavy periods.

D&C should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective.

Ultrasound scans and camera tests with sampling of the lining of the womb (hysteroscopy and biopsy) can be used to investigate heavy periods.

Medication and intrauterine systems (IUS) can be used to treat heavy periods.

For further information, please see:

- NICE Guidance NG88: Heavy menstrual bleeding: assessment and management
- NHS website for England: Hysteroscopy and alternatives to hysteroscopy

6.38 INJECTIONS FOR NONSPECIFIC LOW BACK PAIN WITHOUT SCIATICA

NICE recommends that spinal injections should not be offered for non-specific low back pain. Alternative options like pain management and physiotherapy have been shown to work.

Spinal injections of local anaesthetic and steroid should not be offered for patients with non-specific low back pain.

For people with non-specific low back pain the following injections should not be offered:

- Facet joint injections
- Therapeutic medial branch blocks
- Intradiscal therapy
- Prolotherapy
- Trigger point injections with any agent, including botulinum toxin
- Epidural steroid injections for chronic low back pain or for neurogenic claudication in patients with central spinal canal stenosis
- Any other spinal injections not specifically covered above

Radiofrequency denervation can be offered according to NICE guideline (NG59) if all non-surgical and alternative treatments have been tried and there is moderate to severe chronic pain that has improved in response to diagnostic medical branch block.

Epidurals (local anaesthetic and steroid) should be considered in patients who have acute and severe lumbar radiculopathy at time of referral.

Alternative and less invasive options have been shown to work e.g. exercise programmes, behavioural therapy, and attending a specialised pain clinic.

Alternative options are suggested in line with the National Back Pain Pathway.

Further information is provided in NICE Guidance NG59: Low back pain and sciatica in over 16s: assessment and management

6.39 KNEE ARTHROSCOPY FOR PATIENTS WITH OSTEOARTHRITIS

NICE recommends that arthroscopic knee washout should not be used as a treatment for patients with osteoarthritis, unless the knee locks (in which case it may be considered). More effective treatments include physiotherapy, exercise programmes like ESCAPE pain, losing weight (if necessary) and pain management.

If symptoms do not resolve, knee replacement or osteotomy are effective procedures that should be considered.

Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

Referral for arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking.

More effective treatment includes exercise programmes (e.g. ESCAPE pain), losing weight (if necessary) and managing pain. Osteoarthritis is relatively common in older age groups. Where symptoms do not resolve after non-operative treatment, referral for consideration of knee replacement or joint preserving surgery such as osteotomy is appropriate.

For further information, please see:

- NICE guidance IPG230 Interventional procedure overview of arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis
- NICE Guidance IPG 230 Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis
- NICE Do not do recommendation for referral for arthroscopic lavage and debridement as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking

7. References

Department of Health (2013). The NHS Constitution the NHS belongs to us all.

Department of Health (2012). The Functions of Clinical Commissioning Groups

Department of Health (2010). Equity and Excellence: Liberating the NHS. Available

Scottish Intercollegiate Guidelines Network (2013). Information about SIGN.

The NHS Confederation (2008a) Priority Setting: Legal Considerations.

The NHS Confederation (2008b) Priority Setting: Managing Individual Funding Requests

NHS Modernisation Agency. Information for Commissioners of Plastic Surgery Services; Referrals and Guidelines in Plastic Surgery (2005)

NHS England - Evidence-Based Interventions: Response to the public consultation and next steps

Appendix 1 List of Complementary / Alternative Therapies

Active release technique
Acupressure
Acupuncture
Airrosti (Applied Integration for the Rapid Recovery of Soft Tissue Injuries) technique Alexander technique
AMMA therapy
Antineoplaston Therapy and Sodium Phenylbutyrate
Apitherapy
Applied kinesiology
Aromatherapy
Art therapy
Aura healing
Autogenous lymphocytic factor
Auto urine therapy
Bioenergetic therapy
Biofield Cancell (Entelev) cancer therapy
Bioidentical hormones
Brain integration therapy
Carbon dioxide therapy
Cellular therapy
Chakra healing
Chelation therapy for Atherosclerosis
Chung Moo Doe therapy
Coley's toxin
Colonic irrigation
Colour therapy
Conceptual mind-body techniques
Craniosacral therapy
Crystal healing
Cupping
Dance/Movement therapy
Digital myography
Ear Candling

Egoscue method
Electrodermal stress analysis
Electrodiagnosis according to Voll (EAV)
Equestrian therapy - Hippotherapy
Essential Metabolics Analysis (EMA)
Essiac
Feldenkrais method of exercise therapy (also known as awareness through movement)
Flower essence
Fresh cell therapy
Functional intracellular analysis
Gemstone therapy
Gerson therapy
Glyconutrients
Graston technique
Greek cancer cure
Guided imagery
Hair analysis
Hako-Med machine (electromedical horizontal therapy)
Hellerwork
Hoxsey method
Human placental tissue
Hydrolysate injections
Humor therapy
Hydrazine sulfate
Hydrogen peroxide therapy
Hypnosis
Hyperoxygen therapy
Immunoaugmentive therapy
Infratronic Qi-Gong machine
Insulin potentiation therapy
Inversion therapy
Iridology
Iscador
Juvent platform for dynamic motion therapy

Kelley/Gonzales therapy

Laetrile

Live blood cell analysis

Macrobiotic diet

Magnet therapy

MEDEK therapy

Meditation/transcendentalmeditation

Megavitamin therapy (also known as orthomolecular medicine)

Meridian therapy

Mesotherapy

Moxibustion

MTH-68 vaccine

Music therapy

Myotherapy

Neural therapy

NUCCA procedure

Ozone therapy

Pfrimmer deep muscle therapy

Polarity therapy

(Poon's) Chinese blood cleaning

Primal therapy

Psychodrama

Purging

Qigong longevity exercises

Ream's testing

Reflexology (zone therapy)

Reflex Therapy

Reiki

Remedial massage

Revici's guided chemotherapy

Rife therapy/Rife machine

Rolfing (structural integration)

Rubenfeld synergy method (RSM)

Sarapin injections

Shark cartilage products

Telomere testing

Therapeutic Eurythmy-movement therapy

Therapeutic touch

Thought field therapy (TFT) (Callahan Techniques Training)

Trager approach

Traumeel preparation

Vascular endothelial cells (VECs) therapy

Vibrational essences

Visceral manipulation therapy

Whitcomb technique

Wurn technique/clear passage therapy

Yoga

Appendix 2 Equality Impact Assessment Checklist Tool

Title of Policy: Commissioning Policy for Individual Funding Requests

Names and roles of people completing the assessment:
Claire Wood – Assistant Manager Individual Funding Requests
Sarah MacKenzie - Cooper – Equality & Diversity Manager

Date assessment started: 01/07/2017

Date completed: 29/1/2018

1. Outline

Give a brief summary of the policy:
The purpose of the policy is to enable officers of the CCGs to exercise their responsibilities properly and transparently in relation to commissioned treatments including individual funding requests, and to provide advice to General Practitioners, clinicians, patients and members of the public about IFRs. Implementing the policy ensures that commissioning decisions are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs.

What outcomes do you want to achieve?
That the CCGs commission services equitably, and only when clinically necessary and in line with current evidence on cost effectiveness.

2. Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
General			Equality monitoring of IFR request has been introduced and will be continuously reviewed against outcomes. Where any trends are noticed further work will be undertaken to establish any areas for action.
Age	Yes. Some of the IFR criteria have age limitations. This is based on clinical evidence or considered a justifiable proxy for physical maturity. In the case of Pinnaplasty this is only considered for children up to the age of 19 due to the significant psychosocial dysfunction for children and adolescents and impact on education.	This could be negative for those people who fall outside the age related criteria.	Clinicians would still be able to submit an IFR on behalf of their patient. If they fall outside the criteria the request would be considered in line with the IFR process. The IFR policy is published on the CCGs websites so clinicians and patients can access the criteria and be fully informed of any restrictions.
Carers	Not applicable	N/A	N/A
Disability	Yes. There is recognition that there may be	Potentially negative	This is addressed in the policy (section 5).

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
	psychological impacts of some of the conditions which present to IFR however clinical need must be evidenced.		Clinicians would still be able to submit an IFR on behalf of their patient. If they fall outside the criteria the request would be considered in line with the IFR process.
Sex	Some procedures are likely to be sex related; e.g. Labiaplasty. Where this is the case the clinical thresholds will need to be met. Most procedures are gender neutral.		The IFR committee receives redacted patient information which should mitigate the impact for gender neutral processes. Equality monitoring of requests will be reviewed.
Race	No evidence to date – equality monitoring introduced and will be reviewed.	N/A	N/A
Religion or belief	There may be an expectation that circumcision for religious reasons should be approved however it is only undertaken for clinical reasons.	N/A	Clinicians would still be able to submit an IFR on behalf of their patient. If they fall outside the criteria the request would be considered in line with the IFR process.

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Sexual orientation	Not applicable	N/A	Not applicable
Gender reassignment	IFRs are considered in the patients affirmed gender and therefore subject to the clinical criteria within the policy. Other treatments may be available through the gender reassignment pathway, if not an IFR could be submitted.	N/A	Clinicians would still be able to submit an IFR on behalf of their patient. If they fall outside the criteria the request would be considered in line with the IFR process.
Pregnancy and maternity	Some IFRs could be impacted by pregnancy and maternity, e.g. breast procedures. There may be a delay to allow for full recovery after childbirth. Inverted nipple treatment is only available to support breast feeding in specific clinical circumstances.	N/A	Clinicians would still be able to submit an IFR on behalf of their patient. If they fall outside the criteria the request would be considered in line with the IFR process.
Marriage and civil partnership	Not applicable	N/A	Not applicable

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Other relevant group	No evidence	N/A	Not applicable

3. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions

We will review the basic equality monitoring data received. The number of IFR equality monitoring forms received is limited so we will report any issues that are noted across the CCGs. Following the introduction of this policy we will report annually to the constituent CCGs.

Lead officer: Claire Wood

Review date: June 2022

4. Sign off

Lead Officer: Vicky Dutchburn

Title: Head of Strategic Planning & Transformation

Date of Approval: 11/3/2019

Appendix 3 Version Control Sheet

The table below evidences the history of the steps in development of the document.

Version Control:

Version	Date	Author	Status	Comment
0.1	June 2017	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.1	Initial starting draft
0.2	July 2017	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.2	Updated using Joint Commissioning Policy from North Kirklees & Wakefield CCGs
0.3	August 2017	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.3	Updated using NHS England commissioning policies & NICE Guidance
0.4	October 2017	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.4	Updated after discussions with Dermatology and Plastics Departments at LTHT
0.5	December 2017	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.5	Updated after review of STP & other CCGs IFR policies
0.6	January 2018	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.6	Updated after review of North East London CSU commissioning policy for complementary therapies
0.7	February 2018	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.7	Updated after wig pathway included

Version	Date	Author	Status	Comment
0.8	May 2018	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.8	Additional wording in relation to revisional procedures
0.9	May 2018	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.9	Additional wording in relation to breast re-augmentation
0.10	June 2018	Claire Wood – Assistant Manager IFR GHCCG	Draft v0.10	Change to format of criteria in relation to breast reduction
1.0	June 2018	Claire Wood – Assistant Manager IFR GHCCG	FINAL V1.0	Approved by: Greater Huddersfield CCG - 13/06/2018 North Kirklees CCG - 13/06/2018 Calderdale CCG - 14/06/2018
2.0	March 2019	Claire Wood - Assistant Manager IFR GHCCG	FINAL V2.0	Criteria updated in light of national mandated policies published by NHSE.
3.0	July 2019	Claire Wood - Assistant Manager IFR GHCCG	FINAL V3.0	Criteria removed in line with the National mandated policies published by NHSE.
4.0	April 2021	Claire Wood - Assistant Manager IFR KCCG	FINAL V4.0	Updated to reflect policy being adopted by new organisation, Kirklees CCG

Access to Infertility Treatment Commissioning Policy Document Yorkshire and Humber

Adopted by NHS Kirklees Clinical Commissioning Group

April 2021 – March 2023

Document Title:

Access to Infertility Treatment- Commissioning Policy Document Yorkshire and Humber

Author/Lead:

Michelle Thompson, Assistant Director North East Lincolnshire CCG

Version No: v12

Latest Version Issued On: April 2021

Supersedes: All previous Access to infertility treatment policies

Date of Next Review: April 2023

Completion Equality Impact Statement:

Philippa Doyle - Hempsons Solicitors. August 2018 (updated based on notes)

Target Audience: Public

Dissemination: CCG Bulletin, Internet and Intranet

Approval Record

The table below provides detail on the approvals process for this document.

	Committees / Groups / Individual	**Date**
Consultation:	Yorkshire and Humber Expert Fertility Panel	2 March 2017 31 January 2018 25 June 2018 25 January 2019
	Hempsons Solicitors	August 2018
Ratified by Committees:	CCG Strategic Leadership Team	February 2020

Change Record

The table below provides detail on the amendments which have been made to this document since its approval.

Version	**Author**	**Nature of Change**	**Uploaded**
v11.1	C. Smart	Added CCG details and funded cycles	March 2020

Any locally held old paper copies must be destroyed.

When this document is viewed as a paper copy, the reader is responsible for checking that it is the most current version. This can be checked on the Clinical Commissioning Group website.

Commissioning Policy Statement

Commissioning

This document represents the commissioning policy of NHS Kirklees Clinical Commissioning Group (CCG) for the clinical pathway that provides access to specialist fertility services.

This commissioning policy has been developed in partnership with the Yorkshire and Humber Expert Fertility Panel. It is intended to provide a framework for the commissioning of services for those couples who are infertile and require infertility interventions.

The policy was developed jointly by Clinical Commissioning Groups in the Yorkshire and Humber area and provides a common view of the clinical pathway and criteria for commissioning services which have been adopted by NHS Kirklees CCG.

Funding

The policy on funding of specialist fertility services for individual patients is a policy of NHS Kirklees CCG and is not part of the shared policy set out in the rest of this document. The number of full IVF cycles currently funded by NHS Kirklees CCG for patients who meet the access criteria set out in the shared policy is one. This is unchanged from the previous funding policy in March 2016. This policy will be updated in accordance with the review period of the policy or earlier should sufficient changes in practice or evidence base require it.

Immigration Health Surcharge; Right to Assisted Conception Services

Amendments to the NHS (Charges to Overseas Visitors) Regulations 2015 were introduced into Parliament on 19 July 2017. As a result, from 21 August 2017, assisted conception services are no longer included in the scope of services.

However, the October 2019 Guidance on Implementing Overseas Visitors Regulations says that: *'Where two people are seeking assisted conception services with NHS funding, and one of the two people is covered by health surcharge arrangements and the other is ordinarily resident in the UK and therefore not subject to charge, the services required by the health surcharge payer will be chargeable. Any services*

required by the ordinarily resident person will continue to be freely available, subject to the established local or national commissioning arrangements'.

Our eligibility criteria for access to assisted conception services relates to couples rather than individuals. Therefore in light of this guidance, to enable the ordinarily resident person to have freely available access to services, where at least one partner is eligible for these services, the couple will be considered as eligible for services.

Working group membership and Conflicts of Interest

See appendices E and F.

For Further Information about this policy please contact your local Clinical Commissioning Group.

1. AIM OF PAPER

This document represents the commissioning policy for specialist fertility services for adults registered with a Clinical Commissioning Group (CCG) in the Yorkshire and Humber region.

The policy aims to ensure that those most in need in keeping with current eligibility, are able to benefit from NHS funded treatment and are given equitable access to specialist fertility services across the Yorkshire and Humber Area, by identifying the clinical care pathway and relevant access criteria.

2. BACKGROUND

On 1st April, 2013 Clinical Commissioning Groups (CCGs) across the Yorkshire and the Humber regions adopted the existing Yorkshire and the Humber Fertility policy[1]. In February 2013 National Institute for Health and Care Excellence (NICE) published revised guidance[2] which was reviewed and updated in 2016.

CCGs across the Yorkshire and the Humber agreed to work collaboratively to update the existing policy in light of the new NICE guidance and changing commissioning landscape.

In this policy document infertility is defined as:

The inability to conceive through regular sexual intercourse for a period of 2 years in the absence of known reproductive pathology, or less than 2 years if there is a specific reproductive pathology identified.

Where attempting to conceive by regular sexual intercourse is not possible (for example for people with a physical disability, people with psychosexual disorders or transgender and same sex couples) this will be considered as inability to conceive for the purposes of this policy.

---

1 Yorkshire and the Humber Commissioning Policy for Fertility Services, 2010.

2 Fertility: Assessment and treatment for people with fertility problems 2012, NICE Clinical Guideline 156.

Fertility problems are common in the UK and it is estimated that they affect 1 in 7 couples with 80% of couples in the general population conceiving within 1 year, if:

- The woman is aged under 40 years and
- They do not use contraception and have regular sexual intercourse (NICE 2013)

Of those who do not conceive in the first year about half will do so in the second year, (cumulative pregnancy rate is 90%).

The remaining 10% of couples will be unable to conceive without medical intervention and are therefore considered infertile.

In 25% of infertility cases, the cause cannot be identified. However, it is thought that in the remaining couples about 30% of cases are due to the male partner being unable to produce or ejaculate sufficient normal sperm, 30% are due to problems found with the female partner such as failure to ovulate or blockage to the passage of the eggs, and 10% are due to problems with both partners.

The most recent Department for Health (DH) costing tool estimates that there are 98 attendances at a fertility clinic for every 10,000 head of population. In Yorkshire and the Humber, this could range between 4,000 and 5,000 attendances per year which would result in approximately 1,450 couples likely to be assessed as eligible for IVF treatment.

Specialist fertility services include intrauterine insemination (IUI), intracytoplasmic sperm injection (ICSI) and Invitro Fertilisation (IVF). They may also include the provision of donor sperm and donor eggs. The majority of treatment in the UK is statutorily regulated by the Human Fertility and Embryo Authority (HFEA)[3]. All specialist providers of fertility services must be licensed with the HFEA in order to be commissioned under this policy.

NICE Clinical Guidelines 156 (2013) covering infertility recommends that:

[3] https://www.hfea.gov.uk/

Up to three full cycles of IVF will be offered to eligible couples where the woman is aged between 18 and 39 and one cycle for eligible couples where the woman is aged 40 and 42.

NHS Kirklees CCG will fund **one full cycle** of IVF treatment. Where an individual feels that they have exceptional circumstances that would merit consideration of an additional cycle being funded by the NHS they should speak to their doctor about submitting an individual funding request to their local CCG.

In addition to commissioning effective healthcare, CCGs are required to ensure that resources are allocated equitably to address the health needs of the population. Therefore, CCGs will need to exercise discretion as to the number of cycles of IVF that they will fund up to the maximum recommended by NICE.

3. CLINICAL EFFECTIVENESS

It is considered to be clinically effective by NICE to offer up to 3 stimulated cycles of IVF treatment to couples where the woman is aged between 18 and 39 and 1 cycle where the woman is aged between 40 and 42 and who have an identified cause for their infertility or who have infertility of at least 2 years duration.

4. COST EFFECTIVENESS

Evidence shows (NICE, 2013) that as the woman gets older the chances of successful pregnancy following IVF treatment falls. In light of this, NICE has recommended that the most cost-effective treatment is for women aged 18 – 42 who have known or unknown fertility problems.

As research within this field is fast moving, new interventions and new evidence needs to be considered on an on-going basis to inform commissioning decisions.

Risks

Fertility treatment is not without risks. A summary of potential risks is outlined below:

- There are risks of multiple pregnancies during fertility treatment, which is associated with a higher morbidity and mortality rate for mothers and babies.

- Women who undergo fertility treatment are at a slightly higher risk of ectopic pregnancy.
- Ovarian hyper-stimulation, which is a potentially fatal condition, is also a risk. The exact incidence of this has not been determined but the suggested number is between 0.2 – 1% of all assisted reproduction.
- A possible association between ovulation induction therapy and ovarian cancer in women who have undergone treatment is uncertain.
- Further research is needed to assess the long-term effects of ovulation induction agents.

5. DESCRIPTION OF THE TREATMENT

5.1 Principles of Care

Couples who experience problems in conceiving should be seen together because both partners are affected by decisions surrounding investigation and treatment.

People should have the opportunity to make informed decisions regarding their care and treatment via access to evidence-based information. These choices should be recognised as an integral part of the decision-making process.

Information should be provided in the following formats:

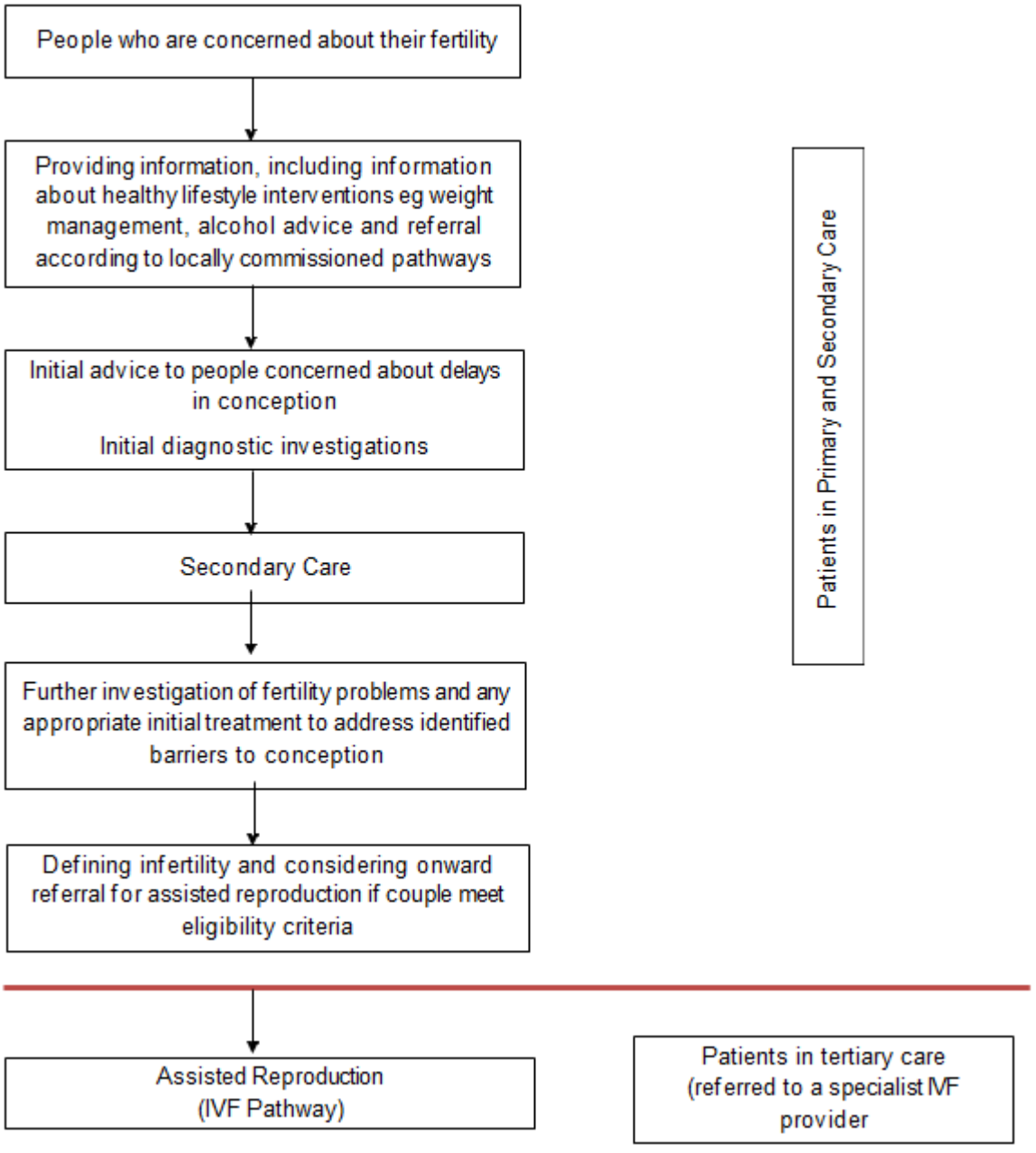
- Face to face discussion with couples
- Written information and advice
- Culturally sensitive
- Sensitive to those with additional needs e.g. physical, cognitive, or those for whom English is not their first language.

As infertility and infertility treatments have a number of psychosocial effects on couples, access to psychological support prior to and during treatment should be considered as integral to the care pathway.

5.2 The Care Pathway for Fertility Investigation and Referral

The diagram below illustrates the steps within the care pathway for fertility investigation and referral.

The Care pathway for fertility investigation and referral will take account of NICE guidance.



Treatment for infertility problems may include counselling, lifestyle advice, drug treatments, surgery and assisted conception techniques such as IVF.

Providers of specialist fertility services are expected to:

- Deliver appropriate interventions to support lifestyle behaviour changes which are likely to have a positive impact on the outcome of assisted conception techniques and resulting pregnancies. Recommendations covering screening, brief advice and onward referral are outlined in NICE Public Health Guidance (PH49) and, specifically in relation to fertility and pre-conception, smoking (PH 26, PH48), weight management (PH27, PH53), healthy eating and physical activity (PH11, NG7) and alcohol (PH24).
- Use any appointment or meeting as an opportunity to ask women and their partners about their general lifestyle including smoking, alcohol consumption, and physical activity and eating habits. If they practice unhealthy behaviours, explain how health services can support people to change behaviour and sustain a healthy lifestyle.
- Offer those who would benefit from this, a referral to local wellbeing services and/or locally commissioned lifestyle services. For those that are unable or do not want to attend support services direct them to appropriate self-help information such as the national ‘One You' website or local websites.
- Record this in the hand-held record or accepted local equivalent.
- The care pathway begins in primary care, where the first stage of treatment is general lifestyle advice and support to increase a couple's chances of conception without the need for medical intervention.

If primary care interventions are not effective, initial assessment such as semen analysis will take place. Following these initial diagnostics, it may be appropriate for the couple to be referred to secondary care services where further investigation and potential treatments will be carried out, such as hormonal therapies to stimulate ovulation. It may be appropriate at this stage for the primary care clinician to consider and discuss the care pathway and potential eligibility for IVF. It may also be appropriate for healthy lifestyle interventions to be further discussed.

If secondary care interventions are not successful and the couple fulfils the eligibility criteria in section 6, they may then be referred through to specialist care for assessment for assisted conception techniques, such as IVF, DI, IUI, and ICSI.

IVF involves:

- Controlled ovarian stimulation
- Monitoring the development of the eggs in the ovary
- Ultrasound guided egg collection from the ovary
- Processing of sperm
- Production of a fertilized embryo from sperm and egg cells in the laboratory
- Culture of embryos to blastocyst (if clinically appropriate)
- Single embryo transfer (subject to multiple birth minimisation policy)
- Use of progesterone to make the uterus receptive to implantation
- Transfer of selected embryos and freezing of those suitable but not transferred

The panel will review annually, following the HFEA annual review via their traffic light report, any other emerging technologies which may then need consideration for incorporation in this policy.

5.3 Definition of a full cycle

Full cycle is the term used to define a full IVF treatment; it should include one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s) (NICE, 2013). **OR**

The definition of a single full treatment cycle is the replacement of a fresh embryo and subsequent sequential replacement of all frozen embryos derived from the cycle until pregnancy is successful or harvested embryos have been exhausted.

Adherence in this way to the NICE guidelines would encourage and not disadvantage patients agreeing to single embryo transfer.

5.4 Frozen Embryo

Embryos that are not used during the fresh transfer should be quality graded using the UK National External Quality Assessment Service (NEQAS) embryo morphology scheme and may be frozen for subsequent use within the cycle.

All stored and viable embryos should be used before a new cycle commences. This includes embryos resulting from previously self-funded cycles.

5.5 Abandoned Cycles

An abandoned IVF/ICSI cycle is defined as the failure of egg retrieval, usually due to lack of response (where less than three mature follicles are present) or excessive response to gonadotrophins; failure of fertilisation and failure of cleavage of embryos. Beyond this stage, a cycle will be counted as complete whether or not a transfer is attempted. One further IVF/ICSI cycle only will be funded after an abandoned cycle. Further IVF/ICSI cycles will not be offered after any subsequent abandoned cycles.

5.6 Intrauterine Insemination (IUI) and Donor Insemination (DI)

IUI and DI are separate from IVF treatment; however, the couple may then access IVF treatment if appropriate.

5.6.1 People with physical disabilities, psychosexual problems, or other specific conditions with infertility.

Where a medical condition exists, such as physical disability up to 6 cycles of IUI may be funded, followed by further assisted conception if required. In some circumstances, IUI may be impractical and so is not a requirement for further fertility treatment.

5.6.2 IUI and DI in same-sex relationships

Up to 6 cycles of IUI will be funded as a treatment option for people in same-sex relationships, followed by further assisted conception if required.

5.6.3 People with unexplained infertility, mild endometriosis or mild male factor infertility, who are having regular unprotected sexual intercourse

IUI either with or without ovarian stimulation will not be funded routinely (exceptional circumstances may include, for example, when people have social, cultural or religious objections to IVF), instead couples should try to conceive for a total of 2 years (this can include up to 1 year before their fertility investigations) before IVF will be considered, in keeping with current NICE guidance.

5.6.4 Gonadotrophin therapy for women with anovulatory infertility

Ovulation induction with gonadotrophin therapy should be funded for up to 6 cycles, with or without IUI depending on the circumstances of the couple.

5.6.5 Donor Gametes including azoospermia

Patients who require donor gametes will be placed on the waiting list for an initial period of 3 years, after which they will be reviewed to assess whether the fertility policy eligibility criteria are still met. If it is anticipated that there will be difficulty finding a suitable donor exceptionality would need to be considered. At this point consideration may need to be given to sourcing from alternative providers via IFR.

Donor Sperm

Where clinically indicated up to six cycles of donor insemination will be offered. This is dependent on the availability of donor sperm which is currently limited in the UK.

The cost of donor sperm is included in the funding of treatment for which it is required, to be commissioned in accordance with this policy and the funding policy of the CCG.

Donor Eggs

Patients eligible for treatment with donor eggs, in line with NICE recommendations, will be placed on the waiting list for treatment with donor eggs. Unfortunately, the availability of donor eggs remains severely limited in the UK. There is, therefore, no guarantee that eligible patients will be able to proceed with treatment.

5.7 Gametes and Embryo Storage

The cost of egg and sperm storage will be included in the funding of treatment for which it is required, to be commissioned in accordance with this policy and the funding policy of the CCG. Storage will be funded by the CCG for a maximum of 3 years or until 6 months post successful live birth, whichever is the shorter. This will be explained by the provider prior to the commencement of treatment. Following this period continued storage may be self-funded.

Any embryos frozen prior to implementation of this policy will be funded by the CCG to remain frozen for a maximum period of 3 years from the date of policy adoption.

Any embryo storage funded privately prior to the implementation of this policy will remain privately funded.

5.8 HIV / Hep B / Hep C

People undergoing IVF treatment should be offered testing for HIV, hepatitis B and hepatitis C (NICE, 2013). People found to test positive for one or more of HIV, hepatitis B, or hepatitis C should be offered specialist advice and counselling and appropriate clinical management (NICE, 2013).

5.9 Surrogacy

Any costs associated with use of a surrogacy arrangement will not be covered by funding from CCGs. We will, however, fund provision of fertility treatment (IVF treatment and storage) to identified (fertile) surrogates, where this is the most suitable treatment for a couple's infertility problem and the couple meets the eligibility criteria for specialist fertility services set out in this policy.

5.10 Single Embryo Transfer

Please refer to 5.3 for the definition of a full cycle.

Multiple births are associated with greater risk to mothers and children and the HFEA therefore recommends that steps are taken by providers to minimize them. This is currently achieved by only transferring a single embryo for couples who are at high risk.

We support the HFEA guidance on single embryo transfer and will be performance monitoring all specialist providers to ensure that HFEA targets are met. All providers are required to have a multiple births minimisation strategy. The target for multiple births should now be an upper limit of 10% of all pregnancies.

We commission ultrasound guided embryo transfer in line with NICE Fertility Guideline.

5.11 Counselling and Psychological Support

As infertility and infertility treatment has a number of negative psychosocial effects, access to counselling and psychological support should be offered to the couple prior to and during treatment.

5.12 Sperm washing and pre-implantation diagnosis

Sperm washing and pre-implantation genetic diagnosis are not treatments for infertility and fall outside the scope of this policy. Prior approval is required.

5.13 Service Providers

Providers of fertility treatment must be HFEA registered and comply with any service specification drawn up by Yorkshire and the Humber Clinical Commissioning Groups.

6. ELIGIBILITY CRITERIA FOR TREATMENT

6.1 Application of Eligibility Criteria

Eligibility criteria should apply at the point at which patients are referred to specialist care (with the exception of 6.9, which should be undertaken within specialist care). Couples must meet the definition of infertility as described in section 2.

6.2 Overarching Principles

All clinically appropriate individuals/couples are entitled to medical advice and investigation. Couples may be referred to a secondary care clinic for further investigation.

Assisted conception is only funded for those couples who meet the eligibility criteria.

Treatment limits are per couple and per individual. Referrals should be as a couple and include demographic information for both partners in heterosexual and same-sex couples.

6.3 Existing Children

Neither partner should have any living children (this includes adopted children but not fostered) from that or any previous relationship.

6.4 Female Age

Age as a criterion for access to fertility treatments is applied in line with the NICE Clinical Guideline on Fertility which is based on a comprehensive review of the relationship between age and the clinical effectiveness of fertility treatment.

The woman intending to become pregnant must be between the ages of 18 and 42 years. No new cycle should start after the woman's 43rd birthday. Referrers should be mindful of the woman's age at the point of referral and the age limit for new cycles.

Women aged between 40 and 42 years who meet the eligibility criteria for infertility in Section 2.3, will receive 1 full cycle of IVF, with or without ICSI, provided the following criteria are fulfilled:

- They have never previously had IVF treatment and there is no evidence of low ovarian reserve (defined as FSH 9 IU/l or more (using Leeds assay); OR antral follicle count of 4 or less; OR AMH of 5 pmol/l or less.
- There has been a discussion of the additional implications of IVF and pregnancy at this age.
- Where investigations show there is no chance of pregnancy with expectant management and where IVF is the only effective treatment, women aged between 40 and 42 should be referred directly to a specialist team for IVF treatment.

6.5 Pre – Referral Requirement for Specialist Care

6.5.1 Female Body Mass Index (BMI)

The female patient's BMI should be between 19 and 30 prior to referral to specialist services. Patients with a higher BMI should be referred for healthy lifestyle interventions including weight management advice. Patients should not be re- referred to specialist services until their BMI is within the recommended range.

6.5.2 Smoking Status

GP should discuss smoking with couples prior to referral to secondary care and support their efforts in stopping smoking by referring to a smoking cessation programme.

People should be informed that maternal and paternal smoking can adversely affect the success rates of assisted reproduction procedures, including IVF treatment.

6.6 Reversal of Sterilisation

We will not fund IVF treatment for patients who have been sterilised or have unsuccessfully undergone reversal of sterilisation.

6.7 Previous Cycles

Previous cycles whether self-funded or NHS funded will be taken into consideration when assessing a couple's ability to benefit from treatment and will count towards the total number of cycles that may be offered by the NHS. This includes where either person has had a previous cycle with a previous partner.

6.8 Length of Relationship

The stability of the relationship is very important with regards to the welfare of children; as such couples must have been in a stable relationship for a minimum of 2 years and currently co-habiting to be entitled to treatment.

6.9 Welfare of the child

HFEA guidance concerning the welfare of the child should be followed.

Appendix A: Abbreviations

The table below provides the full wording of any abbreviations used within this document

BMI	Body Mass Index
CCG	Clinical Commissioning Group
DI	Donor Insemination
GP	General Practitioner
HFEA	Human Fertilisation and Embryology Authority
ICSI	Intracytoplasmic sperm injection
IUI	Intrauterine insemination
IVF	Invitro Fertilisation
NICE	National Institute for Health and Care Excellence

Appendix B: Contents

The table below provides a definition for a number of terms used within this document. The table also provides links to further detail to support the definition.

Term	Definition	Further Information
BMI	The healthy weight range is based on a measurement known as the Body Mass Index (BMI). This can be determined if you know your weight and your height. This is calculated as your weight in kilograms divided by the square of your height in metres. In England, people with a body mass index between 25 and 30 are categorised as overweight, and those with an index above 30 are categorised as obese.	BBC Healthy Living NHS Direct
ICSI	Intra Cytoplasmic Sperm Injection (ICSI): Where a single sperm is directly injected into the egg.	Glossary HFEA
IUI	Intra Uterine Insemination (IUI): Insemination of sperm into the uterus of a woman.	As above
IVF	In Vitro Fertilisation (IVF): Patient's eggs and her partner's sperm are collected and mixed together in a laboratory to achieve fertilisation outside the body. The embryos produced may then be transferred into the female patient.	As above
DI	Donor Insemination (DI): The introduction of donor sperm into the vagina, the cervix or womb itself.	As above

Appendix C: Equality Impact Assessment

Title of Policy: Fertility Policy

Names and roles of people completing the assessment:
Philippa Doyle Hempsons Solicitors

Date assessment started: 01/08/2018
Date completed: 01/02/2021
Review date: 01/04/2023

1. **Outline**

Give a brief summary of the policy:
The purpose of the commissioning policy is to enable officers of the relevant CCG to exercise their responsibilities properly and transparently in relation to commissioned treatments including individual funding requests, and to provide advice to general practitioners, clinicians, patients and members of the public about the fertility policy. Implementing the policy ensures that commissioning decisions are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs. This policy relates to requests for specialist fertility treatment.

What outcomes do you want to achieve?
That the CCGs commission services equitably, and only when clinically necessary and in line with current evidence on cost effectiveness.

2. **Evidence, data or research**

Give details of evidence, data or research used to inform the analysis of impact
NICE Fertility Guidance

3. **Consultation, engagement**

Give details of all consultation and engagement activities used to inform the analysis

Discussion with panel of experts in Yorkshire and Humber representing commissioners and providers. All changes from the previous policy are in line with NICE guidelines which have had extensive engagement and consultation. See NICE Fertility Guidance

4. Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations

Characteristics	**Are there any likely impacts? Are any groups going to be affected differently? Please describe.**	**Are these negative or positive?**	**What action will be taken to address any negative impacts or enhance positive ones?**
Age	Yes. IVF is only available to women aged between 18 and 42. As a woman ages the chances of successful pregnancy fall.	Both	Action cannot be taken to prevent this it is therefore incumbent simply to ensure clear age limitations are identified
Carers	No		
Disability	Yes. The policy has been enhanced to offer funding to couples who by reason of disability cannot conceive naturally	Positive	The fact of this new change and opportunity to such couples can be publicised
Sex	No		
Race	No		
Religion or belief	No		

Characteristics	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Sexual orientation	Yes. The policy has been enhanced to offer funding to couples in a same sex relationship without having to demonstrate they have self-funded other trials	Positive	The fact of this new change and opportunity to such couples can be publicised
Gender reassignment	Yes	Positive	Gender reassignment is specifically referenced in the definition of infertility
Pregnancy and maternity	Yes. The policy enhances the ability to access fertility treatment and the potential to achieve pregnancy	Positive	
Marriage and civil partnership	No		
Other relevant group			

5. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions

Each CCG to monitor individual funding requests for this procedure and identify if there are issues with the policy which require a policy refresh.

Lead officer: NHS Kirklees CCG

Review date: April 2023

6. Sign off on behalf of the local CCG

Lead: Vicky Dutchburn
Title: Head of Strategic Planning & Transformation
Date of Approval: February 2020

Lead: Penny Woodhead
Title: Chief Quality and Nursing
Date of Approval: February 2020

Appendix D Version Control

The table below evidences the history of the steps in development of the document.

VERSION	DATE	AUTHOR	STATUS	COMMENT
V12	April 2021	C Wood		Changes to: • Adopted for new organization, Kirklees CCG
V11	February 2019	H Lewis and M Thompson		Changes to: • Page 3, immigration health surcharge – reworked following updated advice Moved list of panel members to Appendix for easier access to contents of document
V10	November 2019	M Thompson on behalf of Panel		Changes to: • Page 3 and 4, Immigration Health Surcharge – sentences reworded • Section 6.5, Smoking Status – sentences reworded • Section 6.7, Previous Self-funded Cycles – titles changed to Previous Cycles - sentences reworded • Section 6.7 – Previous Self-Funded Cycles - sentence removed • Section 6.9, Welfare of the Child – sentence reworded

VERSION	DATE	AUTHOR	STATUS	COMMENT
V9	January 2019	M Thompson on behalf of Panel	Draft	Changes to: • Funding immigration health surcharge – sentence added • Section 1, sentence reworded • Section 2, definition of infertility – change of order in sentence in brackets • Section 5.2, sentence included after pathway • Section 5.2, list of treatments for fertility problems – third bullet point, wording changed • Section 5.2, IVF involves – first two bullet points replaced with Controlled Ovarian Stimulation • Section 5.4, heading changed to Frozen Embryo • Section 5.6.1, sentence reworded • Section 5.6.3 link to mild male factor infertility removed • Section 5.6.3, wording added • Section 5.6.4, spelling corrected • Section 5.6.5, new paragraph inserted • Section 5.6.5, donor sperm - sentence reworded • Section 5.7, sentence reworded • Section 6.2, reworded • Section 6.5.2, title changed • Section 6.5.2, sentence reworded • Section 6.9, sentence reworded

VERSION	DATE	AUTHOR	STATUS	COMMENT
v8	June 2018	M. Thompson on behalf of Panel	Draft	Changes to:- • Section 2, definition of infertility • Section 5.2, IVF involves – additional bullets added • Section 5.3, Definition of cycles – removed sentence in brackets • Section 5.6.4 Gonadotrophin Therapy added • Section 5.6.5, renumbered and added “all couples” where this is a clinical requirement (to replace the reference to male azoospermia) added limited to UK. Added additional sentence. • Section 6.5, title updated to – Pre-Referral Requirement to Specialist Care • Section 6.5.2, non-smokers section added. • Section 6.9 – Updated to include the stability of the relationship
v7	January 2018	M. Thompson on behalf of Panel	Draft	Changes to: • Section 5.2, pathway • Changes to funding – adding refugees and asylum seekers • Removal of summary of CCGs • Section 2, clarification of definition of infertility • Section 6.7 updated to NHS Funded full cycles • Change tertiary to specialist throughout the policy.

VERSION	DATE	AUTHOR	STATUS	COMMENT
Review 2017	22.2.17	F Day on behalf of panel	Final draft	Changes to: • The definition of infertility for same sex and patients with psychosexual issues and disabilities to be more clear • The addition of public health requirements for providers in line with NICE guidance • Clarification of the definition of an abandoned cycle • Sections on intrauterine insemination and also egg donation updated in line with NICE guidance • Addition of People with unexplained infertility, mild endometriosis or mild male factor infertility, who are having regular unprotected sexual intercourse in line with NICE guidance • Wording changed in various sections based on patient feedback to be more clear, not materially changed in content • Embryo transfer wording updated to reflect NICE guidance • Addition of definition of low ovarian reserve (previously undefined)

Appendix E: Panel Members

Panel Members (March 2017)

- Dr Virginia Beckett, Consultant in Obstetrics and Gynaecology - Bradford Teaching Hospital Foundation Trust
- Dr Fiona Day, Consultant in Public Health Leeds and Associate Medical Director Leeds CCG
- Chris Edward, Accountable Officer - Rotherham CCG
- Dr Steve Maguiness, Medical Director - The Hull IVF Unit, Hull Women and Children's Hospital and honorary contract with HEY
- Dr John Robinson, Scientific Director - IVF Unit, Hull and East Yorkshire Hospitals Foundation Trust
- Prof Adam Balen, Professor of Reproductive Medicine and Surgery - Leeds Teaching Hospitals NHS Trust
- Michelle Thompson, Assistant Director, Women's and Children's Services - NHS North East Lincolnshire CCG
- Richard Maxted, Service Manager, Directorate of Obstetrics, Gynaecology and Neonatology - Sheffield Teaching Hospital NHS Trust
- Dr Margaret Ainger, Clinical Director for Children, Young People and Maternity - NHS Sheffield CCG
- Dr Bruce Willoughby, Lead for Planned Care - NHS Harrogate and Rural District CCG
- Dr Clare Freeman, Medical Advisor to IFR Panel - South Yorkshire and Bassetlaw CCGs

Panel Members (amendments January 2018)

- Dr Virginia Beckett, Consultant in Obstetrics and Gynaecology - Bradford Teaching Hospital Foundation Trust
- Dr Fiona Day, Consultant in Public Health Leeds and Associate Medical Director Leeds CCG
- Michelle Thompson, Assistant Director, Women's and Children's Services - NHS North East Lincolnshire CCG
- Dr Bruce Willoughby, Lead for Planned Care - NHS Harrogate and Rural District CCG

- Jonathan Skull, Consultant in Reproductive Medicine & Surgery – Sheffield Teaching Hospital NHS Foundation Trust
- Karen Thirsk, Fertility Policy Manager – NHS England
- Brigid Reid, Chief Nurse – NHS Barnsley CCG
- Helen Lewis, Head of Planned Care – NHS Leeds CCG
- Clare Freeman, Lead Medical Advisor – Sheffield CCG

Panel Members (amendments June 2018)

- Dr Virginia Beckett, Consultant in Obstetrics and Gynaecology - Bradford Teaching Hospital Foundation Trust
- Dr Fiona Day, Consultant in Public Health Leeds and Associate Medical Director Leeds CCG
- Michelle Thompson, Assistant Director, Women's and Children's Services - NHS North East Lincolnshire CCG
- Jonathan Skull, Consultant in Reproductive Medicine & Surgery – Sheffield Teaching Hospital NHS Foundation Trust
- Brigid Reid, Chief Nurse – NHS Barnsley CCG
- Helen Lewis, Head of Planned Care – NHS Leeds CCG
- Dr Bryan Power, GP - NHS Leeds CCG
- Adam Balen, Consultant - Leeds Fertility
- Clare Freeman, Lead Medical Advisor – Sheffield CCG

Panel Members (amendments January 2019)

- Dr Virginia Beckett, Consultant in Obstetrics and Gynaecology - Bradford Teaching Hospital Foundation Trust
- Jonathan Skull, Consultant in Reproductive Medicine & Surgery – Sheffield Teaching Hospital NHS Foundation Trust
- Michelle Thompson, Assistant Director, Women's and Children's Services - NHS North East Lincolnshire CCG
- Martine Tune, Acting Chief Nurse – NHS Barnsley CCG
- Liz Micklethwaite, Business Manager IFR - NHS Leeds CCG

Commissioner Final Proof Read Panel (Amendments November 2019)

- Michelle Thompson, Assistant Director, Women's and Children's Services – NHS North East Lincolnshire CCG
- Helen Lewis, Head of Planned Care – NHS Leeds CCG
- Clare Freeman, Lead Medical Advisor – Sheffield CCG
- Karen Leivers, Head of Strategy and Delivery, Planned Care - Doncaster CCG
- Debbie Stovin, Commissioning Manager – Elective Care – Sheffield CCG

Appendix F: Relevant Conflicts of Interest Declared

Dr Steve Maguiness: IVF in Hull is provided by a private company (ERFS Co Ltd), of which I am a Director and employee.

Prof Adam Balen: NHS Consultant in Reproductive Medicine and Clinical lead for the Leeds Centre for Reproductive Medicine, which performs all fertility treatments funded by the NHS. Partner in Genesis LLP, the private arm of the Leeds Centre for Reproductive Medicine, which performs self- funded fertility treatments using identical protocols to the NHS. Chair, British Fertility Society. Chair, NHS England IVF Pricing Development Expert Advisory Group. Chair World Health Organisation Expert Working Group on Global Infertility Guidelines: Management of PCOS. Chair, British Fertility Society. Consultant for ad hoc advisory boards for Ferring Pharmaceuticals, Astra Zeneca, Merck Serono, Gideon Richter, Uteron Pharma. Research funding received in the past. Pharmasure / IBSA- Key note lecture at ESHRE 2016 & hospitality to attend meetings. OvaScience- Member of international ethics committee. Clear Blue National medical advisory board. IVI, UK- Chair, Clinical Board

Virginia Beckett FRCO: I have a private practice where I see fertility patients. I have received sponsorship from Pharmasure, Ferring & Serono to attend conferences.

NHS
Kirklees
Clinical Commissioning Group

Policy for Approving Primary Care Prescribing Rebate Schemes

Responsible Officer:	Lindsay Greenhalgh, Head of Medicines Management
Clinical Lead:	Dr Amjid Rehman/Dr Khalid Naeem
Author:	Rizwana Anwar/Sylvia Adams
Version:	0.1
Effective Date:	1 April 2021
Approval Committee:	Governing Body
Renewal Date:	March 2023

Based on:
Former Greater Huddersfield CCG and North Kirklees CCG Policy v2 – approved October 2020

Version	Date	Author	Status/Approval Body	Circulation
0.1	March 2021	Rizwana Anwar/Sylvia Adams	Updated for Kirklees CCG and to meet the requirements of the Accessible Information Standard	CCG Website

Contents

1. Introduction

The Pharmaceutical Price Regulation Scheme (PPRS) is the mechanism by which the Department of Health ensures that the NHS has access to branded medicines at a reasonable price. The PPRS balances setting reasonable prices for the NHS against delivering a fair return for the pharmaceutical industry so that investment and innovation in pharmaceuticals is incentivised.

The PPRS does not apply to devices or nutritional products; nor does it apply to generic medicines whose prices tend to be controlled by their Drug Tariff agreed pricing.

The view of the Department of Health expressed in the consultation document on value based pricing is that the existing PPRS does not promote innovation or access to medicines, as the freedom of companies to set the price of new drugs results in the NHS often paying high prices which are not justified by the benefits of the drug and/or of having to restrict access to the drug.

A number of manufacturer's have established 'rebate schemes' for drugs used in primary care to support the NHS QIPP agenda. The NHS is charged the Drug Tariff price for primary care prescriptions dispensed, and then the manufacturer provides a rebate to the primary care organisation based on an agreed discount price and verified by ePACT2 data.

Some schemes are straight discounts and are not volume based, whilst others have varying discount rates available dependent upon the volume of drug prescribed. The discount schemes are confidential to the NHS enabling manufacturers to maintain a higher price in global markets.

2. Purpose

Rebate agreements usually take the form of legal agreements between the manufacturer and CCG. It is important that Kirklees CCG has a policy to support evaluation and sign off of rebate schemes to ensure that schemes are only signed off where they provide good value for money to the public purse and the schemes terms are in line with organisation vision, values, policies and procedures and also to ensure that the CCG is transparent in the process for considering these schemes.

The principles outlined in this policy document allow for the objective evaluation of schemes submitted to the CCG and for a clear process for approving and scrutinising agreements.

NHS Kirklees CCG also subscribe to the PrescQIPP NHS programme which created the PrescQIPP Pharmaceutical Industry Scheme Governance Review Board. PrescQIPP is a not for profit Community Interest Company (CIC) that supports commissioners deliver medicines optimisation improvements. The primary output of the board is an assessment, summarising the recommendations for any rebate scheme submitted to them.

Each Board Assessment will also include a Red, Amber or Grey status depending on the outcome of the assessment stage. The classification of the three colours is as follows:

Grey: Scheme considered; no significant reservations

Amber: Scheme considered; not fully appropriate

Red: Scheme considered; Inappropriate

Ideally schemes will have been through the PrescQIPP assessment and will have a grey or amber status in addition to meeting all the CCG's principles.

3. Principles for Assessing Rebate Schemes

The following will be used to determine the suitability of taking a Rebate Scheme to Kirklees CCG for consideration and ratification:

Product Related

a. There should be a demonstrable clinical need for the product.
b. All products should normally be recommended for prescribing in Kirklees and be listed on local acute Trust formulary where appropriate.
c. Products should not:
    i. Be included in the CCG's 'Do not prescribe list' or the DROP-list from PrescQIPP
    ii. Be included in the NHSE Lower value medicines guidance as not suitable for routine prescribing in primary care

iii. Have a negative decision by NICE

d. There shall be no directive for health professionals to prescribe a specific product, solely because a Primary Care Rebate Scheme (PCRS) is in place. Prescribing decisions should be made on assessments of an individual patient's clinical circumstances. The impact of a rebate scheme is a secondary consideration.

   Any medicine considered under a Primary Care Rebate Scheme (PCRS) must be licensed in the UK. Where there is more than one licensed indication for a medicine, a scheme should not be linked to a particular indication for use.

e. Any device or nutritional supplement considered under a PCRS should be included within the relevant chapter of the Drug Tariff.

f. Vitamins, which are classed as food supplements, should be recommended for use in Kirklees CCG.

g. Rebate schemes promoting unlicensed or off label uses will not be entered into. All recommendations for use of a medicine within a PCRS must be consistent with the Marketing Authorisation of the medicine in question.

h. Consistent savings must be achievable across all pack sizes where applicable.

Rebate Scheme Related

i. The administrative burden to the CCG of setting up and running the scheme must be factored into assessment of likely financial benefit of the scheme.

j. Consideration should be given to audit requirements, financial governance, data collection, any other hidden costs and practical issues such as the term of agreement.

k. Primary care rebate schemes encouraging exclusive use of a particular brand of product will not be entered into. Where specific brand prescribing is required due to the nature of the product e.g. Glucose Testing strips or some specific drugs (e.g. modified release products), then an increase in that particular product usage may be seen but individual patient need must be the driver.

l. Primary care rebate schemes are not appropriate for medicines in Category M and some medicines in Category A of the Drug Tariff. This is due to the potential wider impact on community pharmacy reimbursement.

m. The primary care rebate scheme will not be directly linked to requirements to increase market share or volume of prescribing. It is recognised that an increase in market share may be a consequence of the primary care rebate scheme. This principle may be waived if the scheme is available as a result of a formal open tender.
n. A volume based scheme should only be agreed if clinically appropriate. However, the administrative burden of monitoring such a scheme should be carefully considered.
o. Schemes offered should ideally have been through the PrescQIPP Pharmaceutical Industry Scheme Governance Review Board assessment process and must have achieved a 'Grey' or 'Amber' status.
p. Rebate Schemes with a RED status will not be considered.
q. Rebate Schemes which have not been through the PrescQIPP process will be assessed against the CCG principles and if the scheme meets all requirements, it may be considered for acceptance.
r. Short term rebate schemes (less than 2 years) will not normally be considered. It is expected that the reduced price should be available to the CCGs over an extended period of time.

Information and Transparency

s. The primary care rebate scheme will not preclude the CCG from considering any other schemes subsequently offered by manufacturers of competitor drugs, should they wish to do so.
t. There will be no requirement to collect or submit to the manufacturer any data other than volume of use as derived from ePACT2 data.
u. Primary care rebate schemes will not be entered into that requires provision of patient specific data.
v. Primary care rebate schemes will be subject to Freedom of Information (FOI) requests. Advice will be sought from the CCG's FOI lead as to what information should be shared.
w. The CCG will publish a list of the schemes it participates in on the CCG website. The full terms of the scheme may not be published depending on the nature of the rebate scheme contract. A redacted contract may be available from the pharmaceutical company depending on the nature of the individual rebate scheme contract.

4. Freedom of Information

The CCG supports the principles of transparency enshrined in the Freedom of Information Act. Rebate agreements often contain confidentiality clauses which may restrict what information may be disclosed under Freedom of Information. The CCG will publish its policy for accepting rebate agreements along with the list of products for which rebate agreements exist on its publically available website.

Section 43 of the Freedom of Information Act sets out an exemption from the right to know if:

- The information requested is a trade secret, or
- Release of the information is likely to prejudice the commercial interests of any person. (A person may be an individual, a company, the public authority itself or any other legal entity.)

The UK is a reference pricing country for pharmaceutical and medical device products and any change to publically available UK prices can impact on the international profitability of pharmaceutical and medical device companies. Pharmaceutical and medical device companies often consider their pricing structures to be trade secrets and there are precedents within the NHS in restricting access to pricing information for these products.

NICE negotiates a number of patient access schemes as part of the NICE Technology Appraisal programme. The details of the products that are available to the NHS under a patient access scheme (or discount scheme) are published on the NICE website. The commercial and operational details of the individual schemes are not made publically available and are the subject of confidentiality clauses. The CCG benefits from many of these schemes through the prices charged to them for PbR excluded drugs.

Section 43 is a qualified exemption. That is, it is subject to the public interest test which is set out in section 2 of the Act. Where a public authority is satisfied that the information requested is a trade secret or that its release would prejudice someone's commercial interests, it can only refuse to provide the information if it is satisfied that the public interest in withholding the information outweighs the public interest in disclosing it.

The CCG will consider all Freedom of Information requests on rebate agreements on their individual merits taking into account the public interest and whether the release of information will prejudice other parties to the agreements.

5. Duties / Accountabilities and Responsibilities

Duties within organisation

The CCG's Head of Medicines Management will be responsible for assessing schemes against the principles outlined in section 3 above. The "Rebate Scheme Decision Form" in Appendix C will be used to record the assessment against the principles and to provide a recommendation to the Chief Financial Officer.

Responsibilities for approval

The Chief Financial Officer is responsible for final approval of rebate agreements on behalf of the CCG.

The CCG's Audit Committee will be presented with a copy of the "Rebate Scheme Decision Form" at the next committee meeting for scrutiny.

6. Public Sector Equality Duty

The CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

The CCG has considered the general legal duty required by the Equality Act 2010 and does not consider it necessary to carry out an EIA on this policy as it does not have an impact on patients, carers, staff or the wider community.

7. Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Conflicts of Interest Policy and has robust controls in place to prevent bribery as outlined in the Anti-Fraud, Bribery Policy. Due consideration has been given to the Bribery Act 2010 in the development of this policy document and it is felt that the Bribery Act is particularly relevant to this policy. CCG staff should be aware that they cannot make any promises to

participants regarding influencing changes to future policies or CCG decisions in return of their support and engagement.

It should be noted that the Act makes bribery a criminal offence and there are four offences:

- bribing, or offering to bribe, another person
- requesting, agreeing to receive, or accepting a bribe
- bribing, or offering to bribe, a foreign public official
- failing to prevent bribery

All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

8. Scope of the Policy

This policy applies to all employees, members of the CCG, co-opted members and members of the Governing Body and its committees who must comply with the arrangements outlined in this policy.

9. Monitoring Compliance with the Document

The CCG's Audit Committee will monitor compliance with the policy. The finance report presented to Audit Committee will list any rebate schemes considered and whether the CCGs have agreed to sign up to the scheme or not.

Copies of Appendix C will be maintained for all schemes formally considered by the CCG and will be available for audit if necessary.

10. Arrangements for Review

This policy will be reviewed two years after the date of authorisation. The policy may be reviewed sooner if there is a change in legislation or new national guidance.

11. Dissemination

This policy will be shared with all members of the Senior Management Team. It will be published on the CCG's intranet and internet sites.

12. References

The following policies were used as the basis of this policy

Ethical Framework for Considering Rebate Agreements from Pharmaceutical, Nutrition and Device Companies. Greater Manchester Commissioning Support Unit. 2013.

Principles and Legal Implications of Primary Care Rebate Schemes. London Procurement Programme. 2012.

Primary Care Rebate Schemes. Health Service Journal. 2013

Freedom of Information Act Awareness Guidance No. 5. Information Commissioner's Office. 2008.

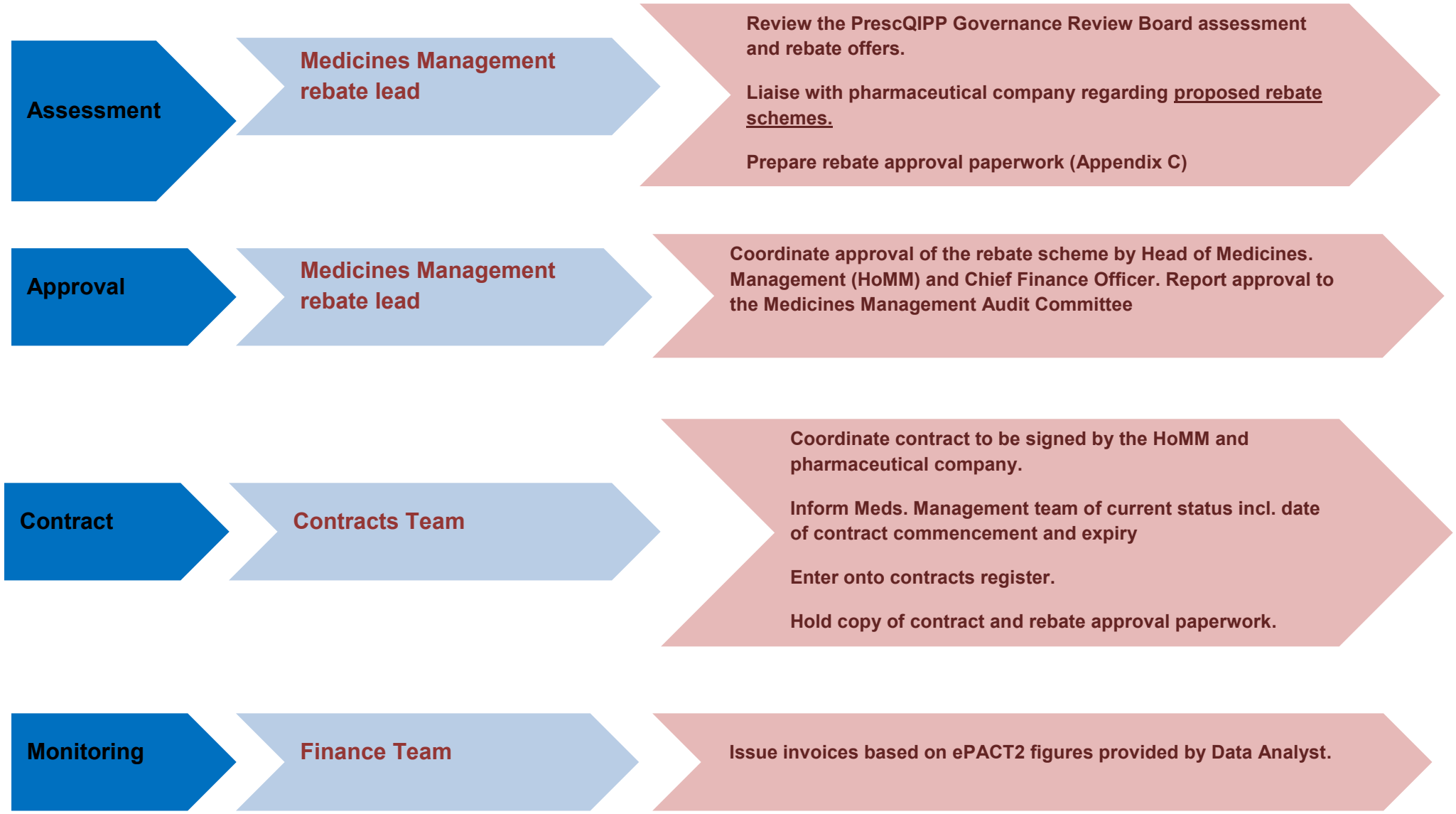
http://www.ico.org.uk/for_organisations/guidance_index/~/media/documents/library/Freedom_
of_Information/Detailed_specialist_guides/AWARENESS_GUIDANCE_5_V3_07_03_08.ashx

Appendix A – Key Stakeholders Consulted in the Development of the Policy Document

Stakeholders name and designation	Date feedback requested	Detail of feedback received	Date feedback received	Action taken
Medicines Strategy Group	23 August 2013	Agreed with the ethical principles outlined. Minor amendments suggested.	3 September 2013	Feedback incorporated into principles
Chief Financial Officer	10 September 2013	Agreed principles and discussed approval process options	10 September 2013	Incorporated into policy
Audit Committee Chair	25 September 2013	Agreed with principles and suggested approval process for schemes	25 September 2013	Incorporated into the policy
Senior Management Team	15 October 2013	Requested more specific information to be provided on managing FOI requests. Equality Duty Information updated	22 October 2013	Policy updated
Audit Committee	13 November 2013	Suggested Audit Committee received information on schemes considered through the Finance Report	13 November 2013	Policy Updated
SMT	17 September 2020	Suggested Governing Bodies for final sign off	17 September 2020	Feedback received. New information added from PresQIPP and

				process updated
Governing Bodies	14 October 2020	Suggested adding information in regarding the Bribery Act and monitoring to be undertaken through Audit Committee not Governing Bodies. Titles of the meds management team amended on flow chart	14 October 2020	Policy amended to reflect the changes

Appendix B - Rebate Scheme Approval Process



Appendix C - Rebate Scheme Decision Form *Confidential*

Product	
Company	
Contact Details	

Question	**Yes/No**
Is product listed on CCG/Acute Trust Formulary?	
The product is not listed on the PrescQIPP DROP list or 'Do Not Prescribe List?	
The product does not have a negative decision from NICE?	
There is no requirement for a directive or guideline to be given to health care professionals to prescribe the specific product?	
If the product is a medicine, is it licensed in the UK?	
The rebate scheme is not designed to increase off label use of the drug?	
If the product is a device or nutritional supplement is it contained in the current Drug Tariff?	
If the product is a vitamin and classed as a food supplement, is it recommended for use in Kirklees CCG?	
The rebate scheme does not require exclusive use of a specific brand? See principles re: caveats for specific product categories.	
The product is not contained in Category A or M of the Drug Tariff?	
Confirm that the rebate scheme is not linked directly to a requirement for an increase in market share or volume of prescribing?	
The rebate scheme does not prevent consideration of other schemes?	
There is no requirement to submit additional information beyond the volume of prescribing of the product?	

There is no requirement to collect patient specific data?	
No. of years scheme is available? (Is it >2 years?)	
Does the rebate scheme have PrescQIPP Board Assessment? What is the status (Grey, Amber, or Red)	
If the scheme has not been assessed by PrescQIPP, does the scheme meet all requirements of the CCG principles?	
Estimated potential savings (per annum)?	
Have any other contractual or legal issues been identified during the evaluation? (outlined below)	
Further information	
Outline:	

• *Estimated administrative burden* • *Any legal or contractual issues uncovered* • *Governance issues* • *Freedom of Information issues* • *Any other pertinent issues*	
Recommendation	
Rationale	
Evaluation carried out by (Name, Title & Date)	
Checked by (Name, Title & Date)	

CCG Decision

I do/do not support the decision to agree to this primary care rebate scheme

Signed: Date:

Head of Medicines Management

I do/do not support the decision to agree to this primary care rebate scheme

Signed: Date:

Chief Financial Officer/Deputy Chief Office

Name of Meeting	Governing Body	**Meeting Date**	Wednesday 14th April 2021
Title of Report	2019-20 Mental Health Investment Standard Achievement	**Agenda Item No.**	10
Report Author	Robert Willis – Head of Financial Reporting and Accounting	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem	**Responsible Officer**	Ian Currell - CFO

Executive Summary

The paper provides the Governing Body with an update in respect to the

- Confirmation of achievement in both former CCGs of the 2019-20 Mental Health Investment Standard.

Previous Considerations

Name of meeting		**Meeting Date**	
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body are asked to review the two management representation letters which have been attached to this paper as follows in the appendices.

- Approve the management representation letter in respect of NHS Greater Huddersfield CCG as shown at Appendix 1.
- Approve the management representation letter in respect of NHS North Kirklees CCG as shown at Appendix 2.

Decision ☐	**Assurance ☒**	**Discussion ☒**	**Other: Approval**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	
Resources / Financial Implications (including Staffing/Workforce considerations)	As outlined in the paper
Sustainability Implications	

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☐**

Strategic Objectives (which of the CCG objectives does this relate to?)	Building a sustainable organisation based on the aspirations of our members Reduce avoidable variation in healthcare and patient experience	**Risk (include risk number and a brief description of the risk)**	
Legal / CCG Constitutional Implications		**Conflicts of Interest (include detail of any identified / potential conflicts)**	

1 Introduction

The following paper has been produced to provide the Governing Body with an overview of the external audit by KPMG to review both Greater Huddersfield and North Kirklees CCGs reported achievement in respect to the Mental Health Investment Standard for financial year 2019/20.

2 Background

NHS England guidance states that CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard. For 2019/20 the standard required CCGs to increase spend within mental health services by at least their overall programme allocation growth, plus an additional percentage increment to reflect the additional mental health funding that was included in CCG allocations during financial year 2019/20.

The independent report from KPMG summarises the key findings on which they have reached their reasonable assurance opinion on the MHIS Health Investment Standard - Statement of Compliance at both NHS Greater Huddersfield Clinical Commissioning Group and NHS North Kirklees Clinical Commissioning Group.

It should be noted the reports attached are separate from their assurance opinion and does not provide an additional opinion on each CCGs' MHIS Statement of Compliance, nor does it add to or extend or alter our duties and responsibilities.

The external auditors have notified that they plan to issue an unqualified opinion on the MHIS Statement of Compliance for both CCGs. This means they have sufficient and appropriate audit evidence to gain reasonable assurance that the CCGs have materially complied the requirements of the MHIS standard.

3 Summary of Key Points

A summary of the work performed by the external auditors is as follows:

- They have ascertained the method of compilation of the Statement and the MHIS expenditure figures on which that the audit was based on.
- They have considered the internal controls applied by each CCG over the preparation of the Statement, the expenditure figures and evaluated the design of those controls relevant to the engagement to determine whether they had been implemented.
- They have identified and assessed the risks of material misstatement in the Mental Health Investment Standard compliance statement as a basis for designing and performing procedures to respond to the assessed risks.
- They have verified the total 2019/20 spend to supporting calculations; that it is equal or above the target spend as provided by NHS England.

- They have carried out testing on the mental health expenditure included in the Statement and supporting expenditure summary to check whether it met the definition of mental health expenditure properly incurred, as set out in the guidance.
- They have verified the factual accuracy of the compliance statement based on the procedures set out above

4 Next Steps

On confirmation of receipt of Governing Body signed approval of the two management representation letters, a representative from the external auditors, KPMG will sign and release the 2019-20 Mental Health Investment Standard Compliance Statements for each CCG and these will be published to the NHS Kirklees CCG website on 15th April 2021.

5 Recommendations

The Governing Body are asked to review the two management representation letters which have been attached to this paper as follows in the appendices.

- Approve the management representation letter in respect of NHS Greater Huddersfield CCG as shown at Appendix 1.
- Approve the management representation letter in respect of NHS North Kirklees CCG as shown at Appendix 2.

6 Appendices

The following appendices are attached to this paper as follows: -

- Appendix 1 - Management Representation letter in respect of NHS Greater Huddersfield CCG.
- Appendix 2 - Management Representation letter in respect of NHS North Kirklees CCG.

Appendix 1 – NHS Greater Huddersfield CCG Management Representation Letter

NHS Greater Huddersfield Clinical Commissioning Group Letter Head to be inserted

James Boyle
Director
KPMG LLP
1, St Peter's Square
Manchester
M2 3AE

[date]

Dear James,

MHIS Statement of compliance 2019/20 - MANAGEMENT REPRESENTATION LETTER

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

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

The Governing Body confirms that:

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

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

c) There are proper internal controls over the preparation of the MHIS Statement of Compliance to ensure that mental health expenditure is correctly classified and included in the MHIS Statement of Compliance, and these controls are subject to review to confirm that they are working effectively in practice; and

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

This letter was tabled and agreed at the meeting of the Governing Body Meeting on [Date].

Yours sincerely

[SIGNATURE]

[FirstName SecondName]
[Role], for and on behalf of the Governing Body

Appendix 2 – NHS North Kirklees CCG Management Representation Letter

NHS North Kirklees Clinical Commissioning Group Letter Head to be inserted

James Boyle
Director
KPMG LLP
1, St Peter's Square
Manchester
M2 3AE

[date]

Dear James,

MHIS Statement of compliance 2019/20 - MANAGEMENT REPRESENTATION LETTER

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

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

The Governing Body confirms that:

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

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

g) There are proper internal controls over the preparation of the MHIS Statement of Compliance to ensure that mental health expenditure is correctly classified and included in the MHIS Statement of Compliance, and these controls are subject to review to confirm that they are working effectively in practice; and

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

This letter was tabled and agreed at the meeting of the Governing Body Meeting on [Date].

Yours sincerely

[SIGNATURE]

[FirstName SecondName]
[Role], for and on behalf of the Governing Body

Name of Meeting	Governing Body	**Meeting Date**	14th April 2021
Title of Report	Targeted Lung Health Checks Radiology and Respiratory Service – Award of Contract	**Agenda Item No.**	11
Report Author	Helen Moreton	**Public / Private Item**	Public
Clinical Lead	Dr Chandra	**Responsible Officer**	Vicky Dutchburn

Executive Summary

North Kirklees CCG was invited to join the NHS England National Targeted Lung Health Check Programme, as part of the NHS Long Term Plan. The programme started in April 2019 but was paused due to COVID in March 2020. The project is now planned to run until March 2024 and NHSE have guaranteed the total funding for the project until this date.

The first 18 months to two years of the programme will see delivery of Lung Health Checks and Low Dose CT to patients in North Kirklees aged between 55 and 75 and are smokers or ex-smokers. These patients will then be followed up after 24 months.

At the point where the project was paused due to COVID, Mid-Yorkshire Hospitals had been raising concerns about significant workforce challenges which may prevent them from participating in the project. Following the restart of the project a number of options for service delivery were discussed at joint meetings with the North Kirklees Project Steering Group and Mid Yorkshire Hospitals. In October 2020, Mid-Yorkshire confirmed that they would be unable to support the Radiology and Respiratory elements of the project. At this point the project needed to source an alternative provider.

In March 2020, Bradford and Craven CCG was offered the opportunity to join the National Programme, which will be delivered by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). BTHFT Trust confirmed that they would also be in a position to support the North Kirklees Project.

A Prior Interest Notice was issued in February to gauge market interest in delivering the Radiology and Respiratory elements of the programme up to and including Multi-Disciplinary team (MDT) meetings and Lung Nodule Management. The results are included later in this Document.

BTHFT were identified as the only provider who could meet the specification. On this basis Governing Body are asked to approve a direct award of contract through a single tender waiver to enable BTHFT to deliver the service to Patients from North Kirklees. This change will not affect the experience for the North Kirklees patient as the service will still be delivered in the North Kirklees community and agreement has been reached with Mid Yorkshire that under this arrangement they will accept referrals of any patients with Suspected Cancers and other urgent conditions.

The Financial Plan for the Programme was supported by the NKCCG Finance Committee on 25th September 2019 and approved by NKCCG Governing Body on 9th October 2019. There would be no change to the previously approved financial plan as a result from a change from the provider. The overall value of this contract is £3.1m.

Previous Considerations

Name of meeting	SMT	**Meeting Date**	13th June 2019
Name of meeting	North Kirklees CSG	**Meeting Date**	19th June 2019

Name of meeting	SMT	**Meeting Date**	8th August 2019
Name of meeting	Finance, Performance and Contracting Committee	**Meeting Date**	28th August 2019
Name of meeting	North Kirklees CCG and Greater Huddersfield CCG Governing Bodies Meeting in Common	**Meeting Date**	11th September 2019
Name of meeting	Finance, Performance and Contracting Committee	**Meeting Date**	25th September 2019
Name of meeting	North Kirklees CCG and Greater Huddersfield CCG Governing Bodies Meeting in Common	**Meeting Date**	9th October 2019

Recommendations

It is recommended that the Governing Body:

1. Note the content of the report providing background to the project and progress to date

2. Approve the direct award of contract for the Radiology and Respiratory Elements of the Lung Health Check Programme to Bradford Teaching Hospitals NHS Foundation Trust

Decision ☒	**Assurance ☐**	**Discussion ☐**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The Project will be delivered in line with the National Targeted Screening for Lung Cancer with Low Radiation Dose Computed Tomography Standard Protocol and Quality Assurance Standard, which are mandated by NHS England. These have been provided to ensure the service developed is of a high standard and meets required quality and safety standards
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	An equality impact assessment has been completed for the project. The change to provider would not impact on this, as delivery of the service for the patient remain unchanged and within the local area
Resources / Financial Implications (including Staffing/Workforce considerations)	The financial plan for this project has previously been agreed. Under the direct award of contract there would be no change to the amounts allocated to Bradford Teaching Hospitals for the delivery of this element of the service.
Sustainability Implications	None identified

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☒**	**No ☐**	**N/A ☐**

Strategic Objectives (which of the CCG objectives does this relate to?)	• Our patients are at the heart of our commissioning decisions. • Commissioning equitable services which are fit for purpose. • Improving the lives of everyone who lives in North Kirklees. • Building a sustainable organisation based on the aspirations of our members.	**Risk (include risk number and a brief description of the risk)**	The top 3 risks currently to this project are: 7. Inability of MYHT to support additional activity created from project (in addition to current commitments) due to lack of workforce capacity 8. Delay to the project start will result in inability to schedule LHC for whole target population within the require time period (20) 9. Mobile CT Scanning was under contract with NHS England to March 2021. Delays in procurement may result in a lack of scanner capacity for the project (25)
Legal / CCG Constitutional Implications	Consideration of the legal requirements for procurement and in what circumstances a waiver can be applied	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Any interests will be managed in line with the CCG's policy for managing Conflicts of Interest

1. Introduction

1.1 North Kirklees CCG was invited to join the NHS England National Targeted Lung Health Check Programme, as part of the NHS Long Term Plan. The programme started in April 2019 but was paused due to COVID in March 2020. The project is now planned to run until March 2024 and NHSE have guaranteed the total funding for the project until this date.

1.2 At the point where the project was paused, Mid-Yorkshire Hospitals had raised concerns about significant workforce challenges which may prevent them from participating in the project. In October 2020, they confirmed that they would be unable to support the Radiology and Respiratory elements of the project. At this point the project needed to source an alternative provider.

1.3 In March 2020, Bradford and Craven CCG was offered the opportunity to join the National Programme, which will be delivered by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). BTHFT Trust confirmed that they would also be in a position to support the North Kirklees Project.

1.4 BTHFT was identified, through a market test, as the only provider who could meet the specification. This document is to provide the background information to Governing Body to support approval of a waiver to enable BTHFT to support the North Kirklees project.

2. Detail

2.1 The National Targeted Lung Health Check (TLHC) programme was launched in February 2019 as part of the NHS Long Term Plan. The main aim of the programme is the early identification of lung cancer. Currently 75% of patients with lung cancer are diagnosed at stages III/IV of the disease and are unable to receive curative treatment. There is a growing evidence based, both from within the UK and internationally, that identifying patients at high risk lung cancer and referring them for a Low Dose CT scan is effective in identifying lung cancer at the much earlier stages of I/II, enabling patients to be eligible for curative treatments. In local Lung Health Check pilots in Wakefield and Bradford in 2019 60% of patients identified with lung cancer were at stages I/II.

2.2 North Kirklees CCG was one of 10 areas to be invited to be part the national Targeted Lung Health Check Programme, based on high smoking rates, levels of deprivation and prevalence of lung cancer in the area. The project was initially planned to run over 4 years, targeting current and ex-smokers in the population, aged 55 – 74 and 364 days. It is expected that over the course of the project almost 9000 patients will attend a Lung Health Check and of these 140 cancers will be diagnosed.

2.3 The delivery model for North Kirklees was agreed at a stakeholder event in May 2020. This model was based on carrying out Lung Health Checks in Primary Care. Patients who were identified as being at a high risk of lung cancer would then be then offered a Low Dose CT on a mobile unit in a community location in North Kirklees. Radiology and Respiratory support was planned to be carried out in the local acute Trust, Mid Yorkshire Hospitals NHS Trust (MYHT), including lung nodule management and 24 month follow up for negative baseline scans.

2.4 The programme formally started in April 2019, but was paused in March 2020 due to COVID. In July 2020, Simon Stephens phase 3 ‘letter to the system’ instructed all areas with TLHC projects to restart. This was seen as a priority due to the disproportionate impact

of the pandemic on lung cancer referrals and the growing evidence that patients who were presenting were doing so at a later stage in their disease progression.

2.5 At the point where the project was paused due to COVID, Mid-Yorkshire Hospitals had raised concerns about significant workforce challenges which may prevent them from participating in the project. Following the restart, a sub group of the North Kirklees Project Steering Group led by Helen Severns, met with Mid Yorkshire Hospitals to review their capacity issues.

2.6 As an outcome of these meetings, a paper was produced which presented three options for the delivery the service. These had also previously been agreed by the Cancer Alliance Board which has oversight of the project, as viable options to ensure that the project could progress due to the difficulties experienced in 2019/20. In summary the options were:

Option 1 - Local delivery model	Service provided by the local providers who would normally provide healthcare for the target population, working together across the system to deliver the pathway. For North Kirklees this would be the local GP federation, Curo Healthcare, and Mid Yorkshire Hospitals. LDCT would be subcontracted by the Radiology Department. *This is the existing delivery model agreed for North Kirklees.*
Option 2 – Mixed Model	Local provision of Lung Health Checks in Primary Care. Single lead Acute Trust provider responsible for procurement and delivery of Low Dose CT & radiology reporting for the service. Follow up care of patients would be provided by their local acute provider (MYHT).
Option 3 – Procurement of Fully Managed Service	Whole pathway led by a single provider who provides or sub contracts Lung Health Checks, Mobile CT Screening and radiology reporting. Patients with a positive scan will be referred to their local acute trust (MYHT) on to the appropriate 2WW or other pathway.

2.7 In October 2020, Option 2 was agreed as the preferred option. Following this MYHT gave written confirmation that they would be unable to support the Radiology and Respiratory elements of the North Kirklees project.

2.8 Running in parallel, the National Programme team had approached a number of existing Lung Screening Projects to invite them to join the programme. In March 2020, Bradford and Craven CCG and Wakefield CCG were offered the opportunity to join the National Programme. Both areas had been involved previously in the delivery of small scale local pilot projects supported by the West Yorkshire and Harrogate Cancer Alliance. Bradford and Craven accepted the offer. The Radiology and Respiratory service will be delivered by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). BTHFT Trust confirmed that, should it be required, they would also be in a position to support the North Kirklees Project.

2.9 In order to formally identify an alternative supplier, on the advice of the CCG procurement team, it was agreed that a market test should be conducted and a Prior Interest Notice (PIN) was issued to gauge interest in delivering the Radiology and Respiratory elements of the programme up to and including Multi-Disciplinary team (MDT) meetings and Lung Nodule Management. The process was managed using the CCG's normal procurement resource and procedures i.e. NHS Sourcing (Bravo) e-tendering system. The market test closed on 3rd February 2021

2.10 Twelve providers registered an interest and were able to access the details for this market test. Six providers submitted their response and relevant documentation by the deadline date. A further provider declined with an explanation for this. The submissions were reviewed and scored by representatives of the Project Steering Group. Following a robust evaluation of the responses BTHFT were identified as the only provider who could meet all elements of the specification.

2.11 Governing Body is asked to approve the direct award of contract via single tender waiver to enable BTHFT to be offered the contract to deliver the Radiology and Respiratory elements of the Lung Health Check service to patients from North Kirklees. This change will not affect the experience for the North Kirklees patient as the service will still be delivered in the North Kirklees community. Agreement has been reached with Mid Yorkshire that under this arrangement they will accept referrals for any North Kirklees patients with Suspected Cancers and other urgent conditions and a process will be developed to ensure seamless and timely transfer of these patients.

2.12 The rationale for recommending this direct award of contract by single tender waiver to Governing Body detailed below:

- BTHFT were the only provider in the market test who met all the requirements in the specification. No other provider offered solutions for key elements of the service including the management of Lung Nodules, recall of patients for follow up or the organisation and delivery of MDT meetings. The other providers were unable to offer a complete service without the active support of the local Acute Trust.
- BTHFT have already been involved in the successful delivery of a Lung Health Check pilot. During the pilot they consistently reported scans within the agreed timeframe. They have processes in place which can be refined and developed for the North Kirklees.
- BTHFT led the procurement of the Low Dose CT provision for the Bradford and Wakefield pilots. NHS Supply Chain has indicated that a direct award will be possible to the original supplier (COBALT). This is a significant advantage as there is a successful pre-existing relationship and the complex IT infrastructure for safe management and storage of images is already in place.
- BTHFT will be delivering the Bradford and Craven project alongside North Kirklees. This will allow significant economies of scale in terms of the development of systems, processes and protocols and the management of the patient pathway.
- Recruitment of the workforce in particular clinical staff will be improved by delivery across two projects. Costs can be shared across the projects and enable more significant investment to the benefit of both areas.

3. Next Steps

3.1 Completion and sign off of Single Tender Waiver documentation to record Governing Body approval of the direct award of contract

3.2 The contract for the Radiology and Respiratory services to be issued to BTHFT.

3.3 BTHFT on receipt of the contract will commence their procurement process for Mobile Low Dose CT.

4. Implications

4.1 Quality and Safety Implications

4.1.1 The Project will be delivered in line with the National Targeted screening for Lung Cancer with Low Radiation Dose Computed Tomography Standard Protocol and Quality Assurance Standards, which are mandated by NHS England. These have been provided to ensure the service developed is of a high standard and meets required quality and safety standards. All providers will be expected to adhere to the requirements of these standards within the framework of the local delivery model and to routinely audit and report on compliance

4.2 Engagement and Equality Implications

4.2.1 An equality impact assessment has been completed for the project. The change to provider in line with this paper would not impact on this, as delivery to the patient will remain unchanged. Although a different NHS Trust will be leading on the delivery of the Radiology and Respiratory service, the Low Dose CT will be carried out on a mobile unit in the North Kirklees locality. Where patients require follow up in Secondary Care, agreement is in place with MYHT to treat patients from North Kirklees who are identified with a suspected cancer or other serious incidental finding requiring follow up.

4.3 Resources / Finance Implications

4.3.1 The financial plan has been approved previously by SMT, Finance and Performance Committee and Governing Body. The CT Scanning Costs and Scan Processing Costs envelope for the delivery of the secondary care elements which would be subject to this direct award of contract is £3,118,352. There may be opportunities for savings through economies of scale.

4.4 Data Protection Impact Assessment

4.4.1 A data impact assessment has been completed. This will require updating when the provider changes to reflect the changes to the data flows within the pathway.

4.5 Risk

4.5.1 The top 3 risks currently to this project are:

- No.7 Inability of MYHT to support additional activity created from project (in addition to current commitments) due to lack of workforce capacity
- No. 8 Delay to the project start will result in inability to schedule LHC for whole target population within the require time period (20)
- No. 9 Mobile CT Scanning is currently under contract with NHS England to March 2021. Delays in procurement may result in a lack of scanner capacity for the project (25)

All these risks will be mitigated to with the award of the contract to BTHFT

4.6 Legal / CCG Constitutional Implications

4.6.1 Consideration has been given to the legal requirements for procurement which have been addressed through the market testing process, in advance of this request for approval of direct award of contract

5. Recommendations

It is recommended that the Governing Body

1. Note the content of the report providing background to the project and progress to date
2. Approve the direct award of contract for the Radiology and Respiratory Elements of the Lung Health Check Programme to Bradford Teaching Hospitals NHS Foundation Trust

Name of Meeting	Governing Body	**Meeting Date**	14 April 2021
Title of Report	Chair's and Chief Officer's Report	**Agenda Item No.**	12
Report Author	Carol McKenna	**Public / Private Item**	Public
Clinical Lead	Chief Officer and Clinical Leader	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary
This report provides the Governing Bodies with an update on key issues, including:- • COVID-19 Update – CCG Response • Right Care, Right Time, Right Place Update

Previous Considerations

Name of meeting	-	**Meeting Date**	-
Name of meeting	-	**Meeting Date**	-

Recommendations
The Governing Body is requested to:- • **RECEIVE** the report and **NOTE** its content.

Decision ☐	**Assurance ☒**	**Discussion ☒**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	None directly arising from this report.

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Not applicable.
Resources / Financial Implications (including Staffing/Workforce considerations)	None directly arising from this report.
Sustainability Implications	None directly arising from this report.

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	All.	**Risk (include risk number and a brief description of the risk)**	Not applicable.
Legal / CCG Constitutional Implications	Not applicable.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified.

1. Introduction

1.1 The report provides the Governing Bodies with an update on current and relevant key issues, and is presented mainly for information.

2. Detail

2.1 COVID 19 Update – CCG Response

2.1.1 A verbal update will be provided at the meeting to reflect the latest position.

2.2 Right Care, Right Time, Right Place Update

2.2.1 Following the public and colleague involvement work to develop the Design Brief' that was concluded prior to the Covid-19 pandemic, work continues to develop the design plans for each site. This includes taking into account any updates and learning as a result of the pandemic in relation best practice in building design regarding infection control and prevention and the many service changes that were forced by critical need and implemented at pace across the health and social care system.

2.2.2 The Design Brief is a key document to support the submission of the planning applications to Calderdale Council and Kirklees Council. The Design Brief includes drawings and visualisations of the proposed builds and narrative that addresses key issues related to wider impact on factors such as: conservation, ecology, heritage, social value of the development, air quality, and sustainability. The detailed design and appearance of the proposals at CRH and HRI has not yet been confirmed.

2.2.3 In March, the Trust commenced involvement of key stakeholders and local residents to explain the design and building plans and provide opportunity for comment. Public input together with input from other partners/stakeholders and statutory consultees will be used to inform the design development discussions at this stage of the process and the detailed design development at future stages. Feedback will also be used to inform a 'Design and Access Statement', which will be submitted with the planning applications. Submission of planning applications to Calderdale and Kirklees Councils is planned for May 2021.

2.2.4 The timescale for the development and submission of future business cases has been adjusted to take account of the fact that the estate at HRI carries a high risk in relation to the condition and reliability of the existing buildings. It has therefore been agreed with NHSE and DHSC that to enable the commencement of estate improvement work as early as possible a Full Business Case for the investment at HRI will be developed and submitted for approval by NHSE and DHSC in 2021. For the investment at CRH an Outline Business Case will developed and submitted in 2021 and subject to NHSE and DHSC approval a subsequent Full Business Case will be developed for approval by 2023.

2.2.5 The Calderdale and Kirklees Joint Health Scrutiny Committee met on 19 March to receive an update report on the progress made regarding public and stakeholder involvement, the updated reconfiguration timeline and recent work regarding Travel and Transport, including the recently developed Travel plan.

3. Next Steps

3.1 The Chief Officer and Clinical Leader's Report will be presented on a regular basis to provide the Governing Body with assurance of the work being undertaken by the CCG and to highlight any key points to note.

4. Implications

4.1 There are no further implications.

5. Recommendations

5.1 The Governing Body is requested to **RECEIVE** the report and **NOTE** its content.

Name of Meeting	Governing Body	**Meeting Date**	Wednesday 14th April 2021
Title of Report	Finance and Contracting Update	**Agenda Item No.**	13
Report Author	Robert Willis – Head of Financial Reporting and Accounting	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem	**Responsible Officer**	Ian Currell - CFO

Executive Summary

The paper provides the Governing Body with an update in respect to: -

- the overall financial position of the former Greater Huddersfield and North Kirklees CCGs as at February 2021 (month 11).
- the key messages in respect to the contracts held by the former North Kirklees CCG and Greater Huddersfield CCG as at January 2021.

Previous Considerations

Name of meeting	Finance, Performance and Contracting Committee	**Meeting Date**	31st March 2021
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body are asked to –

- Note the projected change in forecast to a surplus of £0.750m from a previous revised target deficit of breakeven in North Kirklees.
- Note the unchanged projected surplus of £0.751m in Greater Huddersfield.
- Note the impact of the change of accounting treatment of stock of £1.249m for North Kirklees and £1.609m for Greater Huddersfield in the position at month 11.
- To note the key messages in respect of the Month 10 (January 2020/21) contracts position.

Decision ☐	**Assurance ☒**	**Discussion ☒**	**Other:**

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	
Resources / Financial Implications (including Staffing/Workforce considerations)	As outlined in the paper
Sustainability Implications	

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☐**

Strategic Objectives (which of the CCG objectives does this relate to?)	Building a sustainable organisation based on the aspirations of our members Reduce avoidable variation in healthcare and patient experience	**Risk (include risk number and a brief description of the risk)**	
Legal / CCG Constitutional Implications		**Conflicts of Interest (include detail of any identified / potential conflicts)**	

1 Introduction

The following paper has been produced to provide the Governing Body with an update in respect of the financial positions for both Greater Huddersfield CCG and North Kirklees CCG as at February 2021 (month 11).

The paper also highlights the key messages in respect of the Month 10 (January 2020/21) contracts position.

2 Overview

The CCGs due to the Covid-19 pandemic have undergone several different financial regimes during the financial year. In the first six months of the year the CCGs received an initial budget allocation and additional costs relating to business as usual and Covid-19, which were mitigated by retrospective top-ups and claimed back direct from NHS England/Improvement (NHSE/I). As result both CCGs achieved a break-even position for the periods one to six.

During the subsequent planning round in September 2020 to cover the remainder of the financial year, both CCGs each submitted an indicative plan covering periods October to March 2021, forecasting a £2.287m deficit within North Kirklees CCG and a £0.751m surplus in Greater Huddersfield CCGs, against allocations received.

During the latter stages of the financial year work has been undertaken to review expenditure it was anticipating incurring with budget holders, whilst also recognising additional allocations anticipated. As a result of this work North Kirklees CCGs financial position has further improved and is now forecasting a surplus position of £0.750m for the financial year. Greater Huddersfield CCGs position remains unchanged.

3 Key messages

The CCGs have the following key messages to report at month 11 as follows: -

- North Kirklees CCG has agreed a revised forecast year end position with the Integrated Care System (ICS) of a £0.750m surplus (previously reported at breakeven).
- Both CCGs during the financial year have implemented a change in accounting treatment in relation to community stock which had been held historically on the balance sheets of both CCGs. These adjustments are discussed in detail in sections 6 and 7 of this paper.
- Both CCGs have supported additional community investments of £0.307m in North Kirklees CGG and £0.393m in Greater Huddersfield CCG which are highlighted in sections 6 and 7 of this paper.

4 Financial Allocations – North Kirklees CCG

At month 11, the CCG has received allocations totalling £308.974m and is expecting additional allocations from national released System Development Funds (SDF) and top-ups of £1.561m. These top-ups refer to costs which are claimed retrospectively in relation to the Hospital Discharge Programme (HDP) and the Independent Sector (IS). The combined received and anticipated allocations of £310.535m exceeds the forecast out-turn expenditure of £309.785m to deliver the revised forecast surplus position of £0.750m (previously breakeven) which the CCG is reporting at month 11.

The allocations received to date by the CCG as at month 11 and those which are anticipated, are shown in table 1 below.

Table 1: North Kirklees allocations

North Kirklees CCG		M11	M9	Mvt
Allocations received	**Period**	**Actual**	**Actual**	**Actual**
		£m	**£m**	**£m**
NHS E Regime	Months 1 - 6	148.985	148.985	0.000
Covid	Months 1 - 6	4.622	4.622	0.000
Retro Top-Up	Months 1 - 6	1.044	1.044	0.000
ICS	Months 7 - 12	154.323	151.678	2.645
Total received		**308.974**	**306.329**	**2.645**
Allocations anticipated	**Period**	**£m**	**£m**	**£m**
Additional Roles [ARRS)	Months 7 - 12	0.460	0.489	(0.029)
Flu	Months 7 - 12	0.039	0.039	0.000
UCR	Months 7 - 12	0.000	0.432	(0.432)
IS drawdown	Months 7 - 12	0.780	1.309	(0.529)
HDP top up	Months 7 - 12	0.282	1.055	(0.773)
Total anticipated		**1.561**	**3.324**	**(1.763)**
Total : Allocations		**310.535**	**309.653**	**0.882**
Total : Expenditure		**309.785**	**309.653**	**0.132**
Target		**(0.750)**	**0.000**	**(0.750)**

4.1 Anticipated allocations not yet received - Month 11

The total expenditure reported below in section 6 includes costs for which an allocation and top-ups of £1.561m are anticipated, but have not currently being received, these relate to the areas as follows: -

- £0.460m - Primary Care Additional Roles Reimbursement

- £0.039m - Flu Allocation
- £0.780m – Independent Sector top-up
- £0.282m – Discharge to Assess Pathway (HDP/ Local Authority (LA) Pass-Through cost

4.2 Anticipated and unanticipated allocations received – Months 10 and 11

The CCG has also received new additional allocations in months 10 and 11 totalling £2.645m, some of which were not included in the revised financial plan from October onwards, but relate to agreed services post planning. These new allocations are set out in detail in table 2 below: -

Table 2: North Kirklees allocations received in months 10 and 11

Allocation Description	**£m**
Distribute Ageing Well system leadership funding 20/21	0.010
LD Complex Case Funding 20/21	0.004
Pension (6.3% uplift) based on Mth09 BSA data and forecast for full year	0.215
Flash Glucose Monitoring	0.070
Adjustment to sharing out ICS MH crisis funding	(0.025)
YAS allocation transfer to WCCG	(0.250)
WYH IAPT funding - Marketing and design costs	0.007
Distribute WYH MH Winter SMI funding	0.020
Distribute PCN Development SDF	0.135
Proxy ordering for care homes funding	0.003
Urgent Community Response - Digital Projects Accelerator Sites	0.050
Total Unanticipated allocations received in M10 and M11	**0.239**
Allocation Description	**£m**
Urgent Community Response - Accelerator Sites	0.329
Out of Envelope Reimbursement Mth7 & Mth8 - Hospital Discharge Programme	0.692
Out of Envelope Reimbursement Mth9 - Hospital Discharge Programme	0.363
Out of Envelope Reimbursement Mth10 - Hospital Discharge Programme	0.033
FOT Interim allocation for reimbursement Hospital Discharge Programme	0.485
M10 Reimbursement Acute IS	0.504
Total Anticipated Top-ups received in M10 and M11	**2.406**
Total Anticipated and unanticipated allocations received in M10 and M11	**2.645**

5 Financial Allocations – Greater Huddersfield CCG

As at month 11, the CCG has received allocations totalling £370.696m and has an expectation of additional allocations and top-ups of £1.376m. The combined received and anticipated allocations of £372.072m is higher than the forecast out-turn expenditure of

£371.321m, which indicates that the CCG is forecasting to deliver the surplus of £0.751m which is the CCGs unchanged target with the ICS as at month 11.

The allocations received by the CCG at month 11 and those which are anticipated are shown in table 3 below: -

Table 3: Greater Huddersfield allocations

Greater Huddersfield CCG Allocations received	Period	M11 Actual £m	M9 Actual £m	Mvt Actual £m
NHS E Regime	Months 1 - 6	177.554	177.554	0.000
Covid	Months 1 - 6	5.013	4.993	0.020
Retro Top-Up	Months 1 - 6	0.882	0.882	0.000
ICS	Months 7 - 12	187.247	183.384	3.863
Total received		**370.696**	**366.813**	**3.883**
Allocations anticipated	**Period**	**£m**	**£m**	**£m**
Additional Roles [ARRS)	Months 7 - 12	0.267	0.580	(0.313)
Flu	Months 7 - 12	0.051	0.051	0.000
UCR	Months 7 - 12	0.000	0.555	(0.555)
IS drawdown	Months 7 - 12	0.694	1.068	(0.374)
HDP top up	Months 7 - 12	0.364	1.385	(1.021)
Total anticipated		**1.376**	**3.639**	**(2.263)**
Total : Allocations		**372.072**	**370.452**	**1.620**
Total : Expenditure		**371.321**	**369.701**	**1.620**
Target (Surplus)		**(0.751)**	**(0.751)**	**(0.000)**

5.1 Anticipated and unanticipated allocations received in months 10 and 11

The total expenditure reported below in section 7 includes costs for which an allocation and top-ups of £1.376m which are anticipated, but have not currently being received, these relate to the areas as follows: -

- £0.267m - Primary Care Additional Roles Reimbursement
- £0.051m - Flu Allocation
- £0.364m – Independent Sector top-up
- £0.694m – HDP / LA Pass-Through costs

5.2 Unanticipated Allocations – Months 10 and 11

The CCG has also received additional allocations in months 10 and 11 totalling £3.863m, which were not anticipated in the revised financial plan for October onwards, but cover agreed services post planning. These new allocations are set out in detail in table 4 below: -

Table 4: Greater Huddersfield allocations received in months 10 and 11

Allocation Description	**£m**
CCCG's share of CETR funding from NHSE	(0.030)
Barnsley CCG share of CETR funding from NHSE	(0.030)
WCCG's share of CETR funding from NHSE	(0.030)
Distribute IPC funding to places - Kirkless and Calderdale	0.028
UEC transformation money for NHS 111 First	0.230
Distribute Ageing Well system leadership funding 20/21	0.010
Distribute SDF - MH Discharge support	0.360
Calderdale and Huddersfield NHS Foundation Trust 2020 Winter Volunteers	0.020
Pension (6.3% uplift) based on Mth09 BSA data and forecast for full year	0.228
Flash Glucose Monitoring – Final Annual Allocation	0.192
YAS allocation transfer to WCCG	(0.250)
WYH IAPT funding - Marketing and design costs	0.010
Distribute WYH MH Winter SMI funding	0.020
Distribute Crisis funding as agreed. Final installment of conditional SDF received in month 10.	0.101
Enhanced occupational health and well being grant	0.100
Distribute PCN Development SDF	0.163
Proxy ordering for care homes funding	0.005
Calderdale and Huddersfield NHS Foundation Trust Covid-19 Fund	0.020
M11 Adjustment to Transforming Care Partnerships	0.088
Total Unanticipated allocations received in M10 and M11	**1.235**

Allocation Description	**£m**
Q4 UCR transfer to GH	0.423
Out of Envelope Reimbursement Mth7 & Mth8 - Hospital Discharge Programme	0.875
Out of Envelope Reimbursement Mth9 - Hospital Discharge Programme	0.510
Out of Envelope Reimbursement Mth10 - Hospital Discharge Programme	0.053
FOT Interim allocation for reimbursement Hospital Discharge Programme	0.613
M10 Reimbursement Acute IS	0.174
Total Anticipated Top-ups received in M10 and M11	**2.648**
Total Anticipated and unanticipated allocations received in M10 and M11	**3.883**

6 North Kirklees Financial Position at month 11

North Kirklees CCG has reported an improved position against previously reported plan of a £0.750m surplus at month 11 (previously breakeven, originally a deficit of £2.287m). This improvement has been achieved by a combination of additional allocations and tops-up being higher than predicted, estimated costs being lower than planned and the release of several prior year accruals.

The following tables set out the annual plan and forecast out-turns in respect of Covid-19 expenditure, business as usual expenditure at month 11 and an overall combined financial position of the CCG.

As shown in table 5, the annual budgets, forecast out-turn and forecast variances are set out at month 11 for Covid-19 expenditure.

Table 5: North Kirklees Covid-19 Expenditure

North Kirklees CCG Covid Expenditure M1 - M12	M11 Annual Budget M1-12 £m	M11 Anticipated Top-ups M1-12 £m	M11 Annual Budget M1-12 £m	M11 Forecast Out-turn M1-12 £m	M11 Forecast Variance M1-12 £m	M9 Forecast Variance M1-12 £m	Forecast Variance Movement M1-12 £m
Mental Health	0.038	0.000	0.038	0.038	0.000	0.000	0.000
Primary Care	2.632	0.000	2.632	2.667	0.035	0.099	(0.064)
Continuing Care	4.156	0.282	4.438	4.438	0.000	0.000	0.000
Community	0.871	0.000	0.871	0.494	(0.377)	(0.072)	(0.305)
Other Programme Services	0.297	0.000	0.297	0.000	(0.297)	(0.297)	0.000
	7.994	**0.282**	**8.276**	**7.637**	**(0.639)**	**(0.270)**	**(0.369)**

The budget in Continuing Care includes a top-up for HDP/LA of £0.282m which has not yet been received.

There is a favourable variance against the overall Covid budget of £0.639m and a favourable movement against the previously reported forecast variance at month 9 of £0.369m.

A summary of the movements in forecast variance between month 11 and month 9 is provided below: -

Primary Care Covid-19 £0.064m favourable - the favourable variance is as result of forecast expenditure across a range of schemes being lower than anticipated at month 9.

Community Covid-19 £0.305m favourable - the favourable variance is because of lower than anticipated Care Closer to Home pass-through costs.

As shown in table 6, the annual budgets, forecast out-turn and forecast variances are sets out at month 11 for Business as Usual (BAU) expenditure: -

Table 6: North Kirklees Business as Usual Expenditure

North Kirklees CCG BAU Expenditure M1 - M12	M11 Annual Budget M1-12 £m	M11 Anticipated Top-ups M1-12 £m	M11 Annual Budget M1-12 £m	M11 Forecast Out-turn M1-12 £m	M11 Forecast Variance M1-12 £m	M9 Forecast Variance M1-12 £m	Forecast Variance Movement M1-12 £m
Mental Health	33.183	0.000	33.183	32.916	(0.268)	0.041	(0.309)
Acute	150.031	0.780	150.811	150.613	(0.198)	(0.548)	0.349
Prescribing	34.577	0.000	34.577	34.160	(0.417)	(0.327)	(0.090)
Primary Care - Co-Commissioning	28.167	0.460	28.627	28.627	(0.000)	(0.000)	(0.000)
Primary Care - Other	5.436	0.039	5.475	3.998	(1.477)	(0.590)	(0.887)
Continuing Care	14.640	0.000	14.640	15.414	0.774	0.169	0.605
Community	21.494	0.000	21.494	22.894	1.399	(0.082)	1.481
Other Programme Services	9.589	0.000	9.589	9.804	0.215	1.607	(1.392)
Running costs	3.861	0.000	3.861	3.723	(0.139)	(0.000)	(0.138)
	300.980	**1.279**	**302.259**	**302.148**	**(0.111)**	**0.270**	**(0.381)**

The budget in several of the business unit areas includes anticipated allocations and top-ups of £1.279m which has not yet been received.

There is a favourable variance against the overall BAU budget of £0.111m and a favourable movement against the previously reported forecast variance at month 9 of £0.381m.

A summary of the significant movements in forecast variance between month 11 and month 9 is provided below: -

1. **Mental Health (£0.309m) favourable -** the variance is due to the release of planned costs within mental health rehab which have not been incurred this year.
2. **Primary Care Other (£0.887m) favourable -** the favourable variance is predominantly as result of the release of a provision for General Practice VAT of £0.705m which was created in recent years to cover a probable but not certain obligation which is not expected to materialise. The position has further benefitted from the release of unutilised prior year accruals of £0.376m.
3. **Continuing Care £0.605m adverse –** the adverse variance is predominantly due to the inclusion of a continuing care risk accrual of £0.870m into the position to mitigate against care packages which have not yet being costed in the QA database, due to updated information received.
4. **Community £1.481m adverse –** the adverse variance is predominantly due to the following items: -
    - The implementation of a change in the accounting treatment for community stock to bring the CCG in line with the approach taken by the Local Authority who are partners to the community equipment contract. The impact of the write-down of the stock is a cost of £1.249m funded in the position by the release of unutilised prior year accruals. The change of treatment is supported by external auditors and will be picked up in more detail in a paper to the audit committee on 12 April 2021.
    - The funding of additional community investments of £0.153m for the Kirkwood Hospice; £0.044m for Forget Me Not Children's Hospice; £0.088m in voluntary community services and quality improvements in care homes with the local authority; and £0.022m in a personalised care program with Locala.
5. **Other Programme Services (£1.392m) favourable** – the CCG has released unutilised prior year accruals which were created last year to predominantly fund a continuing care risk reserve of £0.686m and non-contract activity of £0.600m which did not materialise.
6. **Running Costs (£0.138m) favourable** – the CCG position has benefited from current in-year vacancies and reduced non-pay costs for travel and expenses during the year.

As shown in table 7, it sets out the annual budget, forecast out-turn and forecast variance at month 11 for total expenditure.

Table 7: North Kirklees Total Expenditure

North Kirklees CCG Total Expenditure M1 - M12	M11 Annual Budget M1-12 £m	M11 Anticipated Top-ups M1-12 £m	M11 Annual Budget M1-12 £m	M11 Forecast Out-turn M1-12 £m	M11 Forecast Variance M1-12 £m	M9 Forecast Variance M1-12 £m	Forecast Variance Movement M1-12 £m
Mental Health	33.222	0.000	33.222	32.954	(0.267)	0.041	(0.309)
Acute	150.031	0.780	150.811	150.613	(0.198)	(0.548)	0.349
Prescribing	34.577	0.000	34.577	34.160	(0.417)	(0.327)	(0.090)
Primary Care - Co-Commissioning	28.167	0.460	28.627	28.627	(0.000)	(0.000)	(0.000)
Primary Care - Other	8.068	0.039	8.107	6.665	(1.442)	(0.490)	(0.952)
Continuing Care	18.796	0.282	19.078	19.852	0.774	0.169	0.605
Community	22.365	0.000	22.365	23.388	1.022	(0.154)	1.176
Other Programme Services	9.886	0.000	9.886	9.804	(0.082)	1.310	(1.392)
Running costs	3.861	0.000	3.861	3.723	(0.139)	(0.000)	(0.138)
	308.974	**1.561**	**310.535**	**309.785**	**(0.750)**	**0.000**	**(0.750)**

The overall forecast out-turn at month 11 is for a surplus of £0.750m which reflects a further improvement which the CCG has delivered against its revised plans for a breakeven position as reported at month 9. The table builds in a reasonable assumption that anticipated top-ups and allocations of £1.561m will be received at the end of the financial year.

7 Greater Huddersfield Financial Position at month 11

The following tables set out the annual plan and forecast out-turns in respect of Covid-19 expenditure, business as usual expenditure at month 11 and an overall combined position for the CCG.

As shown in table 8, the annual budgets, forecast out-turn and forecast variances are set out at month 11 for Covid-19 expenditure.

Table 8: Greater Huddersfield Covid-19 Expenditure

Greater Huddersfield CCG Covid Expenditure M1 - M12	M11 Annual Budget M1-M12 £m	M11 Anticipated Top-ups M1-M12 £m	M11 Annual Budget M1-M12 £m	M11 Forecast Out-turn M1-M12 £m	M11 Forecast Variance M1-M12 £m	M9 Forecast Variance M1-M12 £m	Forecast Variance Movement M1-M12 £m
Primary Care	2.486	0.000	2.486	2.408	(0.079)	(0.153)	0.074
Continuing Care	5.378	0.364	5.742	5.742	(0.000)	(0.000)	0.000
Community	0.787	0.000	0.787	0.763	(0.024)	(0.112)	0.088
	8.652	**0.364**	**9.016**	**8.913**	**(0.103)**	**(0.265)**	**0.162**

The budget in Continuing Care includes a top-up for HDP/LA of £0.364m which has not yet been received.

There is a favourable variance against the overall Covid budget of £0.103m and an adverse movement against the previously reported forecast variance at month 11 of £0.162m.

A summary of the movements in forecast variance between month 11 and month 9 is provided below: -

- **Primary Care Covid-19 £0.074m adverse -** the variance is as result of budget alignments to better reflect planning assumptions and is also a more accurate reflection of costs in this area that have been realised over the recent month's forecast.
- **Community Covid-19 £0.088m adverse -** the variance is due to higher than anticipated Care Closer to Home pass-through costs.

As shown in table 9, the annual budgets, forecast out-turn and forecast variances are sets out at month 11 for Business as Usual [BAU] expenditure: -

Table 9: Greater Huddersfield Business as Usual Expenditure

Greater Huddersfield CCG BAU Expenditure M1 - M12	M11 Annual Budget M1-M12 £m	M11 Anticipated Top-ups M1-M12 £m	M11 Annual Budget M1-M12 £m	M11 Forecast Out-turn M1-M12 £m	M11 Forecast Variance M1-M12 £m	M9 Forecast Variance M1-M12 £m	Forecast Variance Movement M1-M12 £m
Mental Health	42.402	0.000	42.402	42.518	0.115	(0.036)	0.152
Acute	172.405	0.694	173.099	173.632	0.533	(0.010)	0.544
Prescribing	38.843	0.000	38.843	38.718	(0.125)	(0.061)	(0.064)
Primary Care - Co-Commissioning	36.330	0.267	36.597	36.376	(0.222)	(0.000)	(0.221)
Primary Care - Other	5.943	0.051	5.994	5.764	(0.230)	(0.013)	(0.217)
Continuing Care	18.706	0.000	18.706	19.039	0.333	0.035	0.298
Community	26.706	0.000	26.706	28.087	1.381	0.258	1.123
Other Programme Services	15.902	0.000	15.902	13.866	(2.036)	(0.658)	(1.378)
Running costs	4.806	0.000	4.806	4.408	(0.398)	0.000	(0.398)
	362.043	**1.012**	**363.055**	**362.407**	**(0.648)**	**(0.486)**	**(0.162)**

The budget in several of the business unit areas includes anticipated allocations and top-ups of £1.016m which has not yet been received.

There is a favourable variance against the overall BAU budget of £0.648m and a favourable movement against the previously reported forecast variance at month 9 of £0.162m.

A summary of the significant movements in forecast variance between month 11 and month 9 is provided below: -

1. **Primary Care Co-Commissioning (£0.221m) favourable** - the favourable variance is because of the release of prior year accruals of £0.274m of which £0.194m relates to unutilised PMS Premium funding.
2. **Primary Care Other (£0.217m) favourable -** the favourable variance is predominantly as result of the release of a provision for GP VAT of £0.145m which was created in recent years to cover the a probable but not certain obligation which is not expected to materialise.
3. **Continuing Care £0.298m adverse –** the adverse variance is predominantly because of the inclusion of a continuing care risk accrual of £0.618m into the position to mitigate against care packages which have not yet being costed in the QA database.
4. **Community £1.123m adverse –** the adverse variance is predominantly because of the following items: -
    - The implementation of a change in the accounting treatment for community stock to bring the CCG in line with the approach taken by the Local Authority who are partners to the community equipment contract. The impact of the write-down of the stock is a cost of £1.609m funded in the position by the release of unutilised prior year accruals. The change of treatment is supported by external auditors and will be picked up in more detail in a paper to the audit committee on 12 April 2021.
    - The funding of additional community investments of £0.197m in Kirkwood Hospice; £0.044m in Forget Me Not Children's Hospice; £0.112m in voluntary community services and quality improvements in care homes with the local authority; and £0.028m in a personalised care program with Locala.
    - The position has also benefitted from the release of unutilised prior year accruals of (£0.542m).
5. **Other Programme Services (£1.378m) favourable** – the CCG has released unutilised prior year accruals which were created last year to predominantly fund a continuing care risk reserve of £0.400m and independent sector costs of £0.150m and mental health costs of £0.657m which did not materialise. In addition, the position reflects lower than anticipated costs for UCR of £0.166m.
6. **Running Costs (£0.398m) favourable** – the CCG position has benefited from the release of prior year accruals of £0.291m and in addition, current in-year vacancies and reduced non-pay costs for travel and expenses during the year of £0.107m.

As shown in table 10, it sets out the annual budget, forecast out-turn and forecast variance at month 11 for total expenditure.

Table 10: Greater Huddersfield Total Expenditure

Greater Huddersfield CCG Total Expenditure M1 - M12	M11 Annual Budget M1-M12 £m	M11 Anticipated Top-ups M1-M12 £m	M11 Annual Budget M1-M12 £m	M11 Forecast Out-turn M1-M12 £m	M11 Forecast Variance M1-M12 £m	M9 Forecast Variance M1-M12 £m	Forecast Variance Movement M1-M12 £m
Mental Health	42.403	0.000	42.403	42.518	0.115	(0.036)	0.152
Acute	172.405	0.694	173.099	173.632	0.533	(0.010)	0.544
Prescribing	38.843	0.000	38.843	38.718	(0.125)	(0.061)	(0.064)
Primary Care - Co-Commissioning	36.330	0.267	36.597	36.376	(0.222)	(0.000)	(0.221)
Primary Care - Other	8.429	0.051	8.480	8.172	(0.309)	(0.165)	(0.144)
Continuing Care	24.084	0.364	24.448	24.781	0.333	0.034	0.298
Community	27.494	0.000	27.494	28.850	1.357	0.146	1.211
Other Programme Services	15.902	0.000	15.902	13.866	(2.036)	(0.658)	(1.378)
Running costs	4.806	0.000	4.806	4.408	(0.398)	0.000	(0.398)
	370.696	**1.376**	**372.072**	**371.321**	**(0.751)**	**(0.751)**	**0.000**

The overall forecast out-turn at month 11 is for a surplus of £0.751m which reflects an unchanged position reported at month 9. The table builds in a reasonable assumption that anticipated top-ups and allocations of £1.376m will be received at the end of the financial year.

8 Contracting Key Messages

8.1 Acute and Independent Sector providers (Greater Huddersfield and North Kirklees)

Revised arrangements for NHS contracting and payment during the COVID-19 pandemic remain in place. Therefore no 2020/21 contracts are in place and contracted NHS acute providers are paid on a nationally set block amount. The 2020/21 terms and conditions from the NHS Standard Contract do apply. A national agreement continues to be in place for most local independent sector providers.

Activity reporting indicates a significant reduction in activity as expected due to the impact of COVID-19 but saw a steady increase between September and November which dipped again in December due to the new wave of COVID-19. There has been a continued increase in non-face-to-face and advice and guidance activity at all of our providers and there has been an increase in the use of Advice and Guidance.

National contracts with independent sector providers for quarter 4 are set to expire at the end of March 2021. CCGs are required to put local arrangements in place from April 2021 by calling off from the Framework for Increasing Capacity in Independent Sector providers.

8.2 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) (Greater Huddersfield and North Kirklees)

An agreed contract value for 2020/21 was not finalised at the time the COVID-19 guidance was published. Revised arrangements for NHS contracting and payment during the COVID-19 pandemic remain in place for the SWYPFT contract. System working in relation to the management of the COVID-19 pandemic continues. The national target (95%) for follow up on CPA within 7 days of discharge from psychiatric in-patient's care was met in Month 10 for GH CCG (100%) and for NK CCG (100%). The national EIP target of 60% (NICE approved care package within 2 weeks) was achieved in Month 10 for both CCGs.

8.3 Yorkshire Ambulance Service (999) (Greater Huddersfield and North Kirklees)

Initial performance information for Month 10 for Greater Huddersfield shows that 66.5% of Category 1 Calls were reached within 7 minutes whilst 66.9% of North Kirklees Category 1 Calls were reached within 7 minutes. YAS overall average performance for Category 1 shows that 63.3% of all category 1 calls were reached within 7 minutes.

8.4 Care Closer to Home (CCTH) (Greater Huddersfield and North Kirklees)

Despite continual pressures, Locala continue to provide a full range of services albeit some remain at reduced capacity due to the constraints of COVID-19.

Of the 14 core key performance indicators reported in Month 10, 12 met the target and 2 missed the target. Of the KPIs specific to NK, 1 missed the target (within 10%). There is an expectation that performance will continue to be affected because of the coronavirus.

8.5 Posture and Mobility Service (Ross Care) (Greater Huddersfield and North Kirklees)

Total new referrals reduced to 152 in January. For GH there were 43 adult referrals with 28 of these being re-referrals and 13 paediatric referrals with 4 being re-referrals. For NK there were 39 adult referrals with 24 being re-referrals, and there were 27 paediatric referrals with 12 being re-referrals. Due to the COVID-19 pandemic, this is lower than expected and will be monitored.

8.6 Integrated Urgent Care (IUC, formerly NHS 111) and West Yorkshire Urgent Care (WYUC) (Greater Huddersfield and North Kirklees)

Contract reports for IUC activity in Month 10 are not available at the time of writing this report, due to proposed changes in the reporting process. Validated WYUC activity in Greater Huddersfield shows 2,029 cases for Month 10, a decrease of 239 cases compared to the total for Month 10 of 2019/20. Validated WYUC activity in North Kirklees shows 1,407 cases for Month 10, a decrease of 42 cases compared to the total for Month 10 of 2019/20.

8.7 Procurements

CCG	Service description	Status	Contract start date
GH&NK CCGs	Provision of an External Audit Service	Contract award (KPMG LLP)	01.04.2021
GH&NK CCGs	Provision of a night nursing Service	Market Test completed	Under discussion
GH&NK CCGs	West Yorkshire & Harrogate Night Nursing Service	Market Test completed	Under discussion
GH&NK CCGs	West Yorkshire & Harrogate Maternal Mental Health Service	Procurement completed, contract not awarded	To be confirmed
GH & Cald CCGs	Seamless Home from Hospital	Contract award (Community Transport Calderdale)	01.04.2021
GH&NK CCG	The Targeted Lung Health Check Project	Market Test completed	Under discussion
GH&NK CCGs	Continuing Healthcare - Domiciliary Care (Dynamic Purchasing System)	Procurement led by KMC, bids evaluated and awarded on receipt of submissions.	Contracts awarded when applications are successfully evaluated
GH&NK CCGs	Community Ophthalmology Service	Reaccreditation and procurement under discussion	01.04.2021
GH&NK CCGs	Continuing Healthcare - Supported Living (Dynamic Purchasing System)	Procurement to be led by KMC, process under discussion	To be confirmed
GHCCG	Anti-Coagulation	Specification under review, procurement under discussion	To be confirmed
NKCCG	Broughton House Medical Practice	Procurement under discussion	To be confirmed

9 Recommendations

The Governing Body are asked to –

- Note the projected change in forecast to a surplus of £0.750m from a previous revised target deficit of breakeven in North Kirklees.
- Note the unchanged projected surplus of £0.751m in Greater Huddersfield.
- Note the impact of the change of accounting treatment of stock of £1.249m for North Kirklees and £1.609m for Greater Huddersfield in the position at month 11.
- To note the key messages in respect of the Month 10 (January 2020/21) contracts position.

Name of Meeting	Governing Body	**Meeting Date**	14 April 2021
Title of Report	Quality and Safety Report and Quality Dashboard	**Agenda Item No.**	14
Report Author	Alison Waters, Project Support Officer Debbie Winder, Head of Quality	**Public / Private Item**	Public
Clinical Lead	Dr Razwan Ali	**Responsible Officer**	Chief Quality and Nursing Officer

Executive Summary

This report provides the Governing Body with an update on progress against recent quality and patient safety activities.

The report also includes a copy of the Quality Dashboard for March 2021, providing quality and safety information for our main providers and the following information:

- Care Quality Commission consultation
- BMI Huddersfield Care Quality Commission inspection
- Host Commissioner quality oversight of CCG-commissioned inpatient care for people with a learning disability and autistic people.

Previous Considerations

Name of meeting	Quality Committee	**Meeting Date**	31.3.2021
Name of meeting		**Meeting Date**	

Recommendations

It is recommended the Governing Body:

Receives this update on Quality and Safety information to provide assurance regarding its main providers, plus the following information:

- Care Quality Commission consultation
- BMI Huddersfield Care Quality Commission inspection
- Host Commissioner quality oversight of CCG-commissioned inpatient care for people with a

learning disability and autistic people.

Decision ☐	Assurance ☒	Discussion ☐	Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	This paper is applicable to vulnerable and protected patient groups. Concerns and risks relating to quality and safety are highlighted within the paper and reflected in the risk register.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Not required
Resources / Financial Implications (including Staffing/Workforce considerations)	None identified
Sustainability Implications	None identified

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)		**Risk (include risk number and a brief description of the risk)**	Risks previously identified which will be added to the Kirklees CCG risk register: GHCCG: 1339 – IPC 1567 – COVID QA 1353 – LCD 999 - LeDeR

			NKCCG: 1328 – IPC 1619 – Capacity/QA 86 – MYHT CQC 1330 – LCD 1000 - LeDeR
Legal / CCG Constitutional Implications	None identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified

1. Purpose

1.1 This report provides the Governing Body with an update on progress against recent quality and patient safety activities.

2. Introduction

2.1 The quality dashboard provides a high level overview of the main acute, mental health and learning disabilities, ambulance, and community care providers through the monitoring of key quality and safety measures. These include national quality requirements, the outcomes of CQC inspections, clinical and patient related outcome measures and patient and staff experience measures.

2.2 The quality dashboard seeks to provide the Quality Committee with a view of individual areas of concern, shown on the exception report, and an overall summary of the provider. The aim is for the Quality Committee to agree the level of surveillance for each provider organisation and also for any individual areas that are performing below expected levels.

2.3 For any providers that have areas of concern showing enhanced surveillance, a plan will have been agreed, with timescales, and can be monitored for improvement by the Quality Committees. Individual areas that are on enhanced surveillance does not mean that the organisation as a whole is on enhanced surveillance, but that further scrutiny is being given to the areas causing concern. The outcome of this is then shared with Governing Body through the report and dashboard.

2.4 Further information on these can be found in the Quality Dashboard, Appendix 1.

2.5 An update from the Mid Yorkshire Hospitals NHS Foundation Trust on patient safety and outcomes in quarter 3 2020-21 is attached at Appendix 2.

3. Care Quality Commission (CQC) consultation

3.1 On 11 February 2021, the Committee was sent brief information about the consultation which was being carried out by the CQC on changes to how they rate care services. The CQC wish to introduce changes to allow them to assess and rate services more flexibly, so

they can update their ratings more often in a more responsive and proportionate way. The aim is to enable the CQC to deal with ongoing challenges from the pandemic.

3.2 The current means of updating ratings or assessing quality is through on-site inspection visits. The CQC wants to move away from the requirement to visit and instead use wider sources of evidence (which already contribute to assessments and ratings now) as the main way of updating ratings. This will include evidence gathered following targeted inspections, and assessments without a site visit. Ratings would also be informed by any need for enforcement action. On-site inspections will still take place when the CQC has information about significant risks to people's safety, and to ensure they protect the rights of vulnerable people. There will be pilot schemes to test the approach and the learning will be used to develop the approach further for different settings.

3.3 The full consultation document is available via this link: https://www.cqc.org.uk/get-involved/consultations/consultation-changes-flexible-regulation . The deadline to respond to the consultation was 23 March 2021.

3.4 The quality team will monitor the results of the consultation and update the committees on any agreed changes to the methods of inspection and quality assessment in due course.

4. BMI Huddersfield Care Quality Commission inspection

4.1 The Care Quality Commission (CQC) carried out an urgent responsive inspection on the 17th and 18th December 2020 following serious concerns identified pertaining to medicines management. BMI Huddersfield Hospital self-reported identified concerns to the CQC which led to the inspection. The inspection was conducted using specific key lines of enquiry which related to the management of medicines. The CQC inspected but did not update the existing rating therefore there was no change to the service's rating from the last inspection in May 2019 when the overall outcome was requires improvement.

4.2 From the time of identifying the potential problem to the CQC and the subsequent inspection the local team at the BMI Huddersfield developed a robust action plan to improve medicine management and this was well received from the CQC.

4.3 The findings of the inspection concluded:

- Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction. The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service used systems and processes to safely prescribe, administer record and store medicines.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff felt respected, supported and valued at a local level. The service had an open culture where staff could raise concerns without fear.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

4.4 The inspection found areas of outstanding practice:

- The local team used the learning from the recent medicines incident to change practice and promoted a 'no blame' approach to prevent recurrence.
- The local team showed integrity and detailed insight into the possible wider impact of serious incident. It was clear; the team had gone above and beyond what was necessary to improve safe medicines management practice at this location.
- The inspectors observed the staff at this location demonstrate and commitment to team working through their support for each other and showed their commitment to learn and improve the service.

4.5 The Quality team have spoken to the CQC lead inspector for the service and they have confirmed they are satisfied with the actions taken by the service and no further actions are required from the CQC.

4.6 The full CQC report can be accessed via the following link: http://www.cqc.org.uk/location/1-128766884

5. Host Commissioner quality oversight of CCG-commissioned inpatient care for people with a learning disability and autistic people

5.1 Host commissioner guidance for learning disability and autism was by published by NHS England/Improvement (NHSE/I) in January 2021 which sets out new responsibilities for host CCGs to oversee and monitor the quality of care provided to patients with a learning disability and autistic people. The guidance states "Where it is essential that someone is supported at distance from home, we will make sure that those arrangements are adequately supervised. We cannot have people out of sight and out of mind. That is why we are introducing stronger oversight arrangements.

"Where someone with a learning disability or an autistic person is an inpatient out of area, will [be] visited every six weeks if they are a child and every eight weeks if they are an adult, on site.

The host clinical commissioning group will also be given new responsibilities to oversee and monitor the quality of care."

5.2 NHSE/I have stated the default position is that the host commissioner will be the CCG in whose geographic patch the inpatient unit is located.

5.3 The guidance explains what is required of the host commissioner which is to establish processes to obtain and share assurance plus mechanisms to ensure that intelligence is shared with placing CCG's plus the relevant system. The full guidance is available at the following link: https://www.england.nhs.uk/wp-content/uploads/2021/01/Host-commissioner-guidance.pdf

5.4 The key roles of the host CCG, in respect of inpatient care commissioned for people with a learning disability, autism or both, are to:

- be the point of contact for commissioners and for the Care Quality Commission (CQC) for issues relating to quality and safety for units where inpatient care is delivered
- ensure that placing commissioners are aware of the key contact in the host CCG should they become aware of issues of concern

- establish a mechanism for sharing intelligence between commissioners who are placing individuals (or considering placing individuals) with a learning disability, autism or both within the service
- ensure there is an interface with the relevant local authority adult social care safeguarding service, and also with the local safeguarding adult board (SAB) and with local partners so that any identified actual or potential safeguarding concerns are raised with the host local authority and dealt with as appropriate
- work with colleagues in contracting and quality teams and be the key point of contact with the provider for issues relating to quality and safety, including those that impact multiple commissioners
- work with the provider and with colleagues in contracting and quality teams to develop actions that will deliver required quality improvements, and seek assurance that necessary improvements have been made
- work in conjunction with local, regional and national quality surveillance group (QSG) arrangements, taking a lead role in co-ordinating the response required if there are serious and/or multiple concerns identified. Ensure the QSG has strong and formal links with the local SAB, so that concerns discussed at QSG can also be discussed with SAB chairs.

5.5 Work is underway to progress options to manage this at an ICS level and CCG colleagues are meeting to establish internal actions required to meet the requirements in the guidance.

5.6 Further updates against progress of the guidance will be provided.

6. Implications

6.1 Quality and Safety Implications

6.1.1 The Governing Body should note that this report contains information relating to vulnerable patient groups and also contains information in relation to the quality of health services commissioned by the CCG.

6.2 Resources / Finance Implications

6.2.1 The Governing Body will be provided with a verbal update on the implications of the pandemic on the resources and capacity within the CCG Quality team due to the constantly changing situation and responses necessary.

7. Recommendations

7.1 It is recommended that the Governing Body receives this update on Quality and Safety information to provide assurance regarding its main providers, plus the following updates:

- Care Quality Commission consultation
- BMI Huddersfield Care Quality Commission inspection
- Host Commissioner quality oversight of CCG-commissioned inpatient care for people with a learning disability and autistic people.

8. Appendices

8.1 Appendix 1 – Quality Dashboard. Please note that this is not currently an accessibly compliant document but the CCG is working towards making this document more accessible. The information can be supplied in accessible format on request.

Appendix 2 – Quarter 3 Mid Yorkshire Hospital Trust Patient Safety and Outcomes. Please note that this is not currently an accessibly compliant document but the CCG is working towards making this document more accessible. The information can be supplied in accessible format on request.

Greater Huddersfield CCG Quality Dashboard
March 2021

GHCCG Exception Report

Indicator	Target	Month	Month data from	YTD 2020-21
C-Diff	tbc	7	Jan 21	42
MRSA	0	2	Jan 21	3
MSSA	No target	5	Jan 21	46
E-Coli	tbc	13	Jan 21	124
Pseudomonas	No target	0	Jan 21	10
Klebsiella	No target	0	Jan 21	35

Healthcare Acquired Infections (HCAI):

MRSA - 2 MRSA bacteraemia cases in January 21- 1x pre 48 hour case (CHFT) and 1x post 48 hour case (CHFT). One case in November 20 attributed to Manchester Royal.. Cumulative total 3 cases assigned to GHCCG.

C-Diff – 2 pre 48 hour cases (2xGP), 5 post 48 hour cases (4x CHFT, 1x LTHT). Cumulative total 42 cases assigned to GHCCG. PHE have not yet released the national objectives.

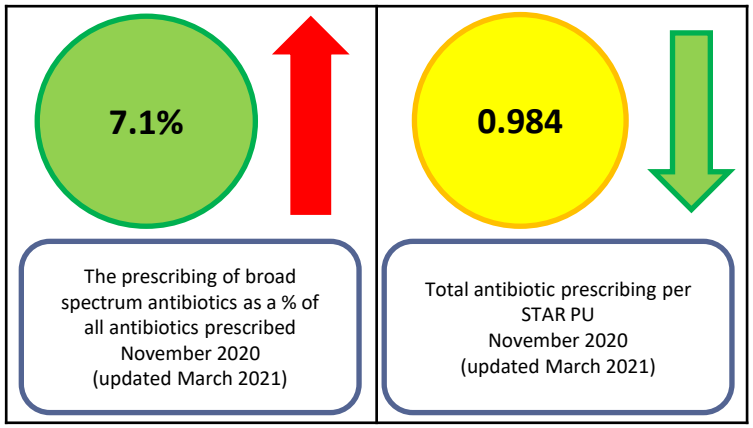
E-Coli – 13 pre cases (13x CHFT) and 0 post cases., with a year to date total of 124 cases. PHE have not yet released the national objectives.

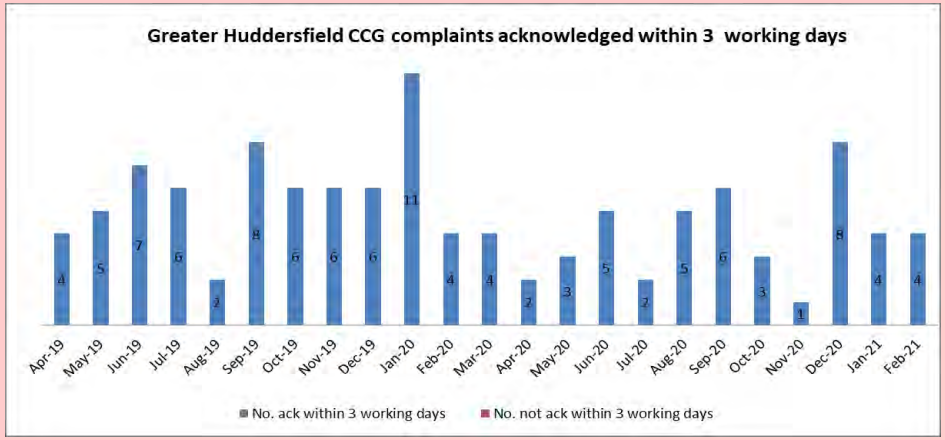
Broad Spectrum antibiotics

The prescribing of broad spectrum antibiotics as a % of all antibiotics prescribed over a 12 month period up to November 2020 has increased to a value of 7.1% but maintains within the NHSE target of 'at or below 10%'

Total antibiotic prescribing items

Total antibiotic prescribing items has further reduced to a value of 0.984 Items/STAR PU for the 12 month period up to November 2020 and is continuing to move towards the target set of 0.965 or below.





8 complaints have been received since 01.01.21 of which 5 related to CHFT, 1 YAS, 1 Primary Care and 1 Home Oxygen Service. Due to the small numbers involved it has not been possible to identify any key themes or trends.

North Kirklees CCG Quality Dashboard
March 2021

NKCCG Exception Report

Indicator	Target	Month	Month data from	YTD 2020-21
C-Diff	tbc	4	Jan 21	26
MRSA	0	0	Jan 21	5
MSSA	No target	1	Jan 21	25
E-Coli	tbc	13	Jan 21	98
Pseudomonas	No target	0	Jan 21	6
Klebsiella	No target	5	Jan 21	43

Healthcare Acquired Infections (HCAI)

MRSA – Zero cases in January 21, 1 case in Cumulative total 5 cases in North Kirklees residents. One case in Nov 20 and one case in Dec 20, both attributed to MYHT.

C-Diff –1x pre case (1x MYHT) and 3x post cases (3x MYHT). Cumulative total 26 cases. PHE have yet to release the national objectives.

MSSA - 0 pre cases, 1x post 48 hours (1x MYHT). Cumulative total 25 cases; No national objective.

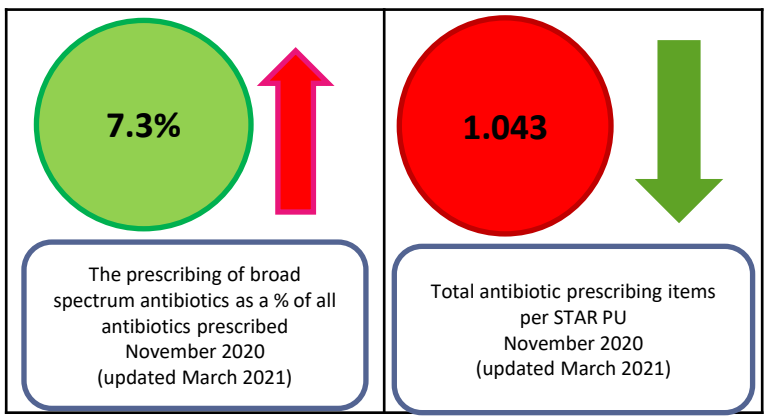
E-Coli – 9x pre cases (8x MYHT, 1x CHFT) and 4x post cases (4x MYHT). Cumulative total 98 cases. PHE have yet to release the national objectives.

Broad Spectrum antibiotics

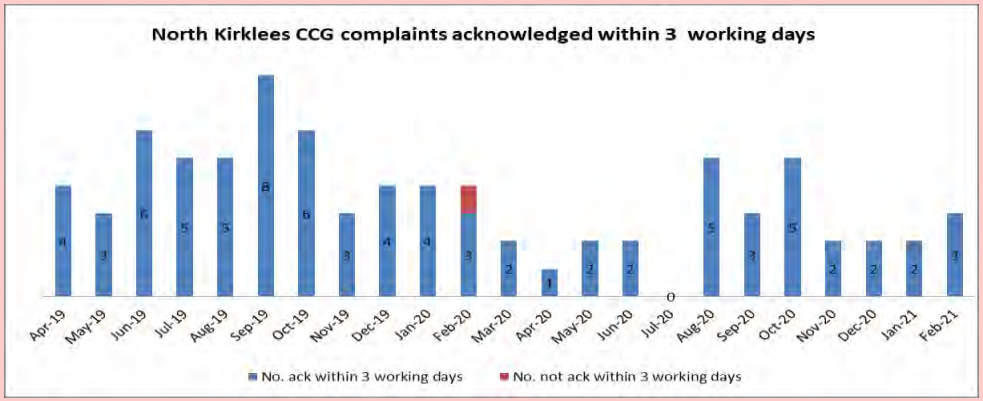
The prescribing of broad spectrum antibiotics as a % of all antibiotics prescribed over a 12 month period up to November 2020 has increased again to a value of 7.3% but maintains within the NHSE target of 'at or below 10%'

Total antibiotic prescribing items

Total antibiotic prescribing items has reduced again to a value of 1.043 Items/STAR PU for the 12 month period up to November 2020 and is continuing to move towards the target set of 0.965 or below.



Complaints – acknowledged within 3 working days



Five complaints have been received since 01.01.21 of which 3 related to Primary Care, 1 MYHT and 1 SWYPFT.

Due to the small numbers involved it has not been possible to identify any key themes or trends.

Calderdale and Huddersfield NHS Foundation Trust
Exception Report – March 2021

Enhanced Surveillance

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area under performance	Why off plan	Proposed actions	When expected back on track
Central Alerting System (CAS)/National Patient Safety Alerts (NPSA).	Following the publication of the CQC insight report the Trust continues to show as an outlier with regards to CAS/NPSA alert indicators.	The matter was escalated to the Company Secretary in Quarter 1. A quality assurance review has been undertaken to review the standard operating procedures and governance processes. The review highlighted weaknesses in regards to the ownership of CAS alert actions and the processes for recording and subsequent closure of the alert. Meetings are now established with the Assistant Director for Patient Safety which will facilitate timely updates on expected improvements.	A significant improvement has been seen in the position of alerts with a marked reduction in alerts that are beyond deadline for response. A revised process is in place and an increase in timely closure of the data is expected in the coming months but this will take time to become embedded within the Trust.

Calderdale and Huddersfield NHS Foundation Trust
Overview

This page provides a summary in relation to the Quality and Safety of services provided at Calderdale and Huddersfield NHS Foundation Trust for the period up to February 2021.

Clinical Record Keeping
Progress is being made to improve the quality of clinical documentation across the trust. Due to the most recent peak in the pandemic, operational pressures have meant that progress on this area has continued but at a lesser rate than the Trust anticipated. Despite the pressures progress has continued and a number of projects are planned to increase assurance regarding record keeping process . A selection of these are:

- An optimisation plan is in progress which includes items such as an in-depth analysis and deep dive.
- 2 ward areas outlined as pilot areas to trial a quality improvement approach.
- Additional understanding regarding improving standards of training.
- Reinvigoration and review of the Clinical Records Group.

Timescales have been identified and progress updates expected to be presented via the Trusts internal governance process which the CCG Quality Manager is in attendance.

Quality Account Priority Updates – The Trust continue to demonstrate their desire to progress and complete the challenges set for themselves during the pandemic.
A number of papers have been shared to demonstrate and evidence the ongoing work against a number of key quality account priorities.
Priority updates were provided regarding improving staff handovers to ensure they routinely refer to the psychological and emotional needs of patients as well as their relatives/carers; improving resources for distressed relative/breaking bad news relating to end of life care; falls resulting in harm; clinical documentation and end of life care. Progress is being made across all the priorities noted above. Challenges due to pandemic pressures have delayed progress in some areas but the Trust have adapted to challenges to demonstrate improvements and progress against key areas.

Pressure Ulcers – Following a increase in the incidences of pressure ulcers noted by the Trust, the Executive Director of Nursing requested a deep dive to identify Trust performance, highlight key challenges and provide assurance in relation to actions taken to mitigate the ongoing risks to patient care. The report has been completed and shared with commissioners . A number of themes and challenges were identified within the paper. Improvement work is planned for both the acute and community divisions.

Summary Hospital-level Mortality Indicator (SHMI) – The SHMI indicates the ratio between the number of patients who die following hospitalisation at the Trust and the number who would be expected to die on the basis of average UK figures. It includes deaths which occurred outside the hospital within 30 days (inclusive) of discharge. Covid-19 related deaths are currently excluded from the SHMI.
The CHFT SHMI is currently above 100 which is a declining position. The out of hospital deaths are currently under review with community colleagues across Calderdale & Kirklees to ascertain if there are any concerns with systems and processes in place to capture and discuss and themes, trends and improvement actions identified.

Calderdale and Huddersfield NHS Foundation Trust
Quality Dashboard – March 2021

Quality Domain	Indicator	Reporting Frequency	CHFT			Trend information																		
						Direction of Travel			2019-20				2020-21											
			Period Target	Month/ Period	YTD 2020 - 21	Month / Period / Year data from	Previous Month / Period	Corresponding month 2019-20	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F
Safe	C Diff	Monthly	tbc	4	34	Jan-21	↑	↓	0	2	3	5	1	2	4	7	2	2	4	2	6	4	_
	E Coli	Monthly	n/a	0	12	Jan-21	↔	↑	1	3	1	4	2	5	4	1	0	0	0	0	0	0	_
	MRSA	Monthly	0	0	0	Jan-21	↔	↔	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_
	MSSA	Monthly	n/a	0	5	Jan-21	↔	↑	2	4	1	0	0	2	3	0	0	0	0	0	0	0	_
	Never Events	Monthly	0	0	2	Feb-21	↔	↔	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0
	Serious Incidents	Monthly	n/a	2	31	Feb-21	↑	↔	3	2	2	0	1	1	8	2	2	4	2	1	3	5	2
	Overall essential safety compliance	Monthly	>=95% Green >=90%<95% Amber <90% Red	95.02%	-	Jan-21	↓	↑	95.13%	94.79%	94.88%	94.81%	93.10%	94.11%	94.24%	95.85%	94.42%	95.28%	95.51%	95.18%	95.16%	95.02%	_
	NPSA Safety Alerts - CAS alerts completed within deadline	Monthly	≥ 90% - green < 90% - red	30.0%	-	rolling 6 months - June - Nov 20	↓	↓	46.4%	42.8%	37.8%	31.6%	33.3%	36.1%	36.8%	37.1%	34.5%	37.5%	36.4%	30.0%	_	_	_
	VTE Risk Assessment	Monthly	95%	95.67%	95.83%	Jan-21	↓	↓	96.38%	95.97%	96.06%	95.46%	95.56%	96.05%	95.89%	96.26%	96.14%	95.46%	95.37%	96.13%	95.74%	95.67%	_
Caring	EMSA	Monthly	0	0	0	Jan-21	↔	↔	0	0	0	0	0	0	0	0	0	0	0	0	0	0	_
Responsive	% Complaints closed within target timeframe	Monthly	100%	41.7%	65%	Dec-20	↓	↓	50%	51%	47%	64%	94.0%	82.0%	80.0%	70.0%	71.0%	62.0%	44.00%	50.00%	41.70%	in arrears	_
	No of complaints re-opened	Monthly	n/a	0	16	Dec-20	↑	-					1	2	4	1	4	3	1	0	0	in arrears	_
	% Last minute cancellations to elective surgery	Monthly	< 0.65%	0.16%	0.22%	Jan-21	↓	↑	0.92%	1.06%	0.79%	0.81%	0.32%	0.30%	0.00%	0.13%	0.36%	0.38%	0.30%	0.23%	0.00%	0.16%	_
	Percentage Non-elective #NoF Patients with admission to Procedure of < 36 hours	Monthly	85%	45.83%	60.03%	Jan-21	↓	↓	72.41%	77.36%	67.57%	77.08%	56.10%	58.62%	66.67%	42.86%	51.06%	74.36%	75.68%	67.39%	61.70%	45.83%	_
	12 hour breaches in A&E (A&E trolley waits)	Monthly	0	0	36	Jan-21	↔	↔	0	0	0	0	0	0	0	0	0	0	15	21	0	0	_

Arrow key:

↑ movement towards target
↓ movement away from target
↔ no change at/above target
↔ no change below target
↔ no change no target set

Calderdale and Huddersfield NHS Foundation Trust
Quality Dashboard – March 2021

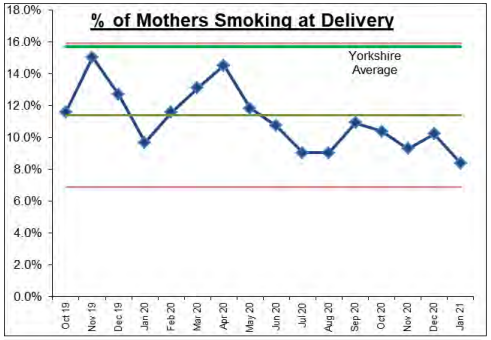
CQC Rating Inspection rating June 2018 – Good	**SHMI 102.07** ↓ One year rolling data Updated March 2021	**HSMR 92.98** ↑ One year rolling data Updated March 2021
Staff Survey – satisfied with the quality of care to patients/SUs ↓ 78.4% – slightly lower than previous year (79.6%) (below average) Annually – updated April 20	**Staff Survey – recommend as a place work** ↓ 57.3% - slightly lower than previous year (58%) (below average) Annually – updated April 20	
CQC Inpatient Survey – respect & dignity ↔ 9.0 – about the same as other trusts Annually – updated July 20	**CQC Inpatient Survey - involved in care decisions** ↑ 7.4 – about the same as other trusts Annually – updated July 20	

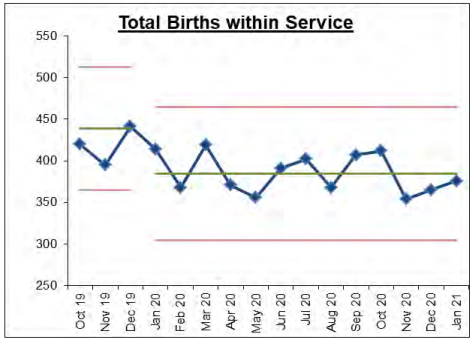
Calderdale and Huddersfield NHS Foundation Trust
Maternity Dashboard – March 2021

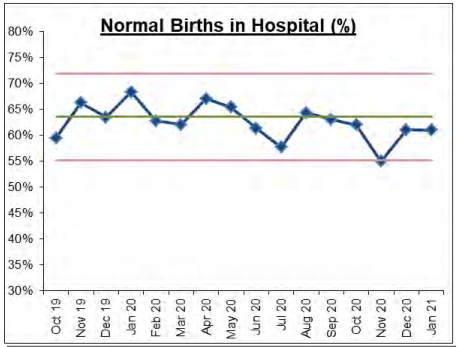
Key Indicators

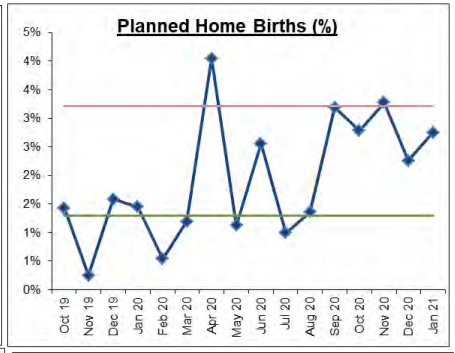
	Thresholds			Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	YTD
	Green	Amber	Red														
Total Bookings	>90%	-	<90%	90.02%	91.8%	92.5%	92.9%	93.0%	92.6%	94.0%	94.7%	90.6%	92.7%	93.2%	90.6%	90.0%	92.4%
Total Births within Service	Monitoring Only			414	368	419	371	356	391	402	368	407	412	354	365	376	3802
Normal births	>64.7%	>60.9%	<60.9%	68.4%	62.8%	62.1%	67.12%	65.45%	61.38%	57.71%	64.40%	63.1%	61.7%	55.4%	61.1%	60.6%	61.8%
Assisted vaginal births	<11.0%	<12.9%	>12.9%	8.70%	8.70%	10.50%	7.55%	10.11%	9.72%	9.70%	10.05%	10.57%	10.92%	11.86%	9.04%	9.57%	9.9%
Elective C/S deliveries	<10.4%	<11%	>=11%	8.96%	11.85%	11.89%	9.86%	9.30%	11.78%	13.03%	10.14%	10.42%	9.61%	11.65%	11.81%	9.43%	10.71%
Emergency C/S deliveries	<15.2%	<15.6%	>15.6%	12.83%	14.88%	14.08%	14.25%	14.93%	15.18%	18.30%	14.52%	15.14%	16.50%	21.02%	17.86%	19.41%	16.69%
3rd/4th degree tear - normal birth	<2.6%	<3%	>3%	2.5%	1.3%	1.5%	1.6%	2.6%	0.4%	2.2%	1.7%	3.1%	2.0%	1.5%	1.8%	0.4%	1.7%
3rd/4th degree tear - assisted birth	<5.6%	<9.7%	>9.7%	11.1%	3.1%	2.3%	10.7%	2.8%	2.6%	7.7%	5.4%	4.7%	4.4%	4.8%	0.0%	0.0%	4.2%
PPH ≥ 1500ml	<3%	<3.4%	>=3.5%	3.15%	2.75%	3.16%	3.01%	2.54%	4.19%	3.26%	4.11%	2.98%	3.69%	3.41%	2.20%	2.43%	3.19%
Total stillbirths	0	<3	>=3	0	0	1	1	0	1	2	1	1	2	3	0	3	14
Total stillbirths and Perinatal /Neonatal Deaths	0	<3	>=3	1	1	1	1	0	1	3	1	1	2	3	0	3	15
Low birth weight at term - live births - % of live babies at term < 2200g	0%	<1%	>=1%	0.77%	0.59%	0.26%	0.58%	0.59%	0.28%	0.54%	0.00%	0.79%	0.00%	0.90%	0.59%	0.00%	0.43%
Incidence of shoulder dystocia (With Harm)	0	-	>=1	0	0	0	0	1	0	2	0	1	0	0	0	0	4
1:1 Care in Labour	>=98%	>=97%	<97%	99.5%	99.4%	99.5%	99.4%	99.4%	99.2%	99.5%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	99.7%
Induction Rate	Monitoring Only			32.7%	40.6%	42.7%	36.2%	45.3%	38.9%	42.7%	42.7%	41.6%	39.2%	46.9%	48.6%	46.1%	42.7%
Delay in delivery of Category 1 C. Section (>30 minutes from decision to delivery)	Monitoring Only			4	2	3	2	6	10	8	6	10	5	9	6	6	68
Delay in delivery of Category 2 C. Section (>75 minutes from decision to delivery)	Monitoring Only			2	4	5	1	7	2	9	5	3	4	2	2	4	39
Delay in 3rd/4th Degree tear repair (>1hrs post-birth from decision to transfer)	Monitoring Only			3	0	0	1	3	0	3	1	2	0	2	2	1	15
Planned Home Birth	Monitoring Only			1.45%	0.55%	1.21%	4.11%	1.13%	2.62%	1.00%	1.37%	3.23%	2.71%	3.69%	2.47%	2.96%	2.53%
Smoking at Delivery	< 11%	-	> 11%	9.7%	11.57%	13.11%	14.52%	11.83%	10.73%	9.02%	9.04%	10.92%	10.34%	11.36%	12.09%	9.97%	10.95%
Smoking at Delivery (Not recorded)	3%		>3%	0.2%	0.8%	1.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	1.2%	0.6%	0.3%	3.2%	0.6%
Breastfeeding at Initiation	≥ 74.4%	-	< 74.4%	75.5%	78.0%	76.4%	78.6%	77.7%	81.1%	76.1%	75.3%	72.89%	76.5%	77.7%	73.6%	73.9%	76.3%

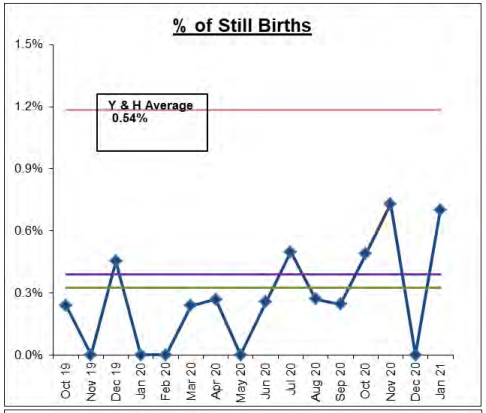
Calderdale and Huddersfield NHS Foundation Trust
Maternity Dashboard Update

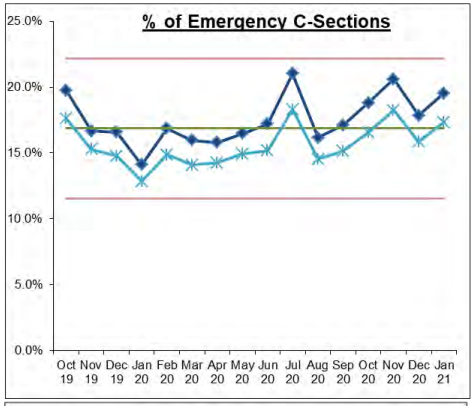


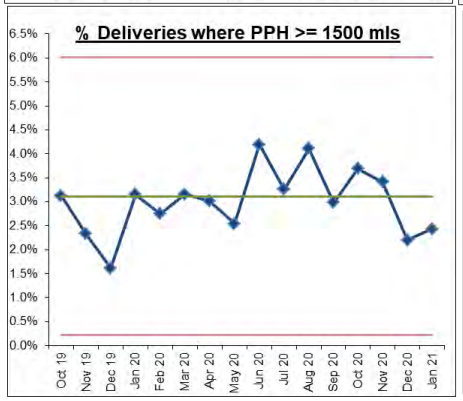


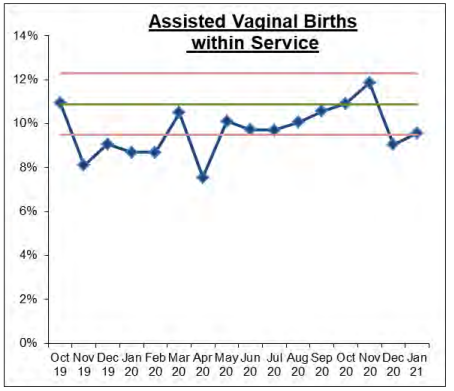


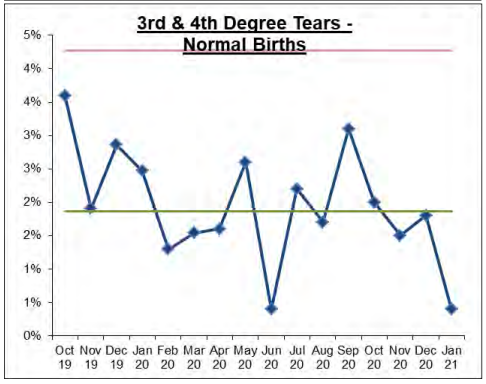


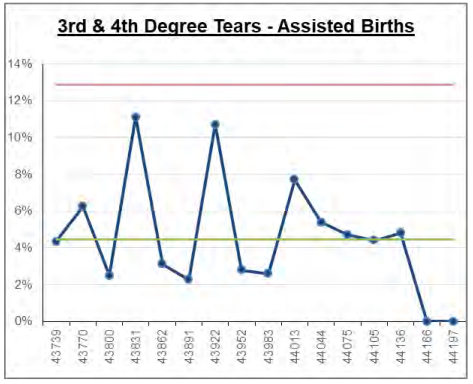


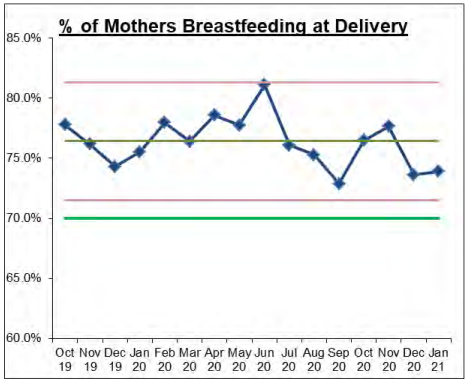












Calderdale and Huddersfield NHS Foundation Trust
Maternity Dashboard Overview

This page provides a summary in relation to the information presented on the Calderdale and Huddersfield NHS Foundation Trust Maternity dashboard up to January 2021 and an update on overall maternity quality assurance for the period up to 10th March 2021.

Covid impact: Maternity services have adapted care provision during the pandemic including a reduction in Birthing Centre options and some virtual antenatal appointments. The homebirth rate has increased and the homebirth team is fully staffed . There has been no associated increase in BBA (Born Before Arrival) noted. Safe service provision has continued despite an increase in staff members required to shield after updated guidance in March. Pregnant staff under 28 weeks gestation will be able to return to work soon. The service is aware of the risk of unanticipated harm as a result of the pandemic in line with all Maternity services .

Stillbirths: The YTD figure overall, for stillbirths for 20/21 is 0.32% with 11 stillbirths year to date , compared to 5 at this point last year. Assurance has been provided that any possible impact of the pandemic has been considered as explained above. The stillbirth rate is part of the core indicators on the West Yorkshire and Harrogate Regional Maternity dashboard and the indicator is <4.7% meaning that CHFT remain below that rate. All stillbirths are reviewed using the Perinatal mortality review tool which is a national recommendation with the aim of ensuring a systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death. All cases are discussed at the maternity services Multi Disciplinary Team, (DMT) weekly governance meeting as well as the corporate incident review panel.

Emergency Lower Segment Caesarean Section: Whilst some variation in rates is to be expected CHFT are monitoring and reviewing this as the year to date rate is higher than the WY&H indicator of < or = to 15.2%. The Head of Midwifery has updated that it should be acknowledged that there is a notable increase in the complexity of maternity patients which does increase the risks of requiring a caesarean section.

Healthcare Safety Investigation Branch (HSIB): Maternity services have had their quarterly meeting with HSIB which was very positive . HSIB gave a presentation on the summary of themes identified from national investigation and learning reports. National and North of England themes are the same- Guidance; Fetal Monitoring; Escalation; Clinical Assessment; Clinical Oversight . Learning from HSIB reports from CHFT are the same as national and north of England except communication and ambulance services replace clinical oversight and escalation.

Ockenden report update: CHFT have completed the required assurance. All Maternity serious incidents (SIs) are now presented to the Board and processes for Local Maternity Services (LMS) oversight of SI's including HSIB investigations is progressing. Guidance is awaited on the role of an Independent Advocate and a dashboard for Perinatal surveillance is under development. CHFT have an ongoing action plan.

CQC: CHFT are preparing for their imminent normal Trust engagement meeting and CQC have asked for an update on maternity services and any changes as a result of the pandemic.

Continuity of Carer: Remains a challenge and achievement of the requirements is an acknowledged risk. The Trust are focusing on continuity in the ante and postnatal period currently.

Smoking at time of delivery: is under review with the ambition of recommencing CO monitoring in the near future and are hopeful that this along with brief intervention advice will improve rates.

Breastfeeding: A reporting error was noted in breastfeeding initiation rates and on further investigation there has been an overall 2% increase in initiation rates.

South West Yorkshire Partnership NHS Foundation Trust
Exception Report – March 2021

Enhanced Surveillance

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area under performance	Why off plan	Proposed actions	When expected back on track
Information governance breaches	The Trust has reported 122 information governance breaches from 1st April to 31st October 2020.	• Trust IG lead requested that managers address the issues with individual staff members. • Creative communications published via The Brief and Twitter focusing on real life examples to raise awareness of the consequences on individuals. • Work has begun on Quality Improvement (QI). • Teams will be invited to the improving clinical information group (ICIG) to discuss improvements made to prevent future occurrences. • Options for running webinars to improve service quality are being explored. • The CCG Head of Quality/Quality Manager have been invited to attend the Trust's Clinical Governance and Safety Committee where further actions will be discussed and monitored.	Trust wide Information Governance staff training remained above the 95% target at 98.8% in September 2020. It is anticipated that improvement will be seen and sustained over the next 6 months.
Complaints closed with in 40 days	Work has been ongoing for over 12 months now to understand why the 40 day standard has not been achieved with the following reasons identified: • Increased number of complaints seen • Increase in complexity • Sign off process adding to delays.	• The Trust has reviewed the complaints sign off and reporting process and improved the proactive management when first contact is made with the customer services team. • Timescales are agreed with complainants where complaints are deemed complex and may take longer to resolve which manages expectations and improves experience of the process. • The complaints system has moved onto Datix.	Further improvements to those made leading up to the coronavirus pandemic are expected within the next 6 months depending on the allocation of lead investigators by services which has been problematic due to the demand on clinical time services are experiencing.

South West Yorkshire Partnership NHS Foundation Trust
Exception Report – March 2021

Enhanced Surveillance

The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

Area under performance	Why off plan	Proposed actions	When expected back on track
Number of records with up to date risk assessment – Inpatient and Community (Target 95%)	August data continues to show improvement on the percentage of records with an up to date risk assessment ; 93.4% (inpatient) 74.6% (community) although this remains below target.	• During September and early October most services have moved from the Sainsbury tool on SystmOne to the FIRM (formulation of informed risk assessment) tool which supports the Trust values.	Reporting currently under development and data is planned to be available from the end of March 2021.

South West Yorkshire Partnership NHS Foundation Trust
Overview/triangulation

The following two pages provide a summary in relation to the Quality and Safety of services provided at South West Yorkshire Partnership NHS Foundation Trust for the period up to February 2021, dashboard data to January 2021.

The Trust continue to report via a revised Integrated Performance Report (IPR) in line with interim reporting arrangements agreed by the Trust Board in March 2020 due to the coronavirus pandemic . The interim arrangements commenced in April 20 and the aim is to provide a report that provides information on:

- The Trust's response to Covid-19
- Other areas of performance the Trust needs to keep in focus and under control
- Priority programmes which contribute to the Trust response to Covid-19
- Locality sections in terms of how business continuity plans are operating
- Emergency Preparedness, Resilience and Response (EPRR)

The quality section of the Trust's IPR remains largely unaltered given the need to ensure the Trust retains focus on the provision of its core services. The most recent IPR is January 2021.

Covid-19 - As at 18th February , 91 members of staff were not working due to Covid-19 related issues. This is 63 lower than the previous month. Non Covid-19 sickness remained at 4.0% in January. 598 staff have tested positive for Covid-19, 53 of which tested positive in the last month.

- Sufficient amount of PPE available.
- Covid 19 testing established on all wards on admission, 5-7 days post admission and on discharge to adult care services
- Lateral flow testing for staff has been rolled out. 100% of kits have been distributed and a system established to confirm usage.
- Outbreaks continue to be managed by the infection prevention and control team.
- As of 24th February , 4,787 staff members (including bank staff) have received their first Covid -19 vaccination.
- Trust is working with staff and staff groups who have yet to have the vaccination to ensure they have all the support and information available to make an informed decision.
- A range of staff and wellbeing support officers continue to be available and used
- The Trust is generally seeing an increase in referrals back to pre Covid -19 levels across the majority of areas
- The Trust is operating at OPEL 3 due to staffing pressures and the number of active outbreaks across the Trust.

Quality – Majority of quality reporting metrics continue to be maintained during the pandemic

- Downward trend in restraint incidents continues & the prone restraint target has been met
- Number of under 18s admitted to adult wards and length of stay remains the same as in December (2 patients for 11 days) The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. CQC are informed of these admissions and discuss the detail in liaison meetings, actioning any points that the CQC request
- The Trust are working with 25% more learning disability service users than before the pandemic
- Duty of Candour – There was one breach in November
- Patient safety incidents involving moderate or severe harm fluctuated over recent months Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls.

South West Yorkshire Partnership NHS Foundation Trust
Overview/triangulation

SWYPFT continued…

- % Service users on CPA offered a copy of their care plan remains almost 50% below target. The Trust has developed reporting mechanism to monitor performance against the metric. Work is on-going to improve data quality.
- The Trust has taken part in the Serious Incident Review Accreditation Network to work towards having their serious incident investigation process accredited by the Royal College of Psychiatrists. Feedback was positive and they await the outcome of the accreditation process.

Risk Assessments

Number of records with up to date risk assessment – Inpatient & Community (Target 95%)

In October 2020 most services moved from the Sainsbury tool on SystmOne to the FIRM tool (formulation of informed risk assessment) which supports the Trust Values. Prior to changing the risk assessment tool the Trust below target at 81% (inpatient) and 77.4% (community) in September 2020. Reporting is currently under development and the Trust expects this data to be available in March 2021

Information Governance

12 data breaches were reported in January, which is the same as the previous month.
9 incidents of information being disclosed in error were reported, which continues to be the most reported category. Breaches of this type included multiple letters being put in one envelope or attached to one email and emails being sent to the wrong recipient and an incident involving a staff member attempting to send patient data to a personal email account to use to work from home but sending it to the wrong address.
Incidents of information being uploaded to the intranet in error have become more prevalent recently and another was reported during January. This is a legacy Sharepoint issue that will be resolved when the new version is fully functional.

Complaints

There were 27 new formal complaints in January 2021. Of these 11 have a timescales start date, 2 have been closed as no consent/contact and 14 are awaiting consent/questions
15% of new formal complaints (n=4) had staff attitude as a primary subject
10 formal complaints were closed in January 2021. Of these, 50% of complaints (n=5) were closed within 40 working days. Of the 5 complaints that exceeded 40 working days, the average working days to close was 79 days. The reasons why complaints exceeded the 40 day target included
delays in receiving the completed investigation from clinical services due to clinical pressures with COVID 19 which is also impacting on the quality of information received in the completed investigation alongside delays in receiving the required approval during sign off. 24 compliments were received

Out of Area Beds

In January 2021 there were 91 out of area bed days. This has been a reducing trend since the peak in July 2020 when it was 336. The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of the Trusts commissioning CCGs.

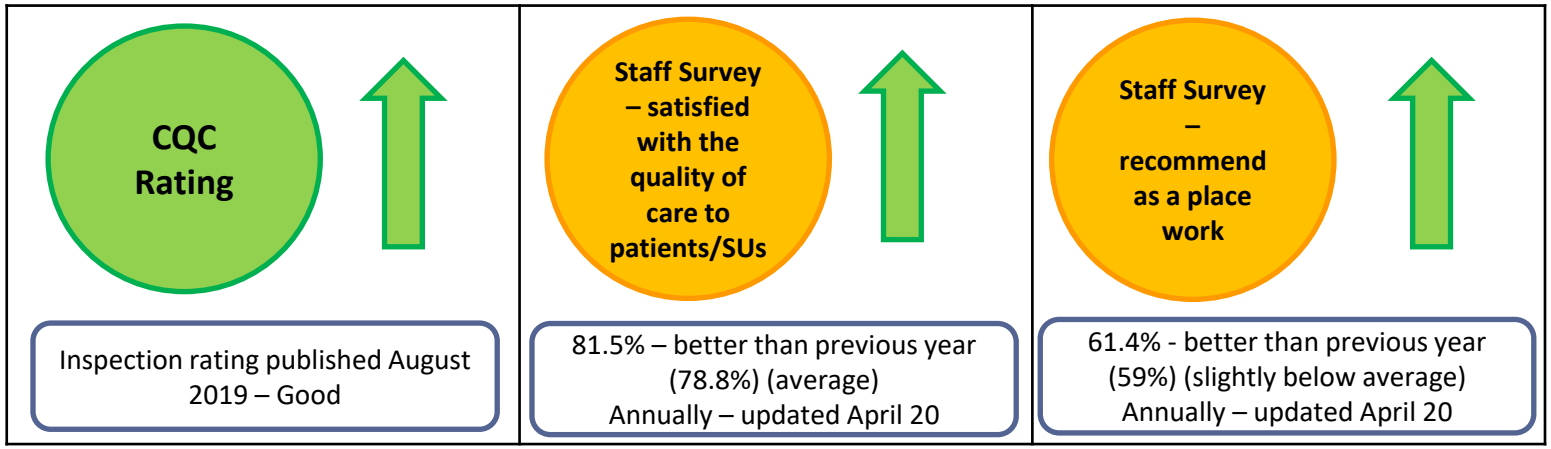
South West Yorkshire Partnership Foundation Trust
Quality Dashboard – March 2021

Quality Domain	Indicator	Reporting Frequency	SWYPFT				Trend information															
							Direction of Travel		2019-20			2020-21										
			Period Target	Month/ Period	YTD 2020-21	Month/ Period/Year data from	Previous Month/Period	Corresponding month 2019--20	J	F	M	A	M	J	J	A	S	O	N	D	J	F
Safe	Never Events	Monthly	0	0	0	Feb-21	↔	↔	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Serious Incidents	Monthly	n/a	0	21	Feb-21	↑	↑	8	2	2	0	3	3	2	6	1	0	3	2	1	0
	NPSA Safety Alerts - CAS alerts completed within deadline	Monthly	≥ 90% - green < 90% - red	92.0%	-	rolling 6 months - Sept 20 - Feb 21	↔	↓	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.0%	92.0%	92.0%
Effective	No of inpatient admissions gate kept by Crisis Resolution Home Treatment (CRHT) teams	Monthly	95%	100.0%	-	Jan-21	↑	-	Data collection paused		97.7%	99.0%	99.2%	100.0%	96.8%	96.4%	95.2%	100.0%	100.0%	98.0%	100%	_
	No. of records with up to date risk assessment – Inpatient	Monthly	95%	81.0%	-	Sep-20	↓	-				90.4%	91.5%	89.4%	84.3%	93.4%	81.0%	Reporting currently under development				_
	No. of records with up to date risk assessment – Community	Monthly	95%	77.4%	-	Sep-20	↑	-				71.2%	83.3%	79.1%	70.0%	74.6%	77.4%	Reporting currently under development				_
Caring	EMSA	Monthly	n/a	0	0	Jan-21	↔	↔	0	0	0	0	0	0	0	0	0	0	0	0	0	_
Responsive	Complaints closed within 40 days	Monthly	80%	50%	-	Jan-21	↑	↓	71%	80%	Paused	56%	90%	90%	100%	-	30%	60%	73%	11%	50%	_
	No of complaints re-opened	Monthly	n/a	0	6	Jan-21	↑	-					0	2	0	-	0	0	2	2	0	_
	CAMHS - under 18's admitted to adult wards	Monthly	tbc	2	20	Jan-21	↔	↓	1	0	2	1	2	1	0	3	3	2	4	2	2	_
	Delayed Transfers of Care	Monthly	3.5%	1.8%	-	Jan-21	↑	↓	0.7%	1.8%	1.9%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1.6%	2.9%	2.2%	1.8%	_
	% Service users on CPA followed up within 7 days of dishcarge	Monthly	95%	98.90%	-	Jan-21	↓	↑	95.4%	95.2%	98.1%	97.8%	100.0%	100.0%	100.0%	98.8%	99.1%	98.9%	100.0%	100.0%	98.90%	_
	Out of Area Beds Days	Monthly	20/21 - Q1 247, Q2 165, Q3 82, Q4, 0	91	-	Jan-21	↑	↓	139	175	350	167	108	140	336	224	177	106	88	122	91	_
Well-led	Information Governance Confidentiality Breaches	Monthly	<=9	12	163	Jan-21	↔	↑	15	12	6	15	20	14	25	17	19	12	17	12	12	_

Arrow key:

↑ movement towards target
↓ movement away from target
↔ no change at/above target
↔ no change below target
↔ no change no target set

South West Yorkshire Partnership Foundation Trust
Quality Dashboard – March 2021



Locala
Overview/Triangulation

This page provides a summary in relation to the Quality and Safety of services provided at Locala Community Partnerships C.I.C up to 10th March 2021, dashboard data to January 2021.

Quality Assurance:
Since the Joint provider and commissioner Quality Board ceased in late 2020 the CCG Quality Manager leading on Locala receives the papers and attends Locala's internal Quality Committee on a monthly basis with an active role in the proceedings. Monthly meetings also take place with the Head of Quality and Patient Safety to discuss key risks, issues and successes.

Quality Strategy:
Locala will be sharing their draft Quality Strategy with commissioners over the coming weeks for comment.

Dashboard review:
Complaints and Concerns responded to in December and January 2021 within timescale stands at 100%.
Zero incidence of MRSA bacteraemia or Clostridium Difficile Infection attributed to Locala.
Patients who are still at home 91 days after first contact with function has risen to 90.4% so back above target.
Patients demonstrate an improved level of functioning on transfer or exit from service remains above target at 98.88%.
Mandatory training compliance data has been requested from Locala as it was previously received in a paper written for the joint Quality Board.
1 serious incident reported for investigation and learning.

Service Restarts:
Locala ceased or reduced the delivery of services in line with national Department of Health (DoH) COVID guidance. Risk assessments were undertaken at the time and any outstanding risks were added to the organisational risk register for ongoing monitoring. Longer waiting times are being experienced by patients whilst services have operated in line with NHSE guidance during Covid-19. Quality Impact Assessments undertaken for each service either restarted (or not) and they continue to be monitored via each business unit and the QIA panel.

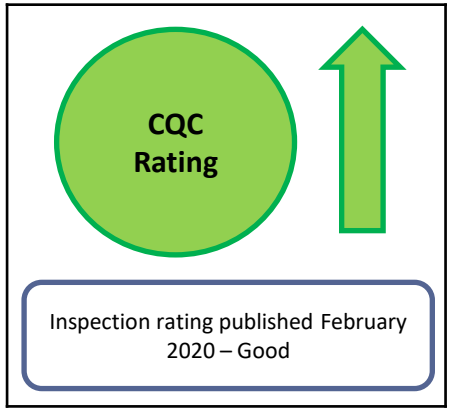
Coronavirus Vaccinations:
Locala, Local Care Direct and CCG staff are working together at John Smiths Stadium to deliver the coronavirus vaccination programme to priority groups. Feedback on site has been overwhelmingly positive and over 15,000 vaccinations have been administered to date.

Intermediate Care:
A review is currently being undertaken to identify whether the acuity of service users admitted to intermediate care (IMC) has increased. As there are now Covid positive designated beds across Kirklees these will be used prior to admission to a transitional or IMC bed if the person has tested positive for the virus. If the patient needs are deemed to be complex there are also a number of 24 hour nursing beds available with therapy in reach. Locala are reporting relevant updates into the weekly Care Home Commissioning and Quality Development Group attended by Local Authority and CCG colleagues.

Locala
Quality Dashboard – March 2021

Quality Domain	Indicator	Reporting Frequency	Locala				Trend information																	
							Direction of Travel		2019-20			2020-21												
			Period Target	Month/ Period	YTD 2020-21	Month/ Period/Year data from	Previous Month/Period	Corresponding month 2019-20	J	F	M	A	M	J	J	A	S	O	N	D	J	F		
Responsive	Concerns responded to by target date (complaints closed)	Monthly	100%	100%	-	Jan-21	↔	↑	67%	75%	100%	92.30%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	_	
Effective	Patients report the call outcome as satisfactory in meeting their requirements	Quarterly	90%	99.56%	-	Q4 19-20	↑	-	99.56%			Reporting suspended											_	
	Patients demonstrate an improved level of functioning on transfer or exit from service	Monthly	95%	98.88%	97.57%	Jan-21	↓	↑	97.80%	98.52%	95.72%	98.77%	96.00%	96.30%	98.89%	100.00%	94.44%	94.00%	98.45%	100%	98.88%	_		
	Patients who are still at home 91 days after first contact with function	Monthly	90%	90.41%	89.27%	Jan-21	↑	↑	89.36%	88.19%	88.37%	87.79%	88.07%	91.52%	91.50%	89.94%	87.53%	88.94%	88.70%	87.73%	90.41%	_		
	Initial contact outcomes are agreed with patient, communicated to the approprate function and GP within 72 hours	Monthly	98%	90.29%		Dec-19	↔	-	Reporting suspended														_	
Safe	C Diff	Monthly	2	0	0	Jan-21	↔	_	Reporting suspended			0	0	0	0	0	0	0	0	0	0	0	_	
	MRSA	Monthly	0	0	0	Jan-21	↔	_	Reporting suspended			0	0	0	0	0	0	0	0	0	0	0	_	
	Never Events	Monthly	0	0	0	Feb-21	↔	↔	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious Incidents	Monthly	n/a	1	6	Feb-21	↔	↔	1	1	0	1	0	0	0	0	2	1	0	0	1	1		
Well-led	Percentage of mandatory training achieved (rolling)	Monthly	90%	92.0%		Nov-20	↑	↔	Reporting suspended					92.9%	-	88.40%	91.46%	90.03%	91.99%	_	_	_		

Arrow key:
↑ movement towards target
↔ no change at/above target
↔ no change no target set
↓ movement away from target
↔ no change below target



Integrated Urgent Care (IUC) / West Yorkshire Urgent Care (WYUC) Overview/Triangulation – March 2021

IUC

The proportion of Clinician Call Backs made within 1 hour was 52.8%, below the 60% target and lower than the 56.1% in December. Clinical advice has been much closer to the 30% target in recent weeks through positive changes that have been made, especially to Emergency Department (ED) validations. However reduced performance around the start of the month means that for January as a whole still 1.3% below the target. Ambulance validations were above target, however ED validations have missed the target for two consecutive months. During January changes to the ED validation profiles after analysing the causes of reduced performance in December, and as a result performance has been better in recent weeks, hitting the 50% target in the last two weeks of January, due to reduced performance at the beginning of the month the target has been missed.

Outcomes for IUC have been impacted by changing types of calls due to Covid and 111 First. Referrals to ED continue to be higher, this is potentially related to changing patient mix from the 111 First campaign and receiving more calls from patients who would have walked into A&E, and reduction in general winter illness calls. In addition there has been a reduction in self-care outcomes, in contrast to at other points during the Covid pandemic - this might indicate a shift in Covid-related calls towards higher acuity patients who require an ED attendance rather than self-management.

The IUC team are working on a few key initiatives to continue to support the development of the service and the management of the pandemic including:

- Rollout of the Covid vaccination programme, continuation of lateral flow testing.
- Continuing with Health & wellbeing support for staff within the Trust , including virtual Schwartz rounds.
- Ongoing support for the NHS 111 First initiative, with an initial evaluation for the months of December and January underway.
- Preparing for the next NHS Pathways release in the spring, which includes the PACCS tool for use by clinicians.

WYUC

Cases which were assessed remotely by a clinician 84.8% were closed on completion an increase on months prior to the CV-19, auditing demonstrated that no adverse impacts or outcomes have been seen to date.

LCD has approved an internal business case to invest in new digital tools to manage patient surveys and expect this system to begin rollout in late February/early March 2021 to replace the previous Patient Satisfaction Survey and results will be shared with commissioners.

The existing National Quality Requirements are to be withdrawn from 31st March 2021 and will instead be replaced by the Integrated Urgent Care KPIs from 1st April 2021.

Integrated Urgent Care (IUC) / West Yorkshire Urgent Care (WYUC) Quality Dashboard – March 2021

Integrated Urgent Care (IUC)

Quality Domain	Indicator	Period Target	YTD (Financial)	Previous Month	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Data Source
Patient Safety	Serious Incidents	n/a		NA	1	2	1	0	1	0	0	0	0	0	0	0	Q Incident Report
	Abandoned Calls - After 30secs (KPI - 1)	<5%	2.6	↑	2.4	29.9	7.9	2.5	0.7	1.4	1.5	5.2	2.3	1.2	0.5	1.2	YAS Contract Report
Clinical Effectiveness	Clinical Call Backs within 1hr (%) (KPI - 3)	>60%	55.0	↓	46.6	45.9	71.7	70.4	58.1	56.2	49.7	41.2	47.8	46.8	56.2	52.8	YAS Contract Report
	Core CAS Clinical Advice (%) (KPI - 15)	>30%	29.6	↓	28.3	28.2	28.0	30.7	32.7	31.3	29.7	29.3	28.8	28.8	29.1	28.7	YAS Contract Report
	ED Validations Completed (KPI - 7)	>50%	47.1	↓	37.7	29.9	33.0	35.4	54.8	53.0	50.2	39.7	53.7	52.5	47	43.4	YAS Contract Report
	999 (Cat 3 and 4) Validations (KPI - 6)	>95%	97.4	↑	90.4	53.6	74.3	94.1	97.6	94.4	95.9	86.7	99	98.8	98.9	99.3	YAS Contract Report
Experienc e of Care	Calls Answered in 60 seconds (KPI - 2)	>90%	85.4	↓	85.0	26.2	67.3	87.8	94.8	90.1	88	70.3	80.5	89.8	96.3	90.4	YAS Contract Report
	Complaints	NA	210	↑	29	16	10	21	19	17	16	14	15	24	12	17	YAS Contract Report

West Yorkshire Urgent Care (WYUC)

Quality Domain	Indicator	Period Target	YTD	Previous Month	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Data Source
Patient Safety	Serious Incidents	n/a	0		0	0	0	0	0	0	0	0	0	0	0	0	Q Incident Report
	Incidents	n/a	418	↓	38	62	59	62	39	54	53	51					Q Incident Report
Clinical Effectiveness	Emergency Consultation (<1 Hr) (KPI)	>95%	46.5	↑	28.3	35.4	46.6	55.4	59.6	58.6	51	39.4	44.8	47.3	37	42	Performance Dashboard (Embed)
	Urgent Consultations (<2 Hrs) (KPI)	>95%	58.2	↓	50.5	59.0	58.2	70.2	71.5	70.7	63.5	59.5	57.9	59.3	56.6	51.8	Performance Dashboard (Embed)
	Less Urgent Consultations (<6 Hrs) (KPI)	>95%	94.3	↓	85.4	90.3	90.2	97.8	97.1	97.1	92.7	96.1	92.8	94.9	94.1	92.7	Performance Dashboard (Embed)
Patient Experie nce	Complaints Received	n/a	84	↑	5	7	8	4	7	10	12	7	5	11	2	6	Performance Report (WYUC)

Priory
Overview – March 2021

This page provides a summary in relation to the Quality and Safety of services provided at The Priory Hospital (Dewsbury) for the period up to 10th March 2021.

The Priory dashboard continues to be received by the Quality Team on a monthly basis along with the accompanying narrative which provides context and assurance on the data. Virtual assurance meetings continue to be held on a monthly basis to discuss the dashboard as well as any other concerns.

COVID 19 Testing/Vaccinations
Previous concerns submitted to Committee in November 2021 have since been resolved in relation to testing for both patients and staff. Testing is currently underway on a regular basis. Vaccinations also took place at the Priory on the 10th February for both staff and patients. The Priory are currently waiting for confirmation of the second vaccination date.

Covid Outbreak
Following receipt of the vaccinations there has recently been an outbreak at the Priory involving both staff and patients. The LA IPC team are working together with the Priory to offer advice and support where needed.

Dashboard
Further information regarding the increase in incidents previously reported has been received by the Priory. This was due to the slight increase in occupancy of very complex patients resulting unsettled behaviour from both those newly admitted as well as long stay patients. The increase also included some unacceptable behaviour from 2 patients towards a member of staff. Things have now settled and both wards have seen a decrease in incidents in February.

The CCG Quality Manager and Quality Improvement Lead will continue to work closely with the Priory and their continued efforts to improve their service.

Kirklees Care Homes
Overview/dashboard

This section aims to provide the Committee with an overview of the intelligence in relation to quality and safety within Kirklees Care Homes and the work of the Care Home Early Support and Prevention Group (CHESP).

Care Quality Commission (CQC) Inspections – ratings as at 31.12.20
(total of 128 care homes across Kirklees)

Outstanding	2
Good	92
Requires Improvement	28
Inadequate	0
Yet to be inspected (new registration)	6

When last reported into Quality Committee (July 2020) the breakdown was as follows:

Outstanding	2
Good	96
Requires Improvement	28
Inadequate	1
Yet to be inspected (new registration)	3

Of the 28 homes rated as "Requires Improvement", the domains are rated as follows:

CQC domain	Inadequate	Requires Improvement	Good
Safe	0	24	4
Effective	0	17	11
Caring	0	4	24
Responsive	0	17	11
Well-led	1	27	0

The CQC ratings have remained fairly static during 2020, due to CQC routine inspections being paused during the majority of the year as a result of the pandemic. The 1 home previously rated as "inadequate" (North Kirklees - Castle Hall) has been re-inspected and is now rated as Requires Improvement; therefore there are currently no homes rated as Inadequate. The CQC continues to only undertake inspection activity in response to a serious risk of harm or where it supports the system's response to the pandemic. Although the CQC is not currently undertaking routine visits, it has been making contact with homes via the Emergency Support Framework (ESF) and is in close communication with the CCG and Local Authority where any issues arise.

The work of the Care Home Early Support and Prevention (CHESP) group and "mini CHESP" continues. The Enhanced Surveillance process has continued throughout the pandemic and meetings continue to take place virtually with the homes currently in this process. Should the concerns be significant, a decision will be made as to whether the concerns warrant a physical visit to the home and where this is considered, agreement is sought with the home in advance and colleagues undertaking the visits adhere to government guidelines in relation to PPE and social distancing.

CCG Quality Managers have also been offering a 'fresh eyes' walkaround to care homes from an IPC perspective encompassing discussions on identifying 'soft signs of deterioration' and escalation using the SBAR tool. These have been well received with positive feedback and 16 have been completed to date.

Quarter 3 2020/21 Quality Highlights – Mid Yorkshire Hospital NHS Trust (MYHT)

The Quality highlights presented to the Governing Body are a summary of the key headlines from the Patient Safety and Outcomes report that were presented to the Quality Committee on the 31st March 2021.

Acute Reporting – Mid Yorkshire Hospital NHS Trust (MYHT)	
Description	**Mitigating actions**
KEY ASSURANCES	
Sentinel Stroke National Audit Programme (SSNAP) • During Quarter 2 2020/21 MYHT achieved a **Level A** overall for stroke care.	Not applicable
52 week waits – impact on experience of care The Trust is acutely aware that there are patients waiting a considerable amount of time for their routine treatment and are disappointed with the position however this is not unique to MYHT. Throughout the pandemic, the Trust has maintained treatment of cancer patients and acute patients. Where possible urgent patients have been treated. Routine patients are those that have had to wait. As the third wave of the pandemic is passing the Trust is focussing efforts on restarting routine elective activity and returning to levels of activity that will see patients progressing through pathways. MYHT are aware of the impact this is having on patient's lives and are keen to start treating all patients again. The Trust is engaging with its partner organisations, Clinical Commissioning Group (CCG) and neighbouring acute organisations to ensure equitable use of resources and maximum productivity in relation to	A review of the soft intelligence from the last year has been undertaken and there were no experiences shared specifically linked to patients having to wait over 52 weeks for care or treatment. The Patient Liaison Improvement Lead at MYHT has reviewed the Patient Advice and Liaison Service (PALS) contacts from 1 March 2020 to the end of February 2021. There have been 168 contacts (3% from the total number of contacts received) from

elective recovery.	patients/relatives who have been unhappy that appointments have either been cancelled or unhappy with the length of time it will take for an appointment to be made. The majority of contacts have stated it has had a negative impact on their quality of life. A detailed briefing on the mitigating actions to ensure patient safety is maintained and all cancer and urgent patients are prioritised was presented to Quality Committee.
KEY RISKS	
Oncology Service at MYHT As previously reported, last year the Oncology service highlighted a risk to service continuity and quality of care due to a reduction in consultant workforce. This reduction impacted on the number of oncology outpatient clinics and the ability to cover the acute oncology inpatient rota, and created a significant gap in provision particularly in Breast Oncology.	Progress •The acute triage service continues to support patients with acute needs 7 days a week. • Progress has been made to secure additional locum appointments for medical oncology, with additional support being provided by neighbouring Trusts. • The long standing agreement with Leeds Teaching Hospital NHS Trust (LTHT) to provide

	in-reach clinical oncology continues • A task and finish group has been initiated to review the Haematology and Oncology activity and pathways. • The introduction of Chemocare Scheduling will monitor capacity and demand to ensure the appropriate allocation of capacity is provided to Haematological and Oncological treatments. • A WYATT work programme on non-surgical oncology has been reinitiated post Covid and all Trusts are completing a gap analysis by the end of March. • Discussions with LTHT continue to ensure partnership working is formalised and give clear and consistent expectations for both Trusts. • The appointment of a lead nurse for Oncology and Haematology is progressing through the recruitment process.

Name of Meeting	Governing Body	**Meeting Date**	14.04.2021
Title of Report	Performance Report against Key Performance Indicators for 2020/21	**Agenda Item No.**	15
Report Author	Natalie Ackroyd Senior Strategic Planning, Performance and Transformation Manager	**Public / Private Item**	Public
GB / Clinical Lead	Dr Khalid Naeem	**Responsible Officer**	Vicky Dutchburn Head of Strategic Planning, Performance and Delivery

Executive Summary

Please include a brief summary of the purpose of the report	This report details performance at month 10 for 2020/21 against ALL NHS Constitutional Standards set out in appendix Ai & Aii for Greater Huddersfield and North Kirklees CCGs. Standards not achieving the national thresholds within the Constitutional Standards are highlighted in the report with details of actions taken to improve/address the underperformance to the Finance, Performance and Contracting Committee. This report also highlights the current impact of covid 19 and potential risks to performance.

Previous consideration	**Name of meeting**	Finance, Performance and Contracting Committees in common	**Meeting Date**	31.03.2021
	Name of meeting		**Meeting Date**	

Recommendation (s)	The CCG Governing Bodies are asked to:- • **NOTE** the performance against the key outcomes and measures for each CCG; • **APPROVE** the action(s) being taken to address areas of under/over performance.

Decision	☒	**Assurance**	☒	**Discussion**	☐	**Other**	

Implications	
Quality & Safety implications	Not required
Engagement & Equality implications (including whether an equality impact assessment has been completed)	Not required
Resources / Finance implications (including Staffing/Workforce considerations)	Any proposed changes or actions required to improve performance will be assessed for any financial implications

Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)	**Yes**		**No**		**N/A**	X

Strategic Objectives (which of the CCG objectives does this relate to?)	• Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care. • Work with partners and the public to improve health awareness, emotional wellbeing, community and personal resilience. • Ensure appropriate use of hospital services. • Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities. • Reduce avoidable variation in healthcare and patient experience.	**Risk** (include risk number and a brief description of the risk)	PR1.3 Risk that patients acquire infections while in receipt of commissioned health services due to poor quality service delivery and inappropriate prescribing of antibiotics, resulting in harm to patients PR2.3 Risk that the CCG implements health improvement plans without being able to demonstrate the benefits of these, due to not measuring improvement, resulting in inappropriate commissioning decisions
Legal / CCG Constitutional Implications	None Identified	**Conflicts of Interest** (include detail of any identified/potential conflicts)	None Identified

Monthly Performance Report against Key Performance Indicators for 2020/21

1. Purpose

To inform the Greater Huddersfield CCG (GHCCG) and the North Kirklees CCG (NKCCG) Governing Bodies, the performance against the 2020/21 national and local key performance indicators as set out in the NHS Operational Planning and Contracting Guidance 2017-2019 published in September 2016 and reflected in the March 2017 document Next Steps on the NHS Five Year Forward View and the outcomes/measures detailed within the national 2018/19 CCG Improvement and Assessment Framework, updated in 2019/20 to the Outcomes Framework.

2. Performance Summary

Appendices Ai and Aii set out the summary positions of GHCCG and NKCCG performance against the National Constitutional Standards for 2019/20 based on the latest reporting period and the year to date position. **These measures will be reported on a monthly basis.**

Appendices Bi and Bii provide details of the ownership, accountability and responsibility within the CCG for delivery of the national and local priority areas of the Improvement and Assessment Framework (IAF) and sets out a summary position of GHCCG and NKCCG performance against the key 2019/20 headline outcomes/measures, detailing the actual activity against plan for the latest reporting period and the year to date position. **These measures will be reported on a quarterly basis.**

The summary incorporates the existing NHS Risk Management "traffic light" system to performance monitor/manage progress being made to achieve delivery of the outcomes and measures:-

- **Green** - target being achieved/no risk to delivery;
- **Amber** - below/above target, minor concern, remedial action needs investigation; and
- **Red** - serious deviation from target, major concern, and corrective action plan required.

3 Performance Issues Highlighted

Issues highlighted within the Performance Report are shown in the following table, the monthly planned activity has also been included to illustrate both performance against the national standard and performance against the forecast activity:-

Please note only measures which do not achieve standard are reported here, the full list of measures and performance scores are contained in the Appendices attached to this report.

		Outcome/Measure	NKCCG	target	GHCCG	target
Appendices Ai & Aii	NHS Con	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral	**72.0%**	92 %	**74.3% Excludes CHFT**	92%
		Patients on incomplete pathways waiting more than 52 weeks	**648**	0	**1432**	0
		Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral *	**87.2%**	99%	**58.1%**	99%
		Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (***February 2021***)	No Longer reported	N/A	**86.4%**	95%
		Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	**83.3%**	93%	**95.5%**	93%
		Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	**47.9%**	85%	**79.3%**	85%
		Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	**33.3%**	90%	**50%**	90%
		All handovers between ambulance and A&E must take place within 15 minutes(***February 2021***)	**MYHT only 68.6%**	**both 68.1%**		**CHFT only 66.8%**
		All crews should be ready to accept new calls within a further 15 minutes(***February 2021***)	**36.8%**	**39.8%**		**48.8%**

The traffic light status is based on Department of Health thresholds (NHS Performance Assessment Framework refers), if no threshold given, then actual versus plan is applied.

3.1 18 weeks Referral to Treatment Times (RTT)

Please note that the performance for NHS Greater Huddersfield CCG in relation to RTT no longer includes CHFT as they are participating in the elective care pilot. Performance for Greater Huddersfield CCG is 74.3% for January 2021 for all providers excluding CHFT.

Provider	<18 weeks	> 18 weeks	Total	Percentage
Aspen- Claremont Hospital	141	68	209	67.46%
Barnsley Hospital Foundation Trust	178	70	248	71.77%
BMI (all)	705	582	1233	57.18%
Bradford Teaching Hospitals Foundation Trust	260	102	362	71.82%
Leeds Teaching Hospitals Trust	393	182	575	68.35%
Locala	1308	180	1488	87.90%
Manchester University Foundation Trust	36	32	68	52.94%
MYHT	119	70	189	62.96%
Sheffield children's & teaching	119	42	161	73.91%
Spamedical Eye Hospital (Wakefield)	159	3	162	98.15%
Spire Elland	827	94	921	89.79%
Any other provider	241	183	424	56.84%
All providers excluding CHFT	4486	1608	6040	74.27%

The table below shows numbers on an incomplete waiting list for all providers including CHFT in January 2021 –

Greater Huddersfield CCG (CCG Code 03A)

Treatment Function	Total number of incomplete pathways January '21	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)
General Surgery	2,986			13.1
Urology	1,185			13.1
Trauma & Orthopaedics	3,586			12.0
Ear, Nose & Throat (ENT)	2,178			16.7
Ophthalmology	1,820			10.2
Oral Surgery	-			-
Neurosurgery	231			12.1
Plastic Surgery	421			10.4
Cardiothoracic Surgery	3			-

General Medicine	35			8.2
Gastroenterology	1,086			11.1
Treatment Function	**Total number of incomplete pathways January '21**	**Total within 18 weeks**	**% within 18 weeks**	**Average (median) waiting time (in weeks)**
Cardiology	676			8.1
Dermatology	868			6.9
Thoracic Medicine	364			7.3
Neurology	646			10.5
Rheumatology	385			11.0
Geriatric Medicine	42			6.9
Gynaecology	1,453			11.3
Other	1,921			9.0
Total	19,886			11.3

Actions taken within CHFT to address under performance

CHFT are participating in the Elective CRS pilot so will not be reporting performance against the 18 week standard. More details will be provided as they are available.

CHFT (Provider Code RWY)

Treatment Function	Total number of incomplete pathways January '21	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (in weeks)
General Surgery	4,954			12.2
Urology	1,872			13.6
Trauma & Orthopaedics	3,799			14.1
Ear, Nose & Throat (ENT)	4,435			17.9
Ophthalmology	2,974			11.4
Oral Surgery	1,297			17.0
Neurosurgery	-			-
Plastic Surgery	588			7.3
Cardiothoracic Surgery	-			-
General Medicine	102			7.3
Gastroenterology	1,984			11.4
Cardiology	1,250			8.6
Dermatology	738			6.9
Thoracic Medicine	669			7.0
Neurology	1,512			14.1

Rheumatology	708			12.1
Geriatric Medicine	115			7.5
Treatment Function	**Total number of incomplete pathways January '21**	**Total within 18 weeks**	**% within 18 weeks**	**Average (median) waiting time (in weeks)**
Gynaecology	2,448			11.4
Other	2,570			9.5
Total	32,015			12.3

North Kirklees (CCG Code 03J)

The aggregate performance for NHS North Kirklees CCG for Incomplete Pathways across **all providers** was 72.0% in January 2021. The table below shows performance for all providers in January 2021 as well as the total number of incomplete pathways and the total within 18 weeks.

Treatment Function	Total number of incomplete pathways January '21	Total within 18 weeks	% within 18 weeks	Average waiting time
General Surgery	649	367	56.5%	16.2
Urology	596	430	72.1%	8.5
Trauma & Orthopaedics	1,086	601	55.3%	16.4
Ear, Nose & Throat (ENT)	1,211	798	65.9%	10.1
Ophthalmology	1,057	912	86.3%	7.5
Oral Surgery	-	-	-	-
Neurosurgery	35	23	65.7%	10.7
Plastic Surgery	321	173	53.9%	16.0
Cardiothoracic Surgery	3	3	100.0%	-
General Medicine	11	9	81.8%	-
Gastroenterology	961	716	74.5%	9.7
Cardiology	261	204	78.2%	9.3
Dermatology	319	242	75.9%	8.2
Thoracic Medicine	180	143	79.4%	6.9
Neurology	346	248	71.7%	12.3
Rheumatology	122	102	83.6%	6.1
Geriatric Medicine	20	17	85.0%	6.5
Gynaecology	1,093	842	77.0%	9.9
Other	2,332	1,801	77.2%	8.0
Total	10,603	7,631	72.0%	9.8

Specialities below the 92% target are highlighted in red for information.

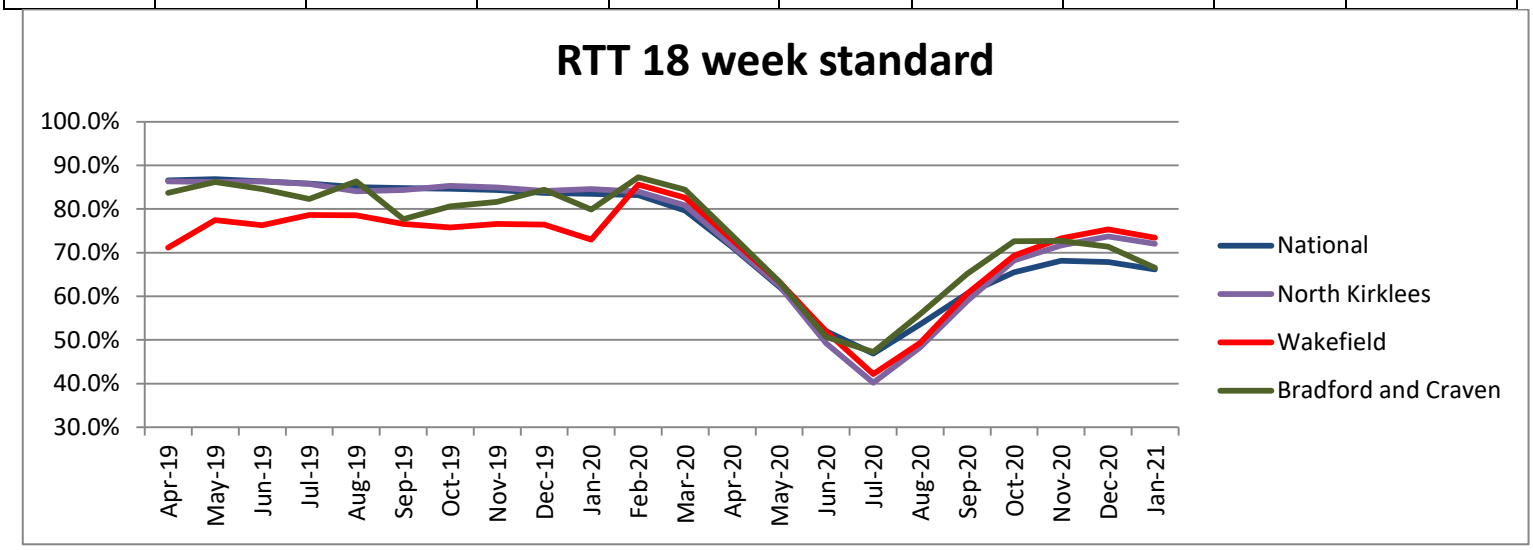
MYHT (Provider code RXF)

Treatment Function	Total number of incomplete pathways January '21	Total within 18 weeks	% within 18 weeks	Average waiting time
General Surgery	1,117	767	68.7%	11.8
Urology	1,835	1,388	75.6%	7.8
Trauma & Orthopaedics	2,361	1,382	58.5%	15.6
Ear, Nose & Throat (ENT)	2,479	1,863	75.2%	7.7
Ophthalmology	2,264	1,958	86.5%	8.2
Oral Surgery	1,922	1,135	59.1%	14.5
Neurosurgery	-	-	-	-
Plastic Surgery	1,174	682	58.1%	14.8
Cardiothoracic Surgery	-	-	-	-
General Medicine	16	15	93.8%	-
Gastroenterology	3,257	2,450	75.2%	9.5
Cardiology	532	438	82.3%	9.0
Dermatology	1,163	866	74.5%	8.6
Thoracic Medicine	538	424	78.8%	9.3
Neurology	1,000	719	71.9%	12.3
Rheumatology	388	334	86.1%	8.3
Geriatric Medicine	81	72	88.9%	6.0
Gynaecology	2,782	2,204	79.2%	9.2
Other	7,612	5,636	74.0%	9.0
Total	30,521	22,333	73.2%	9.7

RTT Benchmark Data

	National	North Kirklees	Wake - field	Bradford % Craven		National	North Kirklees	Wake - field	Bradford & Craven
Apr-19	86.5%	86.4%	71.1%	83.7%	Apr-20	71.3%	71.6%	73.0%	73.9%
May-19	86.9%	86.2%	77.4%	86.2%	May-20	62.2%	62.5%	63.4%	63.4%
Jun-19	86.3%	86.3%	76.3%	84.6%	Jun-20	52.0%	49.2%	51.9%	50.7%
Jul-19	85.8%	85.8%	78.6%	82.3%	Jul-20	46.8%	40.2%	42.2%	47.2%
Aug-19	85.0%	84.1%	78.6%	86.3%	Aug-20	53.6%	48.3%	49.3%	55.9%
Sep-19	84.8%	84.4%	76.6%	77.7%	Sep-20	60.6%	58.9%	60.6%	65.1%
Oct-19	84.7%	85.3%	75.8%	80.6%	Oct-20	65.5%	68.2%	69.3%	72.6%
Nov-19	84.4%	84.9%	76.6%	81.6%	Nov-20	68.2%	71.7%	73.3%	72.7%
Dec-19	83.7%	84.2%	76.4%	84.4%	Dec-20	67.8%	73.7%	75.3%	71.4%
Jan-20	83.5%	84.6%	73.0%	79.9%	Jan-21	66.2%	72.0%	73.4%	66.5%

Feb-20	83.2%	84.0%	85.6%	87.3%					
Mar-20	79.7%	80.8%	82.6%	84.4%					



Please note:

- Neither Greater Huddersfield CCG or Calderdale CCG data has been included in the above benchmark as CHFT are involved with the RTT pilot so the numbers would need to exclude CHFT referrals and as this trust represents the majority of referrals from the two CCGs it would not be representative to compare them.

- Bradford and Craven are included – up to April 2020 they were Airedale, Wharfedale and Craven CCG.

3.2 Number of patients waiting more than 52 weeks

Greater Huddersfield CCG

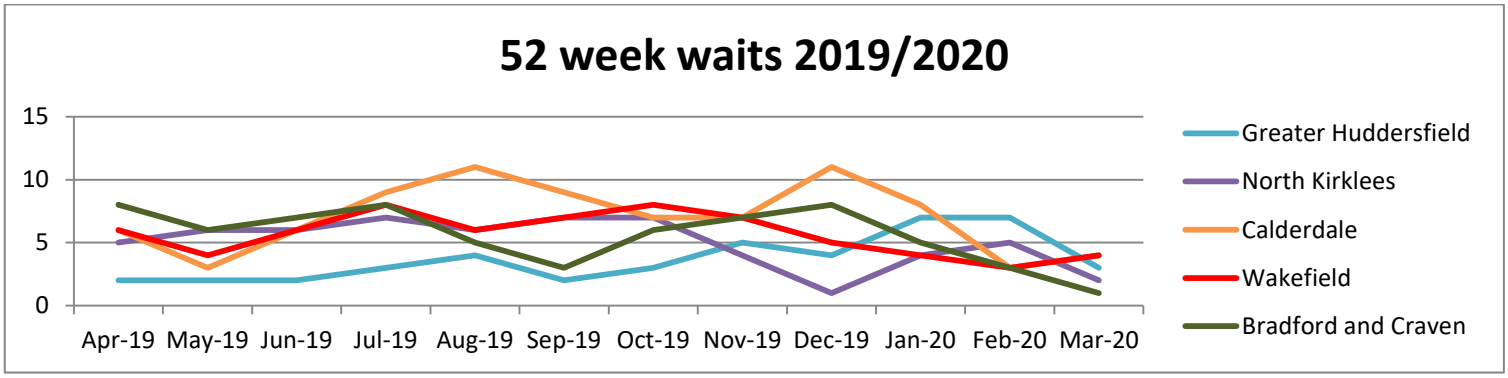
There were 1432 reported breaches in January 2021, the highest number year to date, with 4746 recorded since April 2020.

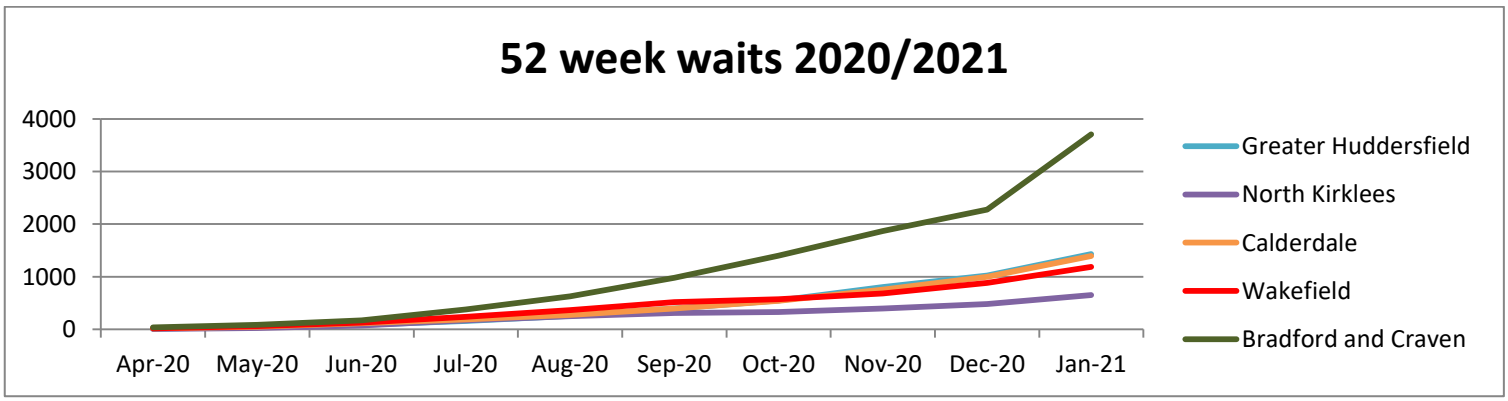
North Kirklees CCG

There were 648 reported breaches in January 2021, the highest number year to date, with 2681 recorded since April 2020.

52 week wait Benchmark Data

2019/20	G H	NK	Cal	W'field	Brad & Craven	2020/21	G H	N K	Cal	W'field	Brad & Craven
Apr-19	2	5	6	6	8	Apr-20	14	6	18	19	38
May-19	2	6	3	4	6	May-20	39	23	47	61	82
Jun-19	2	6	6	6	7	Jun-20	83	71	113	126	171
Jul-19	3	7	9	8	8	Jul-20	157	168	190	235	374
Aug-19	4	6	11	6	5	Aug-20	258	248	275	363	627
Sep-19	2	7	9	7	3	Sep-20	397	312	397	515	978
Oct-19	3	7	7	8	6	Oct-20	545	331	539	574	1399
Nov-19	5	4	7	7	7	Nov-20	800	392	755	679	1867
Dec-19	4	1	11	5	8	Dec-20	1021	482	997	880	2277
Jan-20	7	4	8	4	5	Jan-21	1432	648	1391	1189	3708
Feb-20	7	5	3	3	3						
Mar-20	3	2	4	4	1						





3.3 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

Greater Huddersfield CCG (GHCCG)

GHCCG achieved 58.1% in January (a deterioration of 7.6% since the best performance in November – 65.7%) against a 99% threshold for diagnostics waiting times. Patients should not wait more than 6 weeks for diagnostic tests. The year to date performance percentage is 52.5%

The table below shows the breach percentages for each diagnostic test, with a target of 99%:

Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	435	68	15.63%	84.4%
Computed Tomography	417	38	9.11%	90.9%
Non-obstetric Ultrasound	1,547	393	25.40%	74.6%
DEXA Scan	623	469	75.28%	24.7%
Audiology - Audiology Assessments	57	4	7.02%	93.0%
Cardiology - Echocardiography	267	54	20.22%	79.8%
Neurophysiology - Peripheral Neurophysiology	78	1	1.28%	98.7%
Respiratory physiology - Sleep Studies	26	0	0.00%	100.0%
Urodynamics - Pressures & Flows	20	5	25.00%	75.0%
Colonoscopy	481	338	70.27%	29.7%
Flexi Sigmoidoscopy	232	168	72.41%	27.6%
Cystoscopy	115	68	59.13%	40.9%
Gastroscopy	564	432	76.60%	23.4%
Total	4,862	2,038	41.92%	58.1%

North Kirklees CCG (NKCCG)

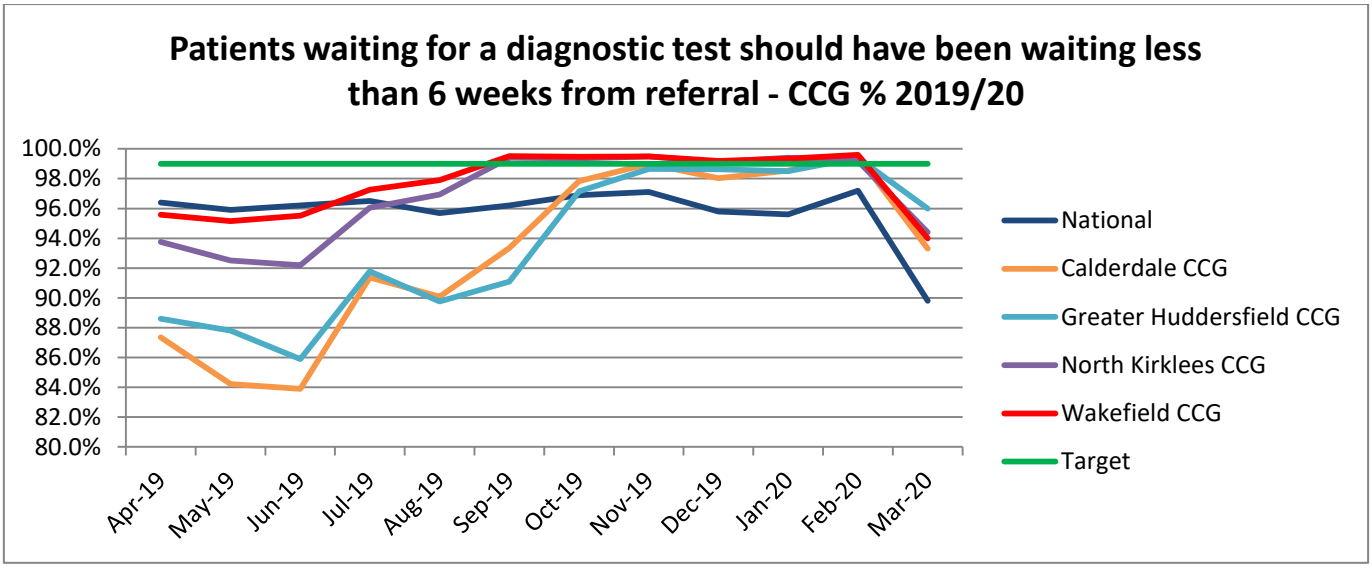
In January 2021 NKCCG achieved 87.2% (an improvement of 1.7% since November) against a 99% threshold for diagnostics waiting times. Patients should not wait more than 6 weeks for diagnostic tests. The year to date performance percentage is 72.0%

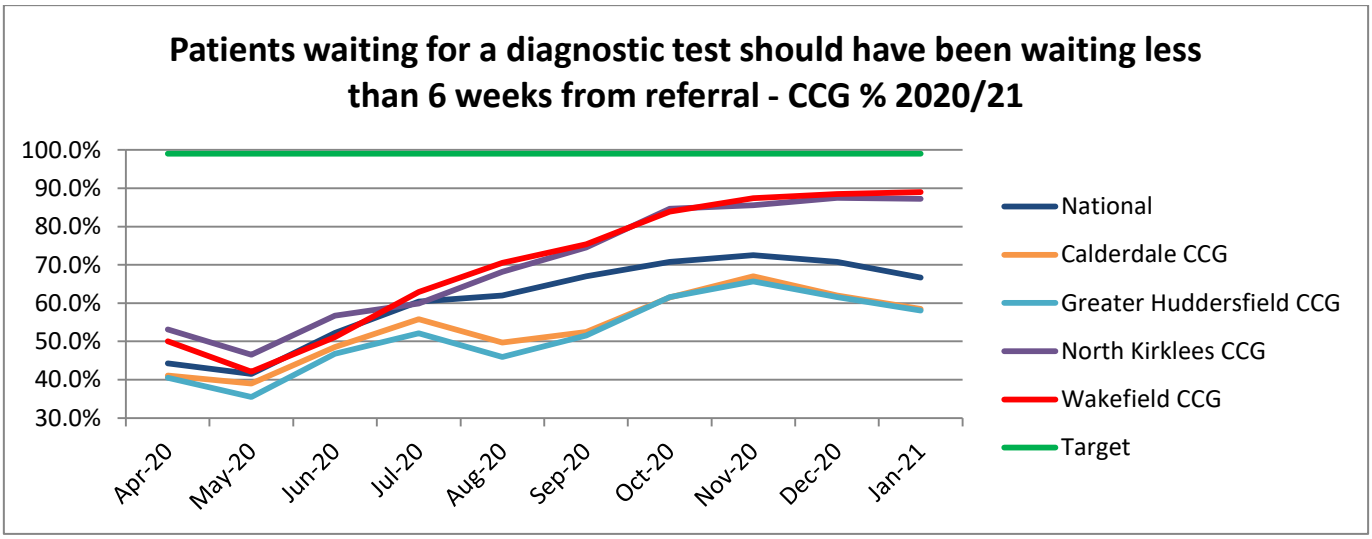
The table below shows the breach percentages for each diagnostic test, with a target of 99%:

Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	506	99	19.57%	80.4%
Computed Tomography	294	8	2.72%	97.3%
Non-obstetric Ultrasound	658	51	7.75%	92.2%
DEXA Scan	111	1	0.90%	99.1%
Audiology - Audiology Assessments	76	4	5.26%	94.7%
Cardiology - Echocardiography	159	47	29.56%	70.4%
Neurophysiology - Peripheral Neurophysiology	41	3	7.32%	92.7%
Respiratory physiology - Sleep Studies	28	0	0.00%	100.0%
Urodynamics - Pressures & Flows	0	0		
Colonoscopy	167	30	17.96%	82.0%
Flexi Sigmoidoscopy	71	8	11.27%	88.7%
Cystoscopy	35	14	40.00%	60.0%
Gastroscopy	124	25	20.16%	79.8%
Total	2270	290	12.78%	87.2%

Diagnostic Benchmark Data - 6 week waits CCG

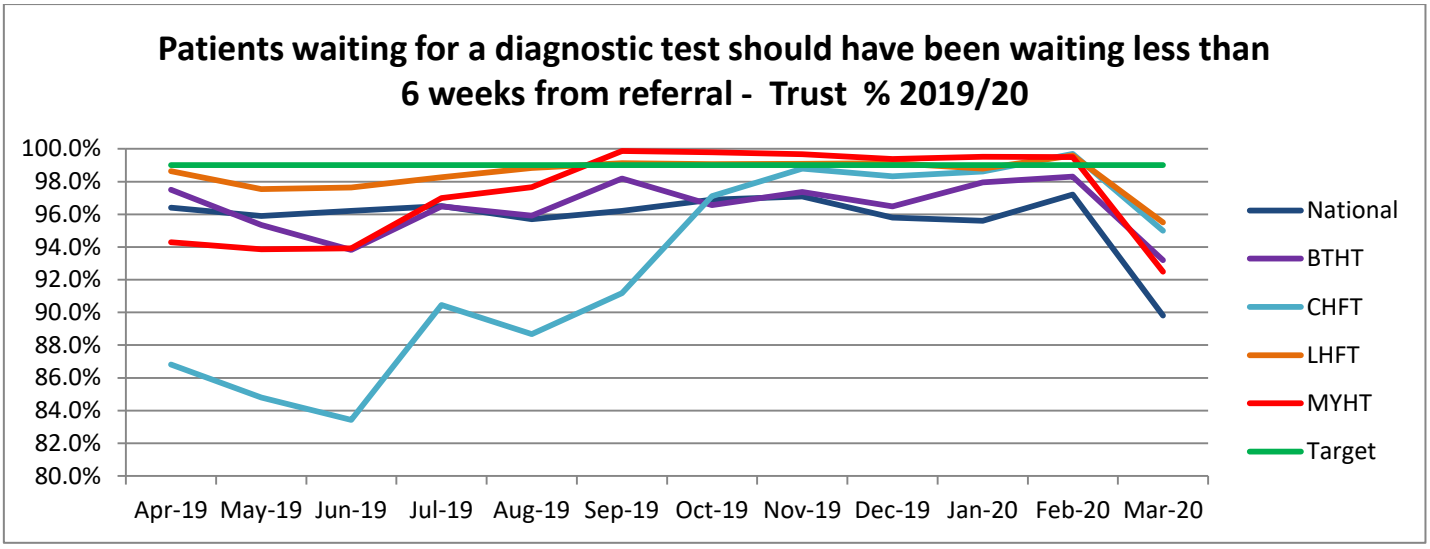
2019/20	G H	N K	Cal	W'field	Nation	2020/21	G H	N K	Cal	W'field	Nation
Apr-19	88.6%	93.8%	87.4%	95.6%	96.4%	Apr-20	40.5%	53.2%	41.1%	50.0%	44.3%
May-19	87.8%	92.5%	84.2%	95.1%	95.9%	May-20	35.5%	46.5%	39.0%	42.1%	41.5%
Jun-19	85.9%	92.2%	83.9%	95.5%	96.2%	Jun-20	46.8%	56.7%	48.5%	51.1%	52.2%
Jul-19	91.8%	96.0%	91.4%	97.3%	96.5%	Jul-20	52.1%	59.9%	55.8%	62.9%	60.4%
Aug-19	89.8%	96.9%	90.1%	97.9%	95.7%	Aug-20	45.9%	68.2%	49.7%	70.5%	62.0%
Sep-19	91.1%	99.4%	93.3%	99.5%	96.2%	Sep-20	51.5%	74.6%	52.5%	75.4%	67.0%
Oct-19	97.1%	99.4%	97.8%	99.5%	96.9%	Oct-20	61.6%	84.7%	61.5%	83.9%	70.8%
Nov-19	98.6%	99.5%	99.0%	99.5%	97.1%	Nov-20	65.7%	85.5%	67.0%	87.4%	72.5%
Dec-19	98.6%	99.1%	98.0%	99.2%	95.8%	Dec-20	61.6%	87.5%	62.0%	88.5%	70.8%
Jan-20	98.5%	99.4%	98.5%	99.3%	95.6%	Jan-21	58.1%	87.2%	58.5%	89.0%	66.7%
Feb-20	99.4%	99.2%	99.5%	99.6%	97.2%						
Mar-20	96.0%	94.4%	93.3%	94.0%	89.8%						

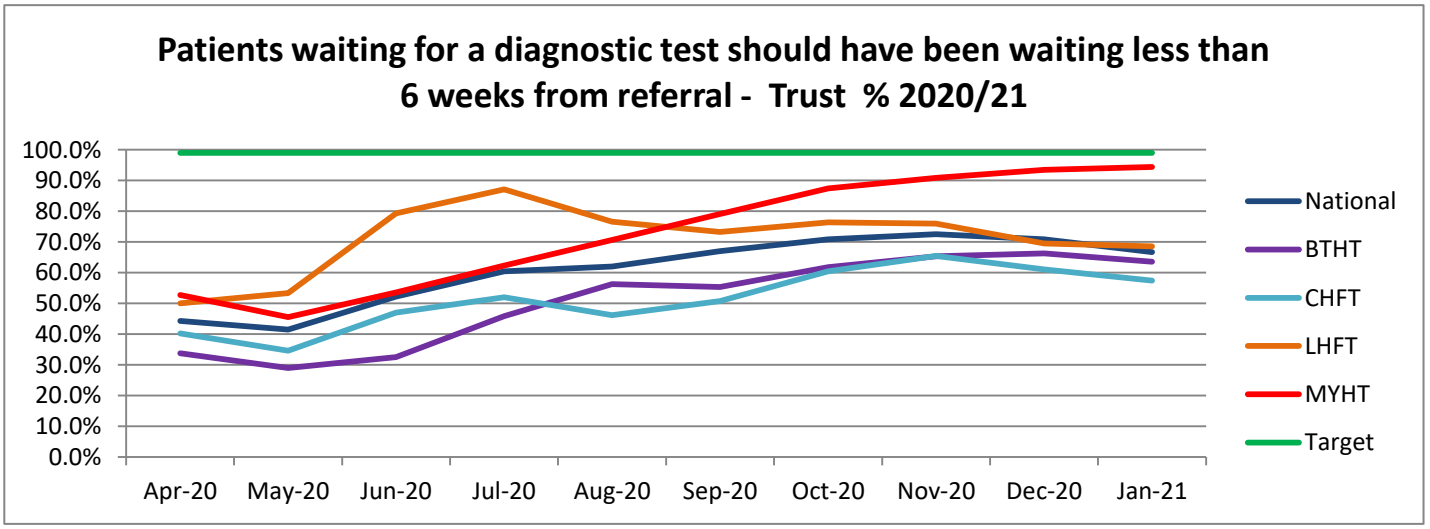




Diagnostic Benchmark Data - 6 week waits Trust

2019/20	BTHT	CHFT	LHFT	MYHT	Nation	2020/21	BTHT	CHFT	LHFT	MYHT	Nation
Apr-19	97.5%	86.8%	98.6%	94.3%	96.4%	Apr-20	33.7%	40.2%	50.0%	52.7%	44.3%
May-19	95.4%	84.8%	97.5%	93.9%	95.9%	May-20	28.9%	34.6%	53.3%	45.5%	41.5%
Jun-19	93.8%	83.4%	97.6%	93.9%	96.2%	Jun-20	32.5%	47.0%	79.3%	53.5%	52.2%
Jul-19	96.5%	90.4%	98.3%	97.0%	96.5%	Jul-20	45.8%	52.0%	87.1%	62.3%	60.4%
Aug-19	95.9%	88.7%	98.8%	97.7%	95.7%	Aug-20	56.3%	46.1%	76.6%	70.6%	62.0%
Sep-19	98.2%	91.2%	99.1%	99.9%	96.2%	Sep-20	55.3%	50.7%	73.2%	79.1%	67.0%
Oct-19	96.6%	97.1%	99.1%	99.8%	96.9%	Oct-20	61.8%	60.4%	76.4%	87.4%	70.8%
Nov-19	97.4%	98.8%	99.1%	99.7%	97.1%	Nov-20	65.3%	65.4%	76.0%	90.9%	72.5%
Dec-19	96.5%	98.3%	99.1%	99.4%	95.8%	Dec-20	66.3%	61.1%	69.5%	93.5%	70.8%
Jan-20	97.9%	98.6%	98.8%	99.5%	95.6%	Jan-21	63.6%	57.4%	68.6%	94.4%	66.7%
Feb-20	98.3%	99.7%	99.6%	99.5%	97.2%						
Mar-20	93.2%	95.0%	95.5%	92.5%	89.8%						



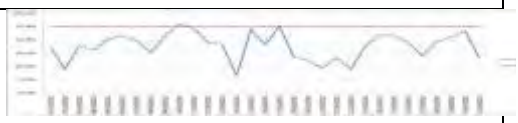
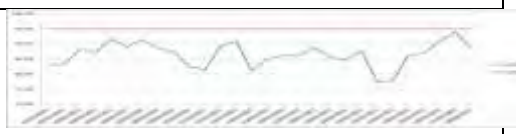


3.4 Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - *Please note this is provider activity for all attendances regardless of residence.*

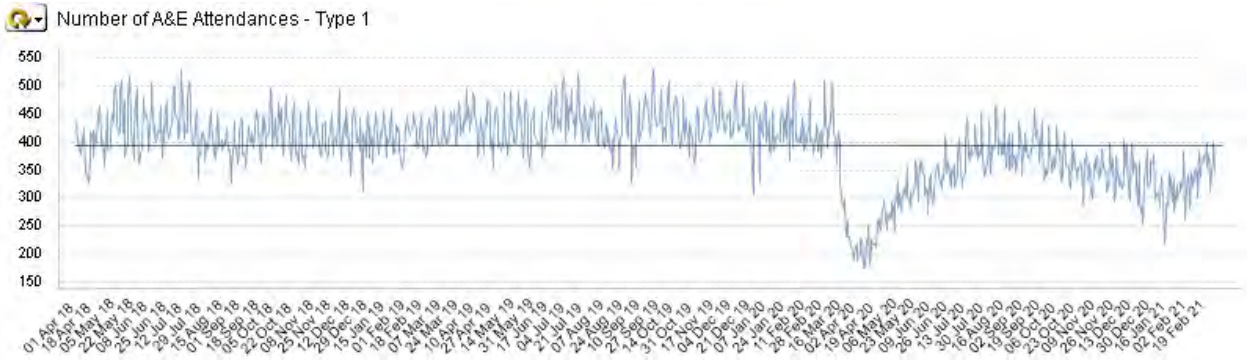
<u>Calderdale Hospital Foundation Trust</u>

Performance against the 4 hour Emergency Care Standard for February was 86.4**%** for both sites. Performance in January 2021 was 87.7**%** for both sites. For the year to date there were 112,474 attendances with 125,00 breaches with an outturn of 88.9%

The information below shows the month on month performance at CHFT:

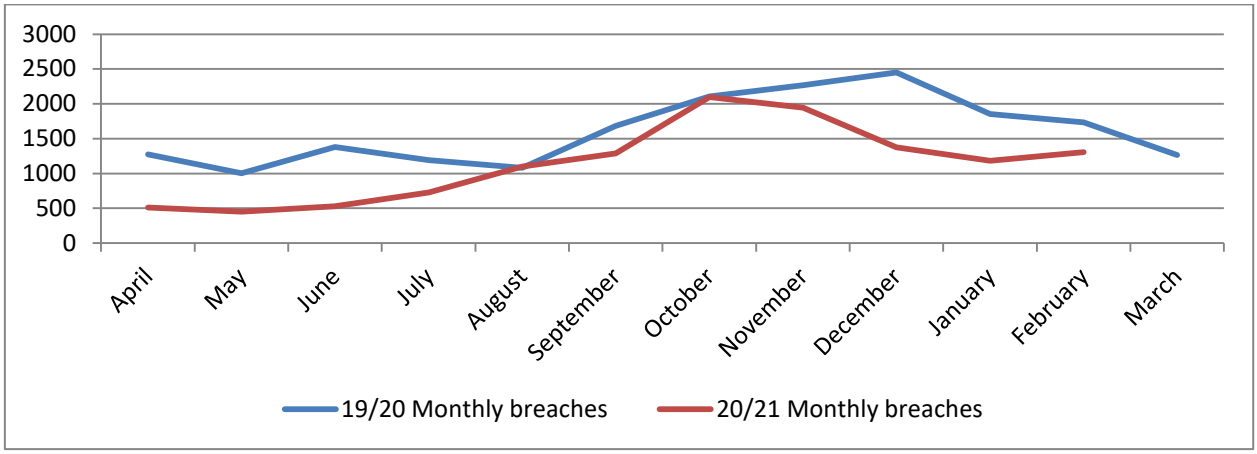
	CRH		HRI		CHFT		Daily attends	Daily breaches	
Dec									
Attendances	5239		5176		10415		336		
Breaches	535		838		1373			44	
Jan									
Attendances	4950		4653		9603		310		
Breaches	545		637		310			38	
Feb									
Attendances	4853		4716		9569		342		
Breaches	478		826		1304			47	

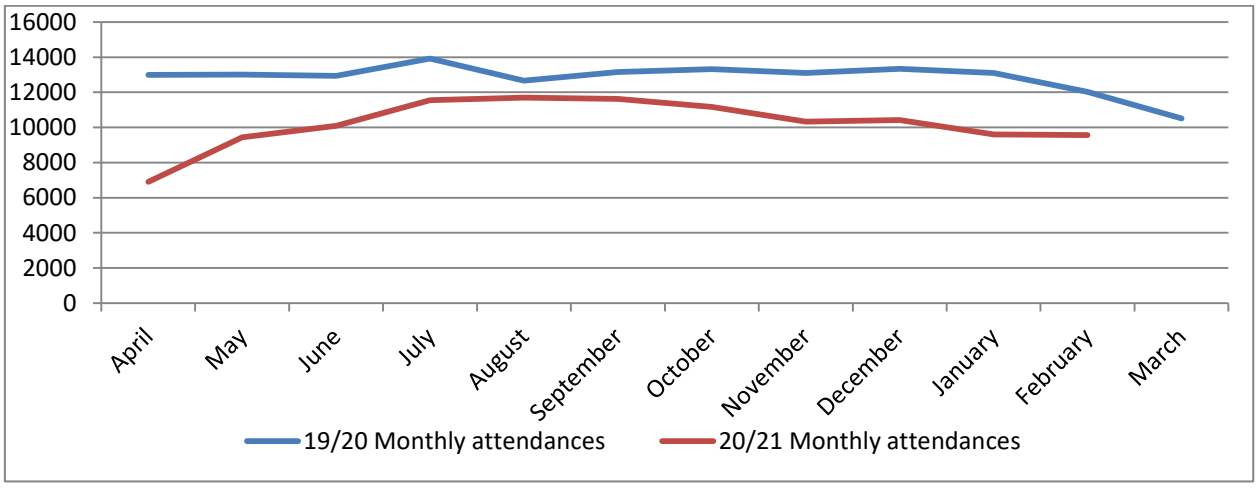
The extract below shows the number of attendances at CHFT from the 1st April 2018 to early March 2021 and illustrates the impact that COVID 19 had on the level of attendances.



As can be seen above, the Covid pandemic has had a significant impact on the number of attendances at CHFT. The average for the first 11 months of 2019/20 was 428 daily attendances, whilst in March this went down to 339 and then to 230 in April. April 20 saw the lowest number of attendances and we were seeing a gradual increase with an average daily attendance increasing month on month, rising to 387 in September, however dropping over the following months to 310 in January 21 and 342 to February 21. The second wave of Covid plus local and national lockdowns is a significant factor in this decline in attendances.

Over the period April 20 to February 21 there have been 31,146 fewer attendances (2,831 on average monthly) than at the same time last year. As we would expect to see, monthly breaches have also been lower from April 20 to February, with 5,519 fewer. In effect we have seen a 21.7% reduction in attendances (112,374 / 143,520) whilst the number of breaches has reduced by 30.6% (12,500 / 18,019).





Mid York's Hospital Trust

The reporting standards and targets have not yet been defined, and once confirmed will be included in this report.

The Pilot's Proposed Standards from an Extract from Systems Executive Group

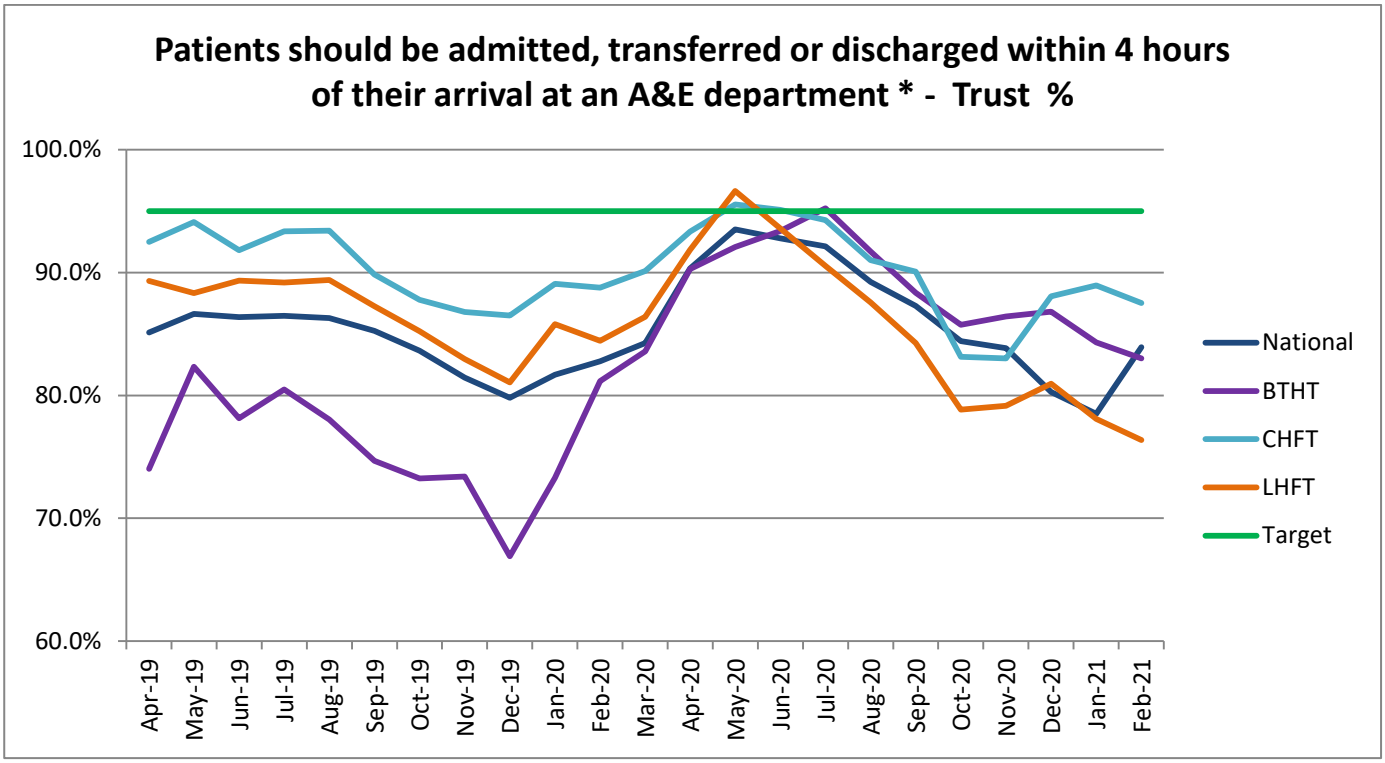
- Mid Yorks is one of 14 Trusts supporting the UEC pilot.
- The pilot period is expected to last a total of 14 weeks – end August (approx).
- The pilot commenced on the 22nd May 2019 with a focus on:
- Time to meaningful assessment (15 minutes)
- Total time in ED (12 hours)
- Mean time in ED (Measure to be specified)
- In order to support good patient flow, the Trust has added a local measure:
- 1 hour to bed from Decision to Admit

Although 4 measures are described above there is currently no reportable data in relation to them available from MYHT.

A&E waits Benchmark Data – 4 Hour Waits Trust

*Please note that MHYT has not been included due to the UEC pilot

2019/20	BTHT	CHFT	LHFT	Nation	2020/21	BTHT	CHFT	LHFT	Nation
Apr-19	74.0%	92.5%	89.3%	85.1%	Apr-20	90.3%	93.3%	91.8%	90.4%
May-19	82.3%	94.1%	88.3%	86.6%	May-20	92.1%	95.5%	96.6%	93.5%
Jun-19	78.1%	91.8%	89.3%	86.4%	Jun-20	93.4%	95.1%	93.6%	92.8%
Jul-19	80.5%	93.4%	89.2%	86.5%	Jul-20	95.2%	94.3%	90.5%	92.1%
Aug-19	78.0%	93.4%	89.4%	86.3%	Aug-20	91.7%	91.0%	87.6%	89.3%
Sep-19	74.7%	89.9%	87.3%	85.2%	Sep-20	88.4%	90.1%	84.3%	87.3%
Oct-19	73.3%	87.8%	85.2%	83.6%	Oct-20	85.8%	83.1%	78.8%	84.4%
Nov-19	73.4%	86.8%	83.0%	81.4%	Nov-20	86.4%	83.0%	79.2%	83.8%
Dec-19	66.9%	86.5%	81.1%	79.8%	Dec-20	86.8%	88.1%	81.0%	80.3%
Jan-20	73.3%	89.1%	85.8%	81.7%	Jan-21	84.3%	88.9%	78.1%	78.5%
Feb-20	81.2%	88.8%	84.5%	82.8%	Feb-21	83.0%	87.5%	76.4%	83.9%
Mar-20	83.6%	90.1%	86.4%	84.3%					



A&E waits Benchmark Data – 12 Hour Waits Trust

2019 / 20	BTHT	CHFT	LHFT	MYHT	Nation	2020/21	BTHT	CHFT	LHFT	MYHT	Nation
Apr-19	0	0	0	0	442	Apr-20	0	0	0	0	251
May-19	0	0	0	0	416	May-20	0	0	0	1	93
Jun-19	0	0	0	0	462	Jun-20	0	0	0	0	161
Jul-19	0	0	0	0	452	Jul-20	0	0	0	1	271
Aug-19	0	0	0	0	371	Aug-20	0	0	0	0	326
Sep-19	0	0	0	0	458	Sep-20	0	0	0	2	333
Oct-19	0	0	0	0	725	Oct-20	0	15	0	2	1267
Nov-19	0	9	0	0	1111	Nov-20	0	21	0	1	2141
Dec-19	0	0	0	0	2356	Dec-20	0	0	0	1	3745
Jan-20	0	0	0	0	2847	Jan-21	0	0	0	0	3809
Feb-20	0	0	0	0	1621	Feb-21	0	0	0	0	1038
Mar-20	0	0	0	0	1174						

Due to low numbers in our region a chart has not been produced however the table above highlights were there have been instances of waits above 12 hours in the last 23 months.

3.5 Cancer performance

Cancer Performance breach numbers

	Greater Huddersfield		North Kirklees	
Measure	**Referrals**	**Breaches**	**Referrals**	**Breaches**
Maximum **two-week** wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	**675**	**9**	**619**	**29**
Maximum **two-week** wait for first outpatient appointment for patients referred urgently with breast symptoms	**67**	**3**	**42**	**7**
Maximum one month (**31-day**) wait from diagnosis to first definitive treatment for all cancers	**113**	**6**	**87**	**3**
Maximum **31-day** wait for subsequent treatment where that treatment is **surgery**	**19**	**1**	**13**	**1**
Maximum **31-day** wait for subsequent treatment where that treatment is **anti-cancer drug regime**	**34**	**1**	**40**	**0**
Maximum **31-day** wait for subsequent treatment where that treatment is **episode of radiotherapy**	**27**	**1**	**22**	**0**
Maximum two month (**62-day**) wait from urgent GP referral to first definitive treatment for cancer	**58**	**12**	**46**	**22**

Measure	Referrals	Breaches	Referrals	Breaches
Maximum **62-day** wait from referral from an NHS screening service to first definitive treatment for all cancers	**7**	**0**	**0**	**0**
Maximum **62-day** wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	**2**	**1**	**6**	**4**

Both Greater Huddersfield and North Kirklees CCG have seen an increase in the number of 62 day waits from urgent GP referral to first definitive treatment for cancer. The tables below show the year to date performance.

Greater Huddersfield CCG Maximum two month (**62-day**) wait from urgent GP referral to first definitive treatment for cancer. Target 85%

	Referrals	<62	>62	%
Apr	66	61	5	92.42%
May	41	35	6	85.37%
Jun	36	32	4	88.89%
Jul	52	44	8	84.62%
Aug	58	52	6	89.66%
Sep	177	156	21	88.14%
Oct	57	46	11	80.70%
Nov	62	55	7	88.71%
Dec	44	35	9	79.55%
Jan	58	46	12	79.31%
YTD	**651**	**562**	**89**	**86.33%**

December '20 and January '21 has seen the proportion of patients waiting more than 62 days increase within Greater Huddersfield CCG. While cancer activity for the CCG may be with a number of different providers, CHFT as the main provider has had 35.5% of patients for "Other" classified cancer type waiting for more than 62 days in January '21.

North Kirklees CCG Maximum two month (**62-day**) wait from urgent GP referral to first definitive treatment for cancer. Target 85%

	Referrals	<62	>62	%
Apr	56	45	11	80.36%
May	25	15	10	60.00%
Jun	28	19	9	67.86%
Jul	26	24	2	92.31%

	Referrals	<62	>62	%
Aug	38	26	12	68.42%
Sep	105	82	23	78.10%
Oct	69	51	18	73.91%
Nov	53	44	9	83.02%
Dec	39	32	7	82.05%
Jan	46	22	24	47.83%
YTD	**485**	**360**	**125**	**74.23%**

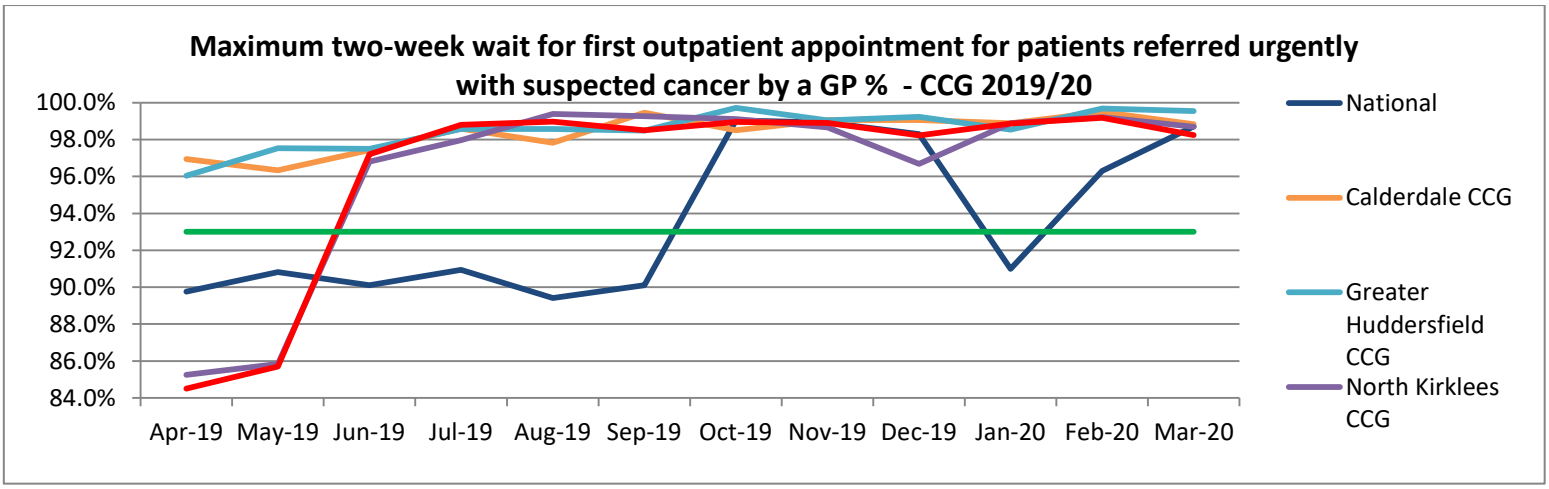
North Kirklees CCG has seen a significant drop in the number of patients waiting less than 62 days for cancer treatment, dropping from 82.05% in December ’20 to 47.83% in January ’21. MYHT is the main provider for North Kirklees CCG and while may provide services for other areas we assume the majority of North Kirklees cancer activity will be through MYHT. Specifically for patients with a Lower Gastrointestinal cancer, 65.6% of patients were waiting over 62 days for treatment in January ‘21.

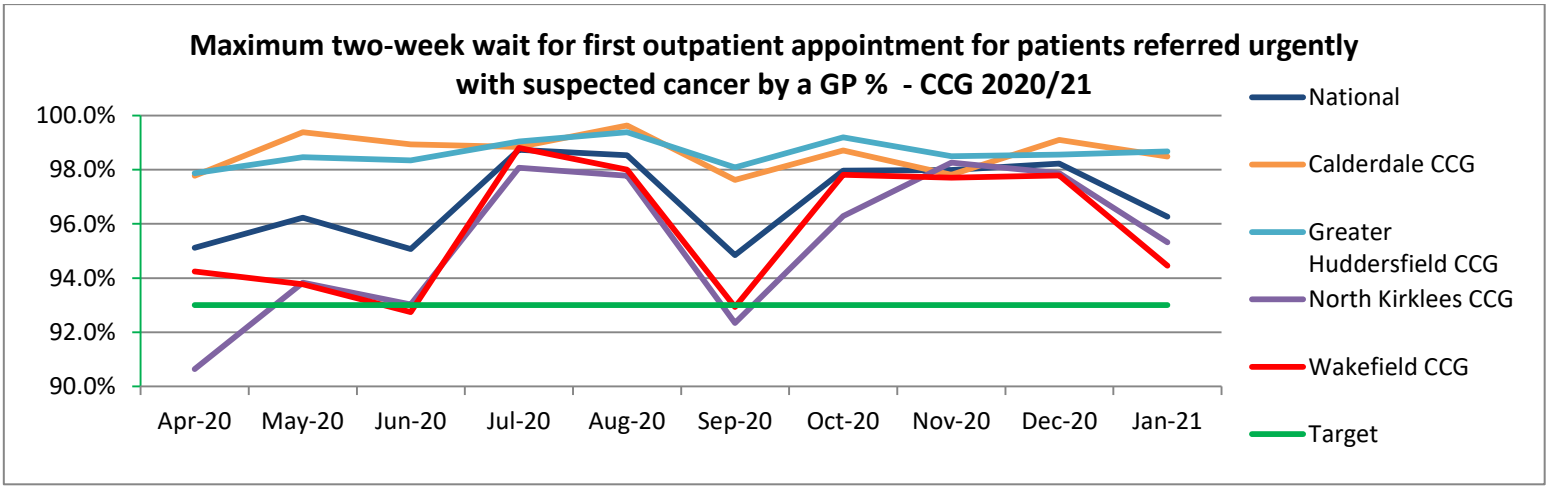
North Kirklees CCG Maximum **two-week** wait for first outpatient appointment for patients referred urgently with breast symptoms. Target 85%				
	Referrals	**<14**	**>14**	**%**
Apr	21	21	0	100.00%
May	20	10	10	50.00%
Jun	29	15	14	51.72%
Jul	25	23	2	92.00%
Aug	39	39	0	100.00%
Sep	95	80	15	84.21%
Oct	37	34	3	91.89%
Nov	33	32	1	96.97%
Dec	47	46		97.87%
Jan	42	35	7	83.33%
YTD	**388**	**335**	**52**	**86.34%**

The number of waits over 2 weeks for patients urgently referred with breast cancer symptoms in North Kirklees has increased from zero in December ’20 to 7 in January ’21. At MYHT for January ’21 there were 17 patients overall who had to wait over 2 weeks for an urgent breast referral (11.7%) however when compared to the national figure of 37.3% of patients waiting over 2 weeks for urgent breast referral, both the North Kirklees CCG and MYHT figures compare favourably.

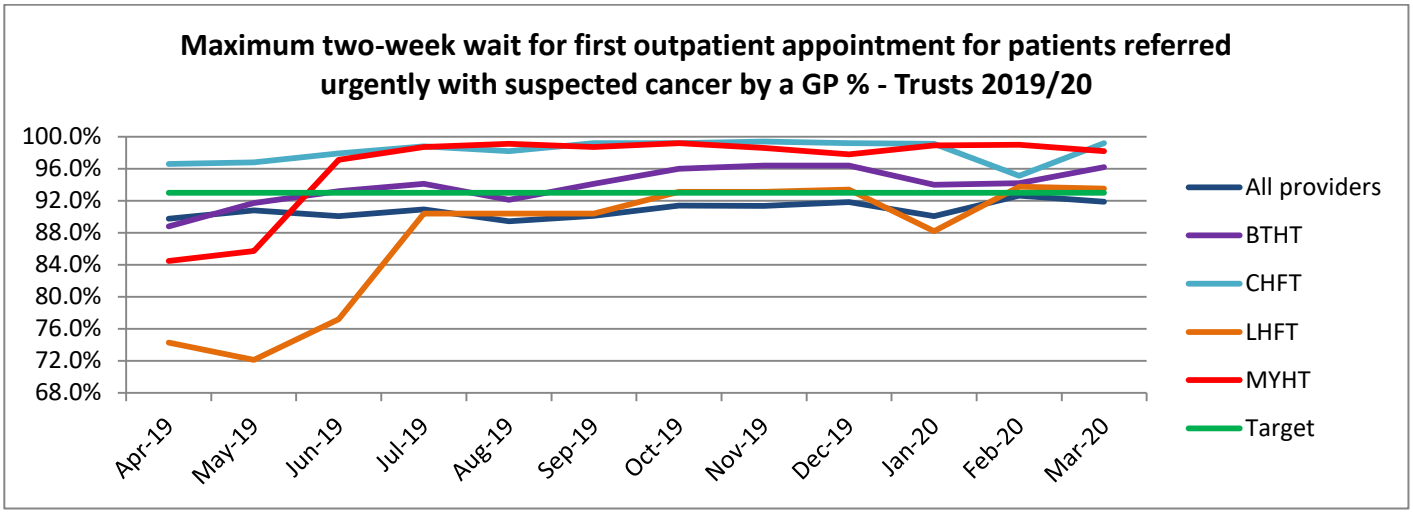
Cancer Benchmarking - Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP

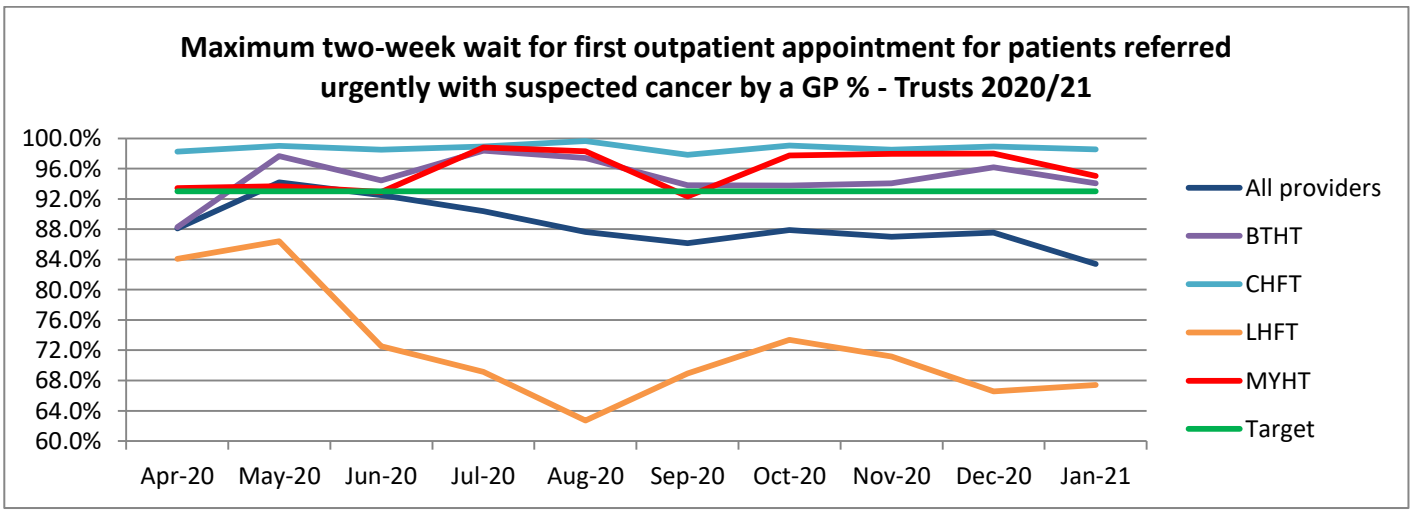
2019 / 20	Cal	G H	N K	W'field	Nation	2020 / 21	Cal	G H	N K	W'field	Nation
Apr	97.0%	96.0%	85.2%	84.5%	89.8%	Apr	97.8%	97.9%	90.6%	94.2%	95.1%
May	96.3%	97.5%	85.8%	85.7%	90.8%	May	99.4%	98.5%	93.8%	93.8%	96.2%
Jun	97.4%	97.5%	96.8%	97.2%	90.1%	Jun	98.9%	98.3%	93.0%	92.7%	95.1%
Jul	98.6%	98.6%	98.0%	98.8%	90.9%	Jul	98.8%	99.0%	98.1%	98.8%	98.7%
Aug	97.8%	98.6%	99.4%	99.0%	89.4%	Aug	99.6%	99.4%	97.8%	98.0%	98.5%
Sep	99.5%	98.5%	99.3%	98.5%	90.1%	Sep	97.6%	98.1%	92.3%	92.9%	94.8%
Oct	98.5%	99.7%	99.1%	99.0%	99.0%	Oct	98.7%	99.2%	96.3%	97.8%	98.0%
Nov	99.1%	99.1%	98.7%	98.9%	98.9%	Nov	97.8%	98.5%	98.3%	97.7%	98.0%
Dec	99.1%	99.2%	96.7%	98.2%	98.3%	Dec	99.1%	98.5%	97.9%	97.8%	98.2%
Jan	98.9%	98.5%	98.9%	98.9%	91.0%	Jan	98.5%	98.7%	95.3%	94.5%	96.3%
Feb	99.5%	99.7%	99.2%	99.2%	96.3%						95.1%
Mar	98.8%	99.6%	98.7%	98.2%	98.7%						96.2%





2019 /20	BTHT	CHFT	LHFT	MYHT	All trusts	2020 /21	BTHT	CHFT	LHFT	MYHT	All trusts
Apr	88.8%	96.6%	74.3%	84.5%	89.8%	Apr	88.3%	98.2%	84.1%	93.4%	88.1%
May	91.7%	96.8%	72.1%	85.7%	90.8%	May	97.7%	99.0%	86.4%	93.7%	94.2%
Jun	93.2%	97.9%	77.2%	97.1%	90.1%	Jun	94.5%	98.5%	72.5%	92.9%	92.5%
Jul	94.1%	98.8%	90.4%	98.7%	90.9%	Jul	98.4%	98.9%	69.1%	98.8%	90.4%
Aug	92.1%	98.2%	90.4%	99.1%	89.4%	Aug	97.4%	99.7%	62.7%	98.3%	87.7%
Sep	94.1%	99.2%	90.4%	98.7%	90.1%	Sep	93.8%	97.9%	68.9%	92.3%	86.1%
Oct	96.0%	99.2%	93.1%	99.2%	91.4%	Oct	93.8%	99.0%	73.4%	97.7%	87.9%
Nov	96.4%	99.4%	93.1%	98.6%	91.3%	Nov	94.1%	98.5%	71.2%	98.0%	87.0%
Dec	96.4%	99.2%	93.4%	97.8%	91.8%	Dec	96.2%	98.9%	66.6%	98.0%	87.5%
Jan	94.0%	99.1%	88.2%	98.9%	90.1%	Jan	94.1%	98.6%	67.4%	95.1%	83.4%
Feb	94.2%	95.1%	93.8%	99.0%	92.6%						
Mar	96.2%	99.2%	93.5%	98.2%	91.9%						

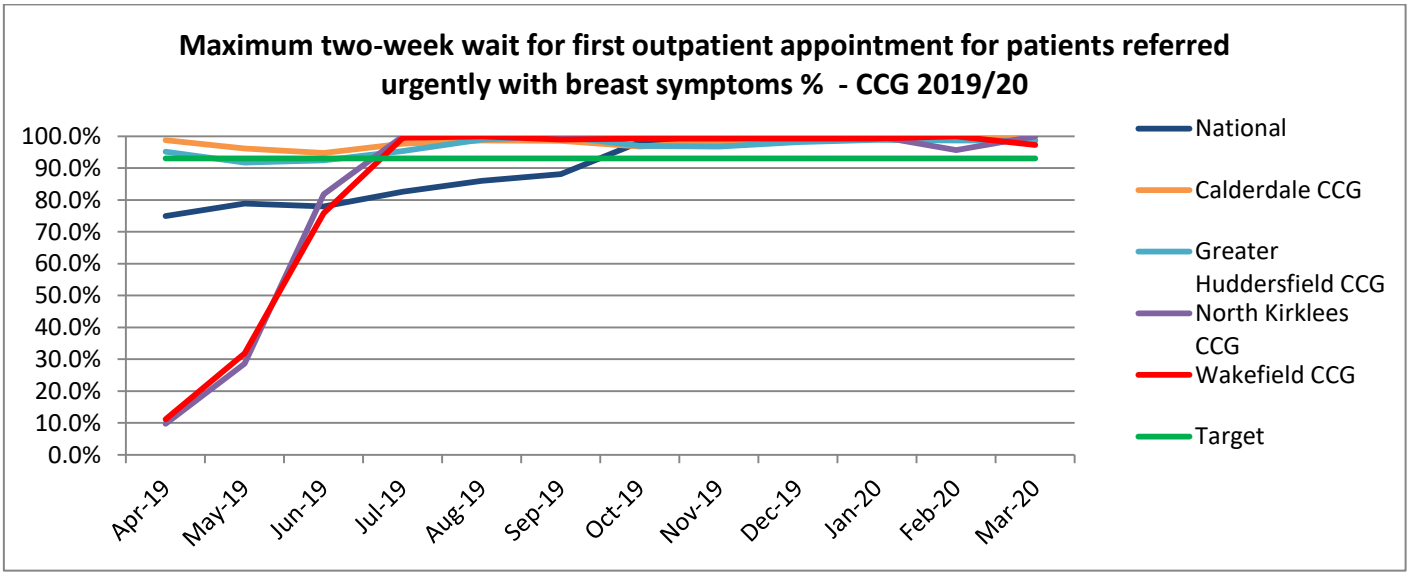


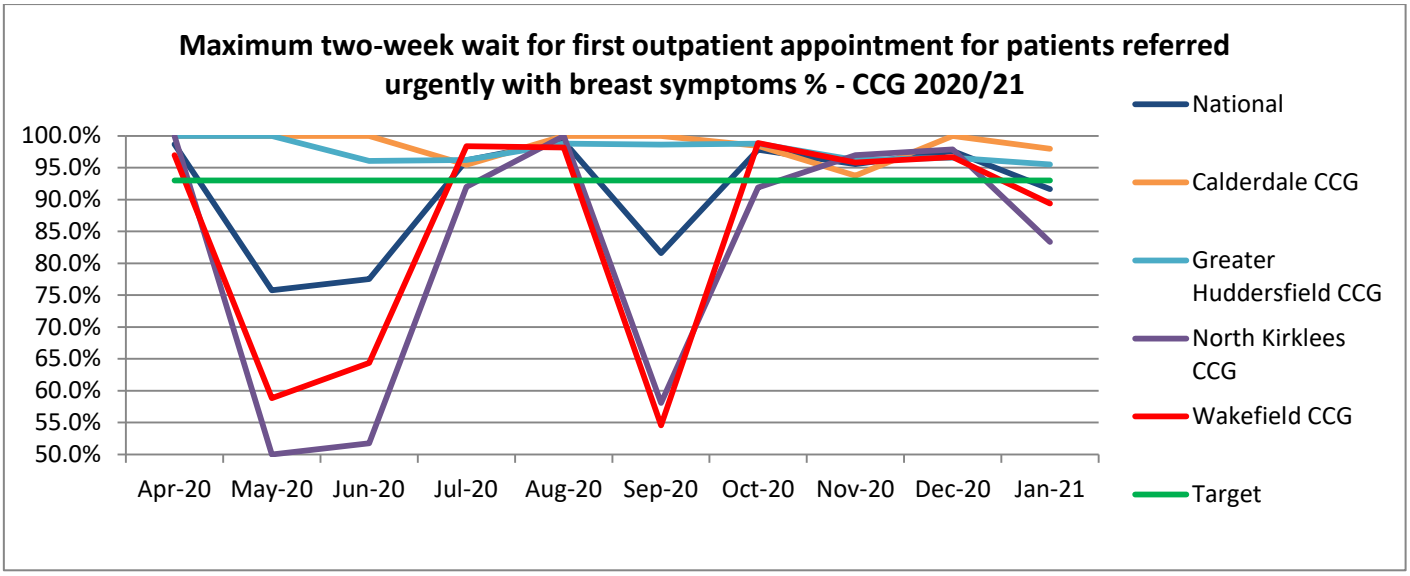


Cancer Benchmarking - Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms

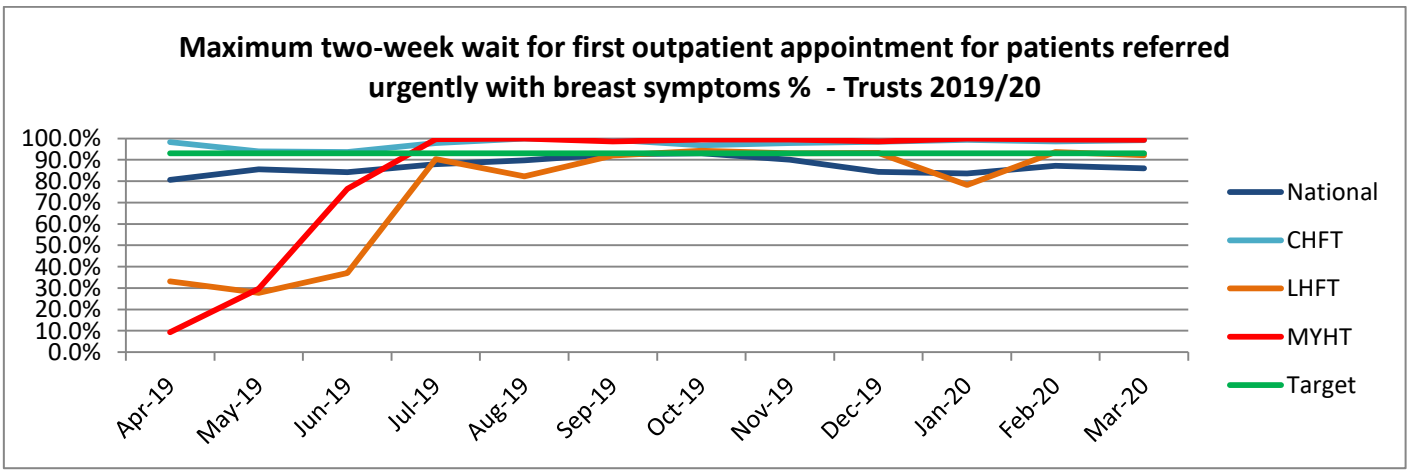
Percentages achieved

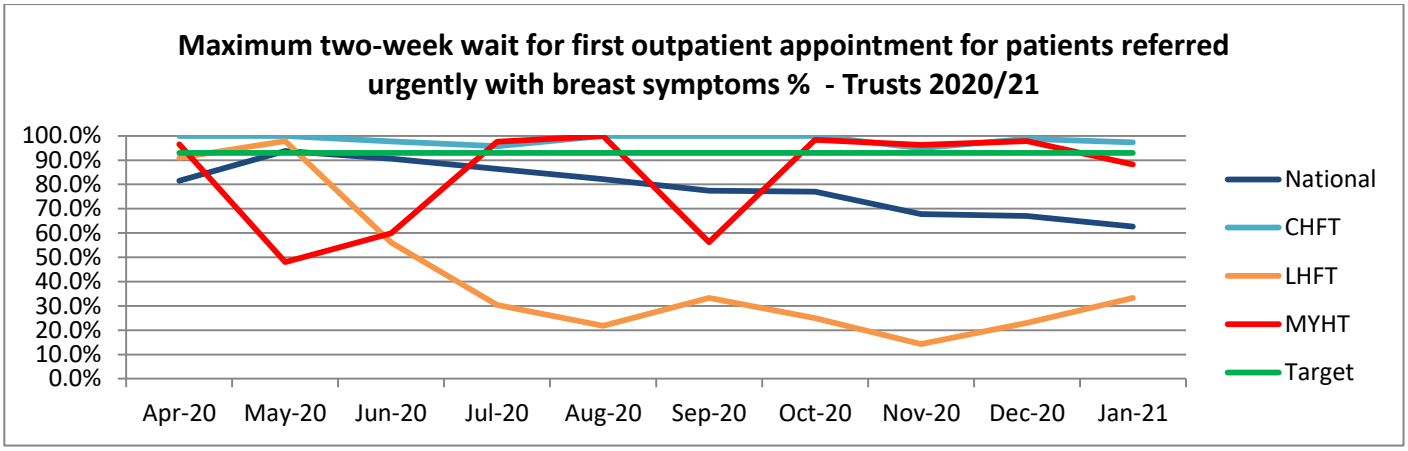
2019 /20	Cal	G H	N K	W'field	Nation	2020 /21	Cal	G H	N K	W'field	Nation
Apr	98.8	95.2	9.7	11.2	75.0	Apr	100	100	100	97.0	98.7
May	96.1	91.8	28.6	31.8	78.9	May	100	100	50.0	58.8	75.8
Jun	94.7	92.4	81.8	75.8	78.0	Jun	100	96.1	51.7	64.4	77.5
Jul	97.6	95.3	100	99.4	82.5	Jul	95.5	96.2	92.0	98.4	96.2
Aug	98.6	98.9	100	100	86.0	Aug	100	98.8	100	98.2	99.1
Sep	98.6	100	100	98.9	88.1	Sep	100	98.6	58.1	54.5	81.6
Oct	96.7	97.0	100	99.3	98.2%	Oct	98.4	98.8	91.9	98.9	97.8
Nov	98.5	96.8	100	99.3	98.4	Nov	93.8	96.2	97.0	95.8	95.6
Dec	98.8	98.1	100	99.3	99.0	Dec	100	96.6	97.9	96.7	97.6
Jan	100	98.8	100	99.3	99.5	Jan	98.0	95.5	83.3	89.4	91.7
Feb	100	98.7	95.7	100	99.1						
Mar	100	98.7	100	97.2	98.6						





2019 /20	CHFT	LHFT	MYHT	All providers	2020 /21	CHFT	LHFT	MYHT	All providers
Apr	98.3	33.2	9.3	80.6	Apr	100	91.0	96.6	81.6
May	94.0	27.7	29.7	85.6	May	100	97.9	48.0	93.8
Jun	93.6	37.1	76.5	84.3	Jun	97.7	56.1	59.8	90.6
Jul	97.9	90.3	99.6	87.9	Jul	95.8	30.3	97.7	86.4
Aug	100	82.3	100	89.8	Aug	100	21.8	100	82.1
Sep	99.3	92.0	98.6	92.6	Sep	100	33.3	56.3%	77.4
Oct	96.8	94.2	99.5	93.1	Oct	100	25.0	98.4	77.0
Nov	97.9	93.1	99.5	90.0	Nov	94.9	14.3	96.2	67.8
Dec	98.4	93.2	98.6	84.3	Dec	98.7	23.0	97.8	67.1
Jan	99.4	78.2	100	83.6	Jan	97.4	33.3	88.3	62.7
Feb	98.7	93.7	99.4	87.3					
Mar	99.3	92.2	99.4	86.0					

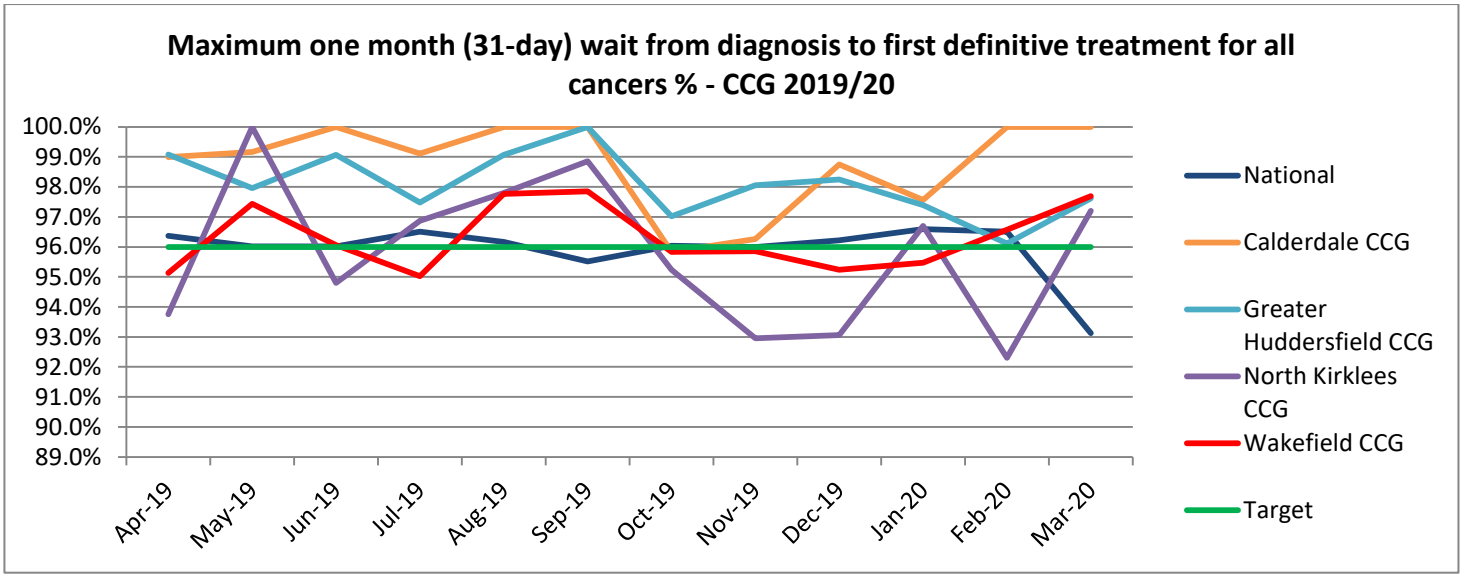


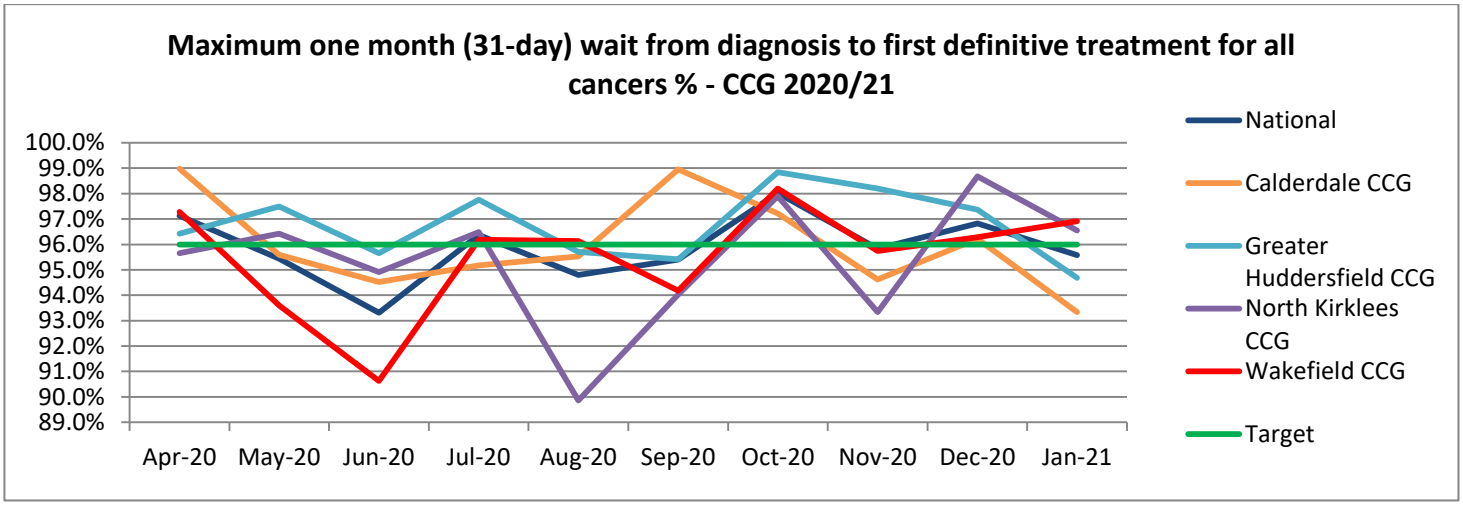


*Please note that due to low numbers, figures for Bradford Teaching Hospital Trust have not been included

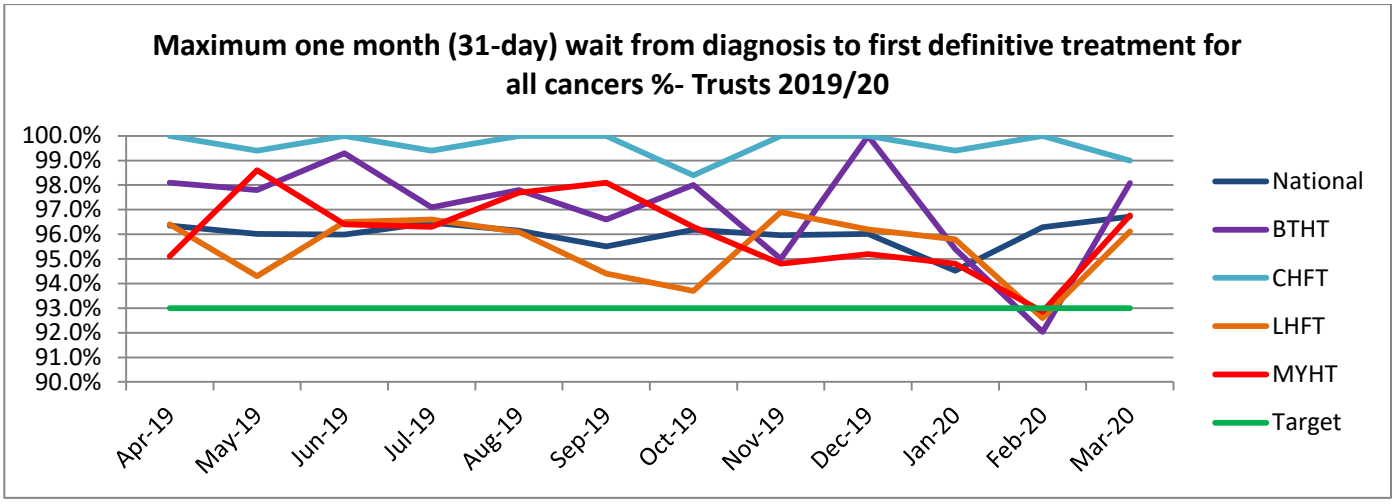
Cancer Benchmarking - Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers

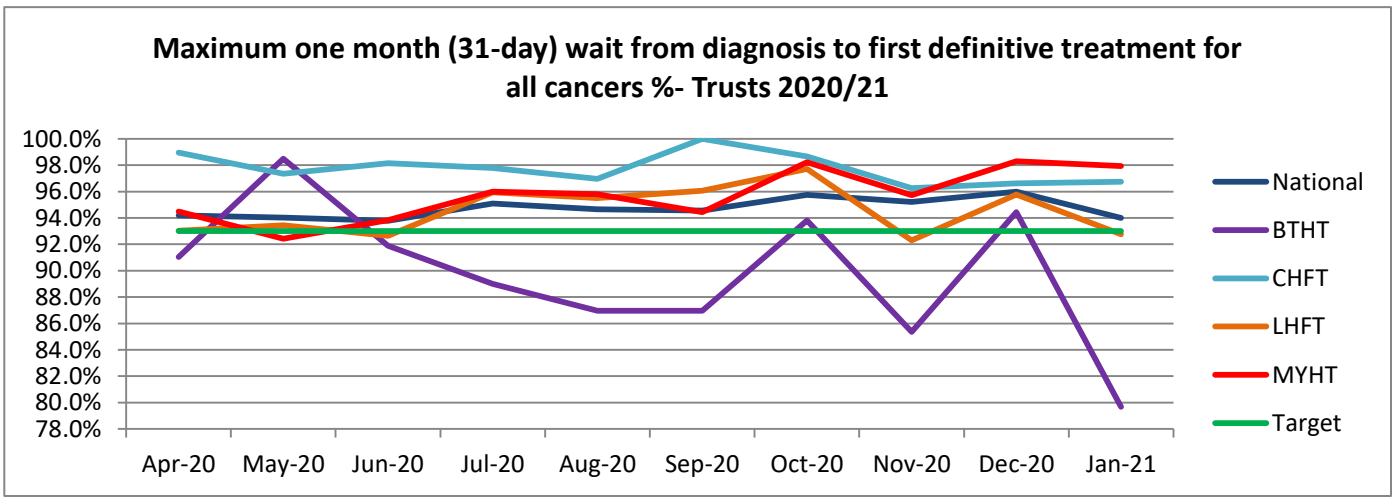
2019 /20	Cal	G H	N K	W'field	Nation	2020 /21	Cal	G H	N K	W'field	Nation
Apr	99.0%	99.1%	93.8%	95.1%	96.4%	Apr	99.0%	96.4%	95.7%	97.3%	97.1%
May	99.2%	98.0%	100%	97.4%	96.0%	May	95.6%	97.5%	96.4%	93.6%	95.4%
Jun	100%	99.1%	94.8%	96.1%	96.0%	Jun	94.5%	95.7%	94.9%	90.6%	93.3%
Jul	99.1%	97.5%	96.9%	95.0%	96.5%	Jul	95.2%	97.8%	96.5%	96.2%	96.4%
Aug	100%	99.1%	97.8%	97.8%	96.2%	Aug	95.5%	95.7%	89.9%	96.1%	94.8%
Sep	100%	100%	98.9%	97.8%	95.5%	Sep	99.0%	95.4%	94.0%	94.2%	95.4%
Oct	95.8%	97.0%	95.2%	95.8%	96.0%	Oct	97.2%	98.8%	97.9%	98.2%	98.0%
Nov	96.3%	98.1%	93.0%	95.9%	96.0%	Nov	94.6%	98.2%	93.3%	95.7%	95.8%
Dec	98.8%	98.2%	93.1%	95.2%	96.2%	Dec	96.2%	97.4%	98.7%	96.3%	96.8%
Jan	97.6%	97.4%	96.7%	95.5%	96.6%	Jan	93.3%	94.7%	96.6%	96.9%	95.6%
Feb	100%	96.1%	92.3%	96.6%	96.5%						
Mar	100%	97.6%	97.2%	97.7%	93.1%						





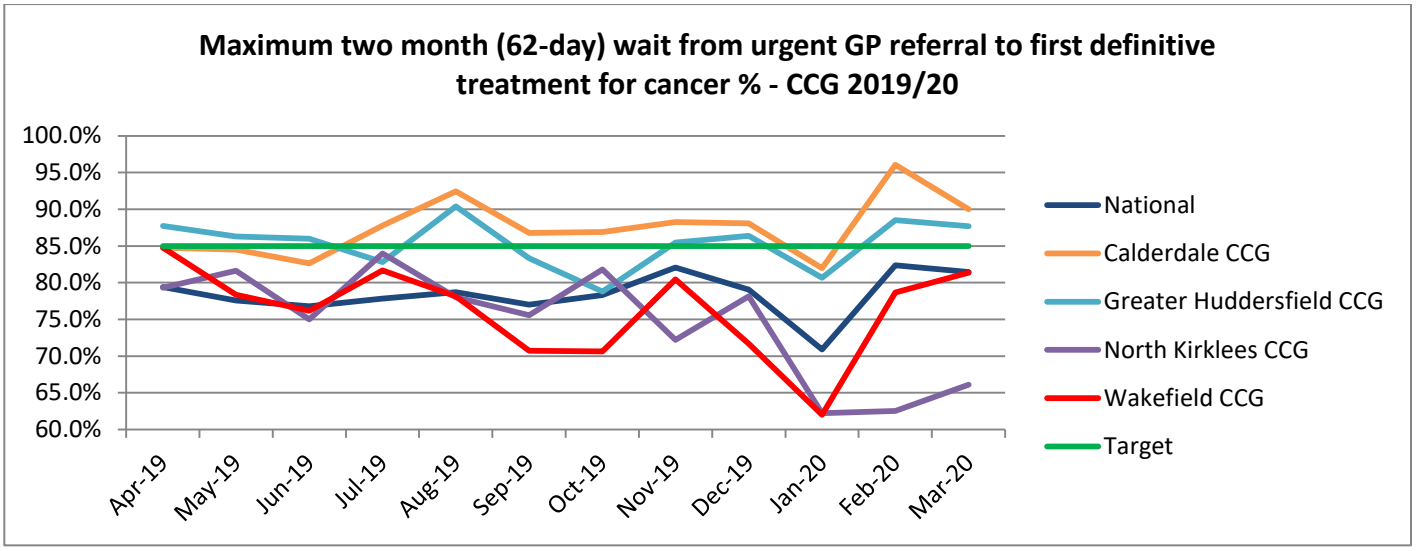
2019 /20	BTHT	CHFT	LHFT	MYHT	All trusts	2020 /21	BTHT	CHFT	LHFT	MYHT	All trusts
Apr	98.1%	100%	96.4%	95.1%	96.4%	Apr	91.0%	98.9%	93.0%	94.5%	94.2%
May	97.8%	99.4%	94.3%	98.6%	96.0%	May	98.5%	97.4%	93.5%	92.4%	94.0%
Jun	99.3%	100%	96.5%	96.4%	96.0%	Jun	91.9%	98.2%	92.6%	93.8%	93.8%
Jul	97.1%	99.4%	96.6%	96.3%	96.5%	Jul	89.0%	97.8%	96.0%	96.0%	95.1%
Aug	97.8%	100%	96.1%	97.7%	96.1%	Aug	87.0%	97.0%	95.5%	95.8%	94.7%
Sep	96.6%	100%	94.4%	98.1%	95.5%	Sep	87.0%	100%	96.1%	94.4%	94.6%
Oct	98.0%	98.4%	93.7%	96.3%	96.2%	Oct	93.8%	98.7%	97.7%	98.2%	95.7%
Nov	95.0%	100%	96.9%	94.8%	96.0%	Nov	85.4%	96.3%	92.3%	95.7%	95.2%
Dec	100%	100%	96.2%	95.2%	96.0%	Dec	94.4%	96.6%	95.8%	98.3%	96.0%
Jan	95.4%	99.4%	95.8%	94.8%	94.5%	Jan	79.7%	96.8%	92.8%	97.9%	94.0%
Feb	92.0%	100%	92.6%	92.9%	96.3%						
Mar	98.1%	99.0%	96.1%	96.8%	96.7%						

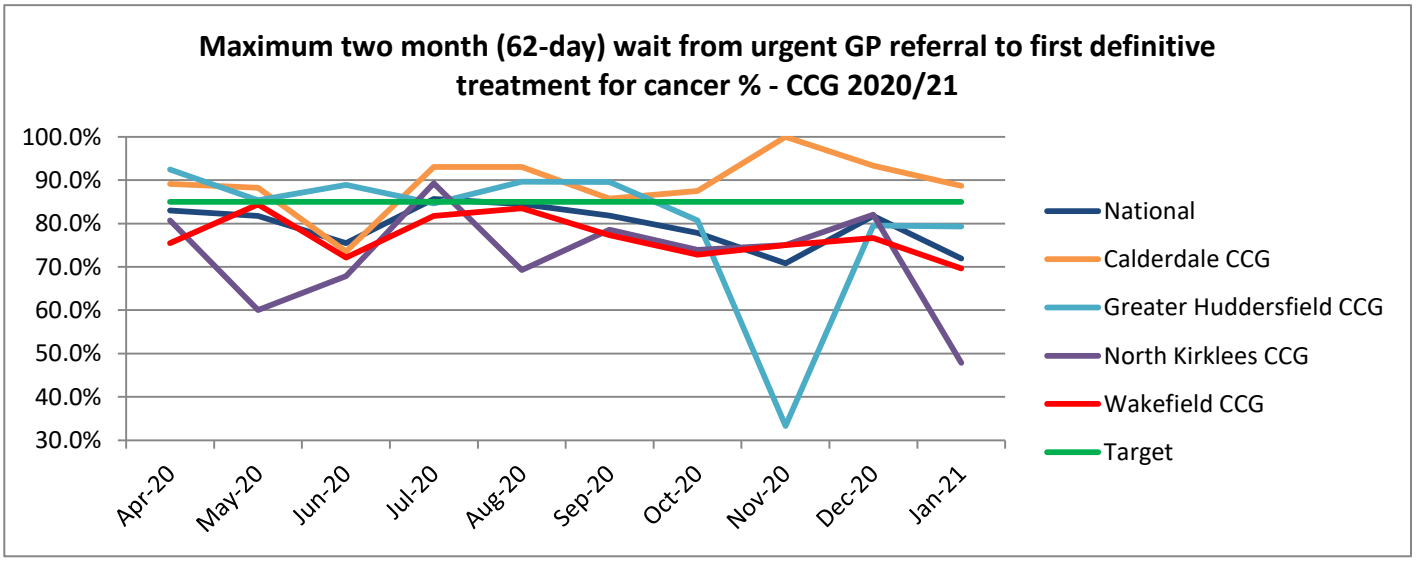




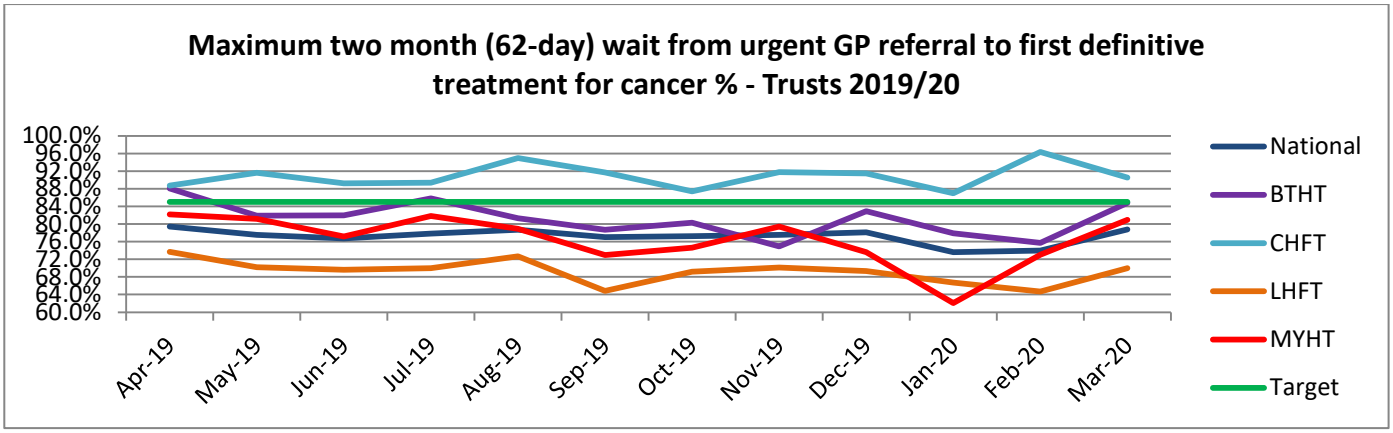
Cancer Benchmarking - Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer

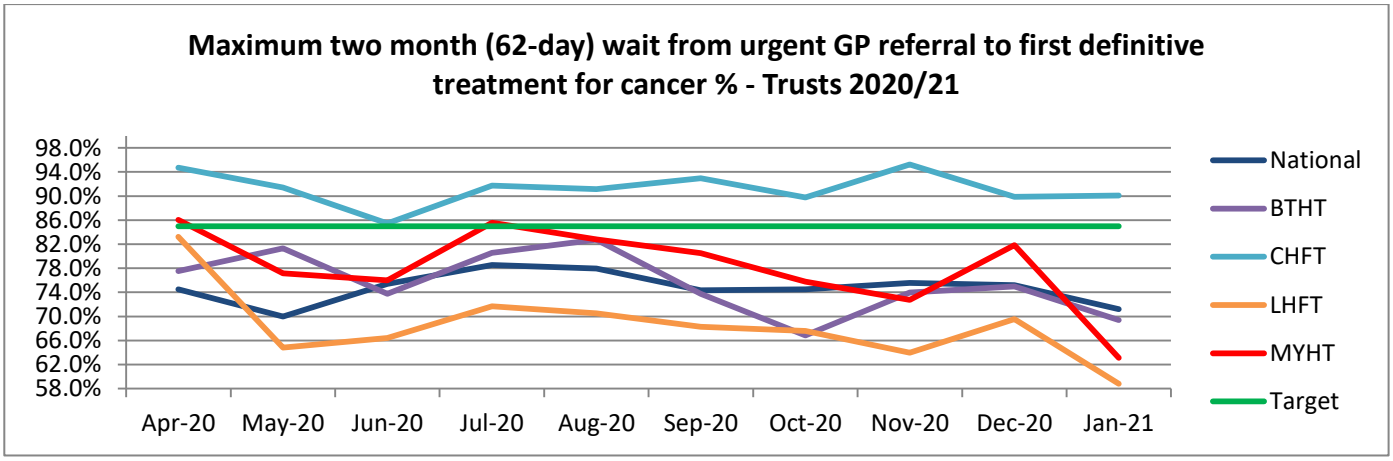
2019 /20	Cal	G H	N K	W'field	Nation	2020 /21	Cae	G H	N K	W'field	Nation
Apr	84.8%	87.7%	79.3%	84.8%	79.4%	Apr	89.1%	92.4%	80.7%	75.5%	83.0%
May	84.5%	86.3%	81.6%	78.4%	77.6%	May	88.2%	85.4%	60.0%	84.4%	81.7%
Jun	82.6%	86.0%	75.0%	76.2%	76.8%	Jun	73.5%	88.9%	67.9%	72.1%	75.5%
Jul	87.8%	82.8%	84.0%	81.7%	77.8%	Jul	93.0%	84.6%	89.3%	81.7%	85.6%
Aug	92.4%	90.4%	78.0%	78.1%	78.7%	Aug	93.0%	89.7%	69.2%	83.5%	84.4%
Sep	86.8%	83.3%	75.6%	70.7%	77.0%	Sep	85.7%	89.6%	78.6%	77.3%	81.8%
Oct	86.9%	78.8%	81.8%	70.7%	78.3%	Oct	87.5%	80.7%	73.9%	72.8%	77.8%
Nov	88.2%	85.5%	72.2%	80.4%	82.1%	Nov	100%	33.3%	75.0%	75.0%	70.8%
Dec	88.1%	86.4%	78.1%	71.7%	79.1%	Dec	93.3%	79.5%	82.1%	76.7%	81.7%
Jan	82.0%	80.6%	62.2%	62.0%	70.9%	Jan	88.7%	79.3%	47.8%	69.7%	72.0%
Feb	96.1%	88.5%	62.5%	78.7%	82.4%						
Mar	90.0%	87.7%	66.1%	81.4%	81.5%						





2019 /20	BTHT	CHFT	LHFT	MYHT	All trusts	2020 /21	BTHT	CHFT	LHFT	MYHT	All trusts
Apr	88.1%	88.7%	73.7%	82.2%	79.4%	Apr	77.5%	94.7%	83.2%	86.1%	74.5%
May-	81.9%	91.6%	70.2%	81.2%	77.6%	May	81.3%	91.4%	64.8%	77.1%	70.0%
Jun	82.0%	89.2%	69.6%	77.2%	76.8%	Jun	73.7%	85.5%	66.4%	76.0%	75.4%
Jul	85.8%	89.4%	70.0%	81.8%	77.8%	Jul	80.6%	91.7%	71.7%	85.6%	78.6%
Aug	81.3%	95.0%	72.7%	78.9%	78.7%	Aug	82.8%	91.2%	70.5%	82.8%	78.0%
Sep	78.7%	91.7%	64.8%	73.0%	77.0%	Sep	73.8%	93.0%	68.3%	80.5%	74.3%
Oct	80.3%	87.4%	69.2%	74.6%	77.2%	Oct	66.8%	89.8%	67.6%	75.8%	74.5%
Nov	74.9%	91.8%	70.1%	79.4%	77.5%	Nov	74.0%	95.3%	64.0%	72.7%	75.6%
Dec-	82.9%	91.5%	69.3%	73.6%	78.1%	Dec	75.0%	89.9%	69.6%	81.8%	75.2%
Jan	77.9%	87.0%	66.7%	62.1%	73.6%	Jan	69.4%	90.1%	58.8%	63.1%	71.2%
Feb	75.8%	96.4%	64.7%	73.1%	74.0%						
Mar-	84.8%	90.5%	70.0%	81.0%	78.8%						





3.6 All handovers between ambulance and A&E must take place within 15 minutes

The table below shows the ambulance handover time for all A&E departments in Kirklees as monitored reported and published by Yorkshire Ambulance Service (YAS) in February 2021.

Handover					
	under	over	total		
CRH	207	131	338		61.2%
HRI	442	192	634		69.7%
Total	649	323	972		66.8%
DDH	198	25	223		88.8%
Pind	1,792	887	2,679		66.9%
Total	1,990	912	2,902		68.6%

CHFT has seen a decline in the number of handovers taking under 15 minutes from 67.7% in January '21 to 66.8% in February '21. The decline is seen within CRH. While MYHT has seen an increase from January '21 to February '21, the number of handovers taking less than 15 minutes at Pinderfields hospital is low.

The below tables shows how CHFT and MYHT have tracked across the year to date. The Target is 95%

CHFT handover	Under 15 mins	Over 15 mins	Total	%
Apr-20	948	322	1,270	74.6%
May-20	1138	304	1,442	78.9%
Jun-20	1394	299	1,693	82.3%
Jul-20	1918	449	2,367	81.0%
Aug-20	1911	509	2,420	79.0%
Sep-20	1523	507	2,030	75.0%
Oct-20	1525	647	2,172	70.2%
Nov-20	1134	614	1,748	64.9%
Dec-20	1117	662	1,779	62.8%
Jan-21	1138	544	1,682	67.7%
Feb-21	649	323	972	66.8%

MYHT handover	Under 15 mins	Over 15 mins	Total	%
Apr-20	1417	315	1,732	81.8%
May-20	2104	412	2,516	83.6%
Jun-20	2375	428	2,803	84.7%
Jul-20	2528	485	3,013	83.9%
Aug-20	2247	795	3,042	73.9%
Sep-20	2049	649	2,698	75.9%
Oct-20	2146	989	3,135	68.5%
Nov-20	1900	1153	3,053	62.2%
Dec-20	2009	1113	3,122	64.3%
Jan-21	1905	1256	3,161	60.3%
Feb-21	1990	912	2,902	68.6%

3.7 All crews should be ready to accept new calls within a further 15 minutes

The table below shows the crew ready time for A&E departments as reported and published by Yorkshire Ambulance service (YAS) in February 2021

Crew clear					
	under	over	total		
CRH	182	156	338		53.8%
HRI	292	342	634		46.1%
Total	**474**	**498**	**972**		**48.8%**
DDH	107	116	223		48.0%
Pind	961	1,718	2,679		35.9%
Total	**1,068**	**1,834**	**2,902**		**36.8%**

Crew Clears under 15 minutes have both declined at CHFT and MYHT from January ’21 to February ‘21

The below tables shows how CHFT and MYHT have tracked across the year to date. The Target is 95%

CHFT Crew Clear	Under 15 mins	Over 15 mins	Total	%
Apr-20	609	661	1,270	48.0%
May-20	584	858	1,442	40.5%
Jun-20	690	1003	1,693	40.8%
Jul-20	998	1369	2,367	42.2%
Aug-20	1052	1368	2,420	43.5%
Sep-20	974	1056	2,030	48.0%
Oct-20	1068	1104	2,172	49.2%
Nov-20	896	852	1,748	51.3%
Dec-20	885	894	1,779	49.7%
Jan-21	850	832	1,682	50.5%
Feb-21	474	498	972	48.8%

MYHT Crew Clear	Under 15 mins	Over 15 mins	Total	%
Apr-20	569	1163	1,732	32.9%
May-20	801	1715	2,516	31.8%
Jun-20	908	1895	2,803	32.4%
Jul-20	1145	1868	3,013	38.0%
Aug-20	1210	1832	3,042	39.8%
Sep-20	995	1703	2,698	36.9%
Oct-20	1189	1946	3,135	37.9%
Nov-20	1435	1851	3,286	43.7%
Dec-20	1222	1900	3,122	39.1%
Jan-21	1215	1946	3,161	38.4%
Feb-21	1068	1834	2,902	36.8%

Ambulance Handover Delays

Oversight for ambulance handover delays is provided by NHS Improvement as this is seen as a provider to provider issue.

However, whilst this remains the case, on a tactical basis the implementation of plans for delivery of improvements to Ambulance Handover is overseen by A and E Delivery Boards.

The local Delivery Boards are supported by NHS England and in particular the North Winter office who has arranged a number of stakeholder teleconferences around system issues including ambulance handover delays.

Some of these discussions focus around particular system issues. Local best practice has been published and the matter remains a key priority for commissioners and providers alike.

3.8 Acute activity

In respect of the standard performance reporting through the Integrated Performance report at CHFT and the Trust Board scorecard at MYHT they have generally reduced reporting to reflect activity rather than including the range of activities undertaken to mitigate any areas of underperformance.

Mid Yorkshire Hospital Trust

There is limited narrative within the trusts integrated performance report so the following extracts have been reproduced to illustrate the activity, issues and year to date performance at Mid Yorkshire Hospital Trust

Responsive domain

Reduction of outpatient and elective surgery capacity to prepare and manage the Trust services during the COVID-19 outbreak has had a knock on effect to some of the measures within the Responsive domain. The Trust Reset programme has resulted in an increase in levels of activity but the legacy impact on performance in the responsive domain remains from earlier in the year.

- Ambulance handovers – performance worsened in November which resulted in 87 patients waiting over 60 minutes (20 of which waited over 120 minutes). The increase occurred due to the pressures of COVID creating extended waits for beds. This in turn resulted in an exceptionally overcrowded department, causing extreme lack of physical space to offload ambulances in a timely manner. Ambulance queues were prioritised in order of clinical acuity, ensuring patient safety was maintained at all times. Further retrospective safety review for all 87 patients waiting over 60 minutes has been completed, and no patients came to harm as a result of the handover delays.
- Referral to Treatment (RTT) – Performance shows a continued improving position from 67.4% in October to 71.8% in November 20. Recovery is affected by reduced levels of theatre capacity and the need to prioritise remaining elective and outpatient capacity for urgent and cancer patients. 959 patients also breached 52 weeks in November (786 in the Division of Surgery, 32 Division of Medicine and 141 Division of Families). Waiting list size decreased slightly from 29,212 to 29,121 in November 20.
- Diagnostics – performance improved for the sixth consecutive month from 87.40% to 90.91% in November 20 but remains red against target.
- Cancer Waiting Times performance – Cancer 31 days subsequent surgery and Cancer 62 days (GP referral) are currently not meeting their targets in November 20. Cancer 31 days subsequent surgery saw a drop in performance from 92.9% to 91.4% in November, while Cancer 62 days saw an improvement from 75.8% to 82.6% (November data is un-validated).

RESPONSIVE

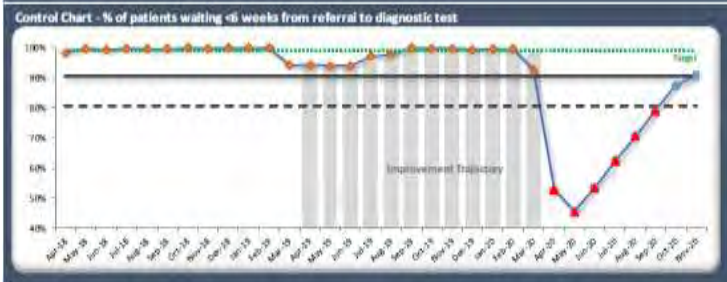
Indicator	Director Lead	Period	Target	Target Type	-5	-4	-3	-2	-1	Latest Actual	FYTD
Referral to Treatment (RTT): incomplete <18 weeks	COO	Nov-20	92%	Nat.	49.0%	39.9%	46.7%	57.4%	67.4%	71.8%	71.8%
Referral to Treatment (RTT): 92% incomplete pathways <18 weeks at specialty level	COO	Nov-20	17	Loc.	1	1	1	1	1	2	2
Referral to Treatment (RTT): incomplete >52 week waits at month end	COO	Nov-20	0	Nat.	159	350	545	742	782	959	3606
Diagnostic waiting times: <6 weeks from referral for test	COO	Nov-20	≥99%	Nat.	53.50%	62.28%	70.57%	79.12%	87.40%	90.91%	69.06%
Cancer: 2 weeks from urgent GP referral to 1st outpatient	COO	Nov-20	≥93%	Nat.	92.8%	98.8%	98.3%	92.4%	97.7%	97.9%	96.1%
Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient	COO	Nov-20	≥93%	Nat.	59.8%	97.6%	100.0%	56.3%	98.4%	96.2%	83.4%
Cancer: 31 days from diagnosis to first definitive treatment	COO	Nov-20	≥96%	Nat.	93.7%	95.9%	95.8%	94.3%	98.2%	96.3%	95.7%
Cancer: 31 days to subsequent treatment - surgery	COO	Nov-20	≥94%	Nat.	98.3%	96.6%	88.6%	100.0%	92.9%	91.4%	94.1%
Cancer: 31 days to subsequent treatment - drug	COO	Nov-20	≥98%	Nat.	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%
Cancer: 62 days from urgent GP referral to first definitive treatment	COO	Nov-20	≥85%	Nat.	76.9%	85.3%	82.6%	80.2%	75.8%	82.6%	80.0%
Cancer: 62 days from referral from NHS screening service to first definitive treatment	COO	Nov-20	≥90%	Nat.	0.0%	0.0%	0.0%	100.0%	100.0%	90.9%	77.4%
Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days	COO	Nov-20	0	Nat.	0	0	0	0	0	2	2
Urgent operations cancelled for a second time	COO	Nov-20	0	Nat.	0	0	0	0	0	0	0

Diagnostic waiting times: <6 weeks from referral to diagnostic test

99% of patients waiting less than 6 weeks for a diagnostic test

Lead Director:	Trudie Davies
Operational Lead:	Alison Grundy
Committee:	Planned Care Improvement Group

Control Chart - % of patients waiting <6 weeks from referral to diagnostic test



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?
- *6 extreme value(s)*

Shift: 7 points in a row, above or below the Mean?
- *4 found*

Trend: A trend of 7 points in a row, either ascending or descending?
- *1 found*

Key: Mean; Control Limit; Performance

Rules: Single point outside of Control Limits (above or below); 7 points in a row, above or below the Mean; Trend of 7 points in a row, either ascending or descending

BENCHMARKING - <6 Week Waits (England Healthcare Providers)

MYHT — National Av — Target

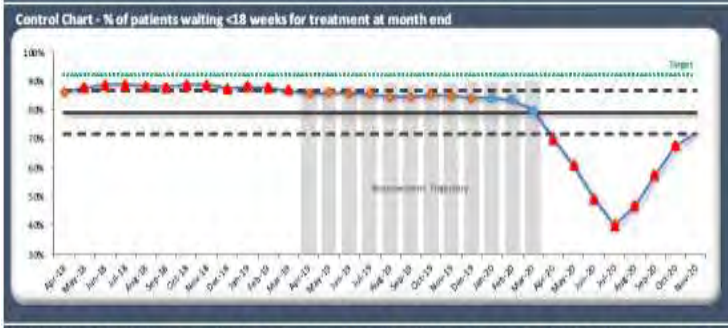
Indicator	Target		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Monthly Trend (rolling 13 month)
Diagnostics Waits - Patients waiting less than 6 weeks for a diagnostic test	≥99%	England %	97.1%	95.8%	95.6%	97.2%	89.8%	44.3%	41.5%	52.2%	60.4%	62.0%	67.0%	70.8%		
		MYHT %	99.7%	99.4%	99.5%	99.5%	92.5%	52.7%	45.5%	53.5%	62.3%	70.6%	79.1%	87.4%	90.9%	
		MYHT Rank	196	197	190	206	225	126	133	177	198	183	160	149		
		No. of reporting organisations	383	381	382	384	339	304	313	328	335	338	335	338		
		No. achieved ≥99%	250	224	227	242	152	48	48	70	89	85	83	88		

18 Week Referral to Treatment (RTT) - Incomplete Pathways

92% of patients treated within 18 weeks of referral (Incomplete Pathway)

Lead Director:	Trudie Davies
Operational Lead:	Keely Robson
Committee:	Planned Care Improvement Group

Control Chart - % of patients waiting <18 weeks for treatment at month end



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?
- *18 extreme value(s)*

Shift: 7 points in a row, above or below the Mean?
- *4 found*

Trend: A trend of 7 points in a row, either ascending or descending?
- *1 found*

Key: Mean; Control Limit; Performance

Rules: Single point outside of Control Limits (above or below); 7 points in a row, above or below the Mean; Trend of 7 points in a row, either ascending or descending

BENCHMARKING - 18wk RTT (Incomplete Pathways) England Healthcare Providers

MYHT — National Av — Target

Indicator	Target		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Monthly Trend (rolling 13 month)
18 weeks RTT (Incomplete) - Referral to Treatment waiting times for Incomplete pathways	≥92%	England %	83.9%	83.2%	83.0%	82.7%	79.3%	71.0%	62.0%	52.0%	47.1%	53.7%	60.6%	65.5%		
		MYHT %	85.0%	84.0%	84.1%	83.4%	79.8%	69.7%	60.6%	49.0%	39.9%	46.7%	57.4%	67.4%	71.8%	
		MYHT Rank	95	100	100	101	103	111	104	112	140	141	116	84		
		No. of reporting organisations	167	168	168	168	168	162	161	162	162	163	163	162		
		No. achieved ≥92%	57	55	55	54	34	19	13	10	12	16	19	22		

Top 5 Specialties (Division of Surgery) - based on number of patients waiting >18wk

Indicator	Target		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	>18 wk	Total WL	Monthly Trend
18 weeks RTT (Incomplete) - Referral to Treatment waiting times for Incomplete pathways	≥92%	PAIN MANAGEMENT	90.3%	89.0%	88.5%	88.9%	82.5%	68.8%	57.9%	42.7%	32.5%	33.3%	31.7%	34.8%	39.2%	1,098	1,807	
		ENT	64.1%	62.8%	62.2%	62.1%	60.0%	49.4%	44.5%	37.8%	20.2%	24.0%	29.4%	39.8%	47.6%	987	1,883	
		TRAUMA AND ORTHOPAEDICS	80.2%	79.2%	76.6%	75.2%	70.1%	55.4%	42.1%	28.9%	16.0%	24.1%	42.6%	53.8%	60.1%	944	2,367	
		ORAL SURGERY	83.2%	83.7%	82.5%	79.1%	75.2%	61.1%	48.8%	36.0%	32.8%	40.1%	48.6%	56.5%	58.2%	772	1,848	
		PLASTIC SURGERY	84.3%	82.5%	82.6%	80.7%	76.0%	61.8%	50.0%	38.4%	29.5%	36.1%	53.1%	62.9%	64.5%	417	1,173	

Top 5 Specialties (Division of Family Services) - based on number of patients waiting >18wk

Indicator	Target		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	>18 wk	Total WL	Monthly Trend
18 weeks RTT (Incomplete) - Referral to Treatment waiting times for Incomplete pathways	≥92%	GYNAECOLOGY	81.3%	80.4%	80.6%	80.0%	74.7%	66.7%	56.6%	44.2%	39.4%	44.4%	51.5%	68.6%	74.3%	877	2,634	
		GYNAECOLOGICAL ONCOLOGY	94.4%	100.0%	100.0%	95.2%	88.9%	92.3%	88.9%	76.5%	57.1%	76.5%	82.1%	76.6%	77.6%	13	58	
		PAED BURNS CARE	100.0%	100.0%	83.3%	90.9%	90.9%	85.7%	100.0%	83.3%	75.0%	75.0%	50.0%	62.5%	50.0%	3	6	
		PAED ENDOCRINOLOGY	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	80.0%	61.5%	66.7%	88.9%	95.5%	85.7%	3	21	
		PAEDIATRICS	99.0%	97.5%	98.8%	99.2%	98.5%	95.4%	92.9%	93.5%	91.8%	92.1%	96.4%	97.6%	98.5%	3	196	

Calderdale & Huddersfield Foundation Trust

Responsive - Key measures

	19/20	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	YTD
Accident & Emergency															
Emergency Care Standard 4 hours														87.82%	89.15%
Emergency Care Standard 4 hours inc Type 2 & Type 3														88.68%	89.88%
A&E Ambulance Handovers 15-30 mins (Validated)														444	3,887
A&E Ambulance Handovers 30-60 mins (Validated)														12	155
A&E Ambulance 60+ mins														3	55
A&E Trolley Waits (From decision to admission)														0	36
Patient Flow															
Delayed Transfers of Care														0.02%	0.20%
Coronary Care Delayed Discharges	981		51	33	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID
Green Cross Patients (Snapshot at month end)	25			25										59	59
Advice & Guidance responded within 48 hours														not available	79.60%
Stroke															
% Stroke patients spending 90% of their stay on a stroke unit														85.33%	83.96%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival														56.06%	59.61%
% Stroke patients Thrombolysed within 1 hour														78.57%	73.81%
% Stroke patients scanned within 1 hour of hospital arrival														53.73%	48.78%
Cancellations															
% Last Minute Cancellations to Elective Surgery														0.16%	0.22%
Breach of Patient Charter (Strep booked within 28 days of cancellation)														0	20
No of Urgent Operations cancelled for a second time														0	0
18 week Pathways (RTT)															
18 weeks Pathways >=26 weeks open														7,425	7,425
RTT Waits over 52 weeks Threshold > zero														2,683	2,683
% Diagnostic Waiting List Within 6 Weeks														57.45%	57.45%
Cancer															
Two Week Wait From Referral to Date First Seen														98.56%	98.73%
Two Week Wait From Referral to Date First Seen: Breast Symptoms														97.32%	98.14%
31 Days From Diagnosis to First Treatment														95.77%	97.84%
31 Day Subsequent Surgery Treatment														71.43%	89.67%
31 day wait for second or subsequent treatment drug treatments														98.15%	99.36%
38 Day Referral to Tertiary														55.56%	52.44%
62 Day GP Referral to Treatment														88.76%	91.24%
62 Day Referral From Screening to Treatment														81.82%	57.85%
104 Referral to Treatment - Number of breaches - Patients Treated														1.5	13.5
104 Referral to Treatment - Number of breaches - Patients Still waiting														12	12
Faster Diagnosis Standard: Maximum 28-day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening														71.43%	79.59%

Narrative extracted from the integrated Performance report

Emergency Care Standard 4 hours

Performance for January was 87.82%, further improvement on last month. CHFT continued with a number of actions which look to be driving some improvements in performance in month.

Initiatives at CHFT to seek to improve performance

- The cross-divisional weekly breach investigation meetings during February following review of the process with the Associate Director of Patient Safety is ongoing with the main purpose to ensure the true root cause of the breach is reached and that learning is maximised.

- The ED helpdesk function in now live for an initial trial period of 6 weeks. This will take some of the administrative burden away from band 7 clinical colleagues.

- The national 111 appointments programme continues after going live during December with 2 slots bookable per site per day between 09.00-10.00 Mon-Fri. This is still in trial phase but is working well so far.

- Work has continued on the virtual consultant service with KPIs now defined. CHFT have commenced work with Tytocare for a 12-month trial of equipment to aid virtual consultation with more complex patients.

- Work continues on developing a directory of services at CHFT and they are currently looking at how these attendances can be coded, in conjunction with colleagues in the appointments centre.
- Additional GP streaming continues on both sites 12-6pm and will continue until the end of March 2021.

- Regular calls between ED GM and head of YAS are continuing to ensure any issues are addressed quickly and to ensure patients are in the right place.

- The ED matron at HRI continues to work a number of twilight shifts to reduce the number of breaches, and to ensure band 7 nursing colleagues are trained in the same approach making any improvement sustainable.

- CHFT have continued with the ward buddy system with a focus on reason to reside and ensuring there are clear medical plans in place on the wards and therefore shortening delays for scanning/therapy etc.

Cancer

62 Day Referral From Screening to Treatment, 31 Day Subsequent Surgery Treatment, 38 day referral to tertiary and 28 day faster diagnosis have missed target this month. There have been capacity issues in theatre. Tertiary referrals capacity has reduced in other organisations which is also causing delayed pathways for patients.

Initiatives at CHFT to seek to improve performance

- One stop Dermatology & plastics clinics commenced w/c 14th December to help to support 2ww breaches, which are now improving.

- Additional capacity implemented with Breast services for Radiology.

- Deep dive into breast capacity for long term trajectories and capacity management.

- Appointed operational support manager to improve link with other organisations.

- Head and neck – working to increase theatre / diagnostic capacity. Recruiting for locum head and neck cancer services. Improved 7 day for first – improved to 65%.

- Scope Surgical SDEC to obtain diagnostic capacity to improve Urology cancer breaches.

- Organisation of Meetings with Urology Consultants to improve Pathway.

- Meeting arranged to improve Urology diagnostic pathways.

- Skins biopsy pathway to be developed.

- Recovery plan for theatres.

- 38 day breaches are being reviewed to understand if this could have been improved. Dermatology achieved 100% compliance.

<u>Other initiatives to help reduce impact of Covid</u>

- Referrals remain open
- Clinical Assessment Services set up to support triage and diagnostics prior to booking
- Regular communications with patients on their referral status
- Utilisation of digital capability - conversion of face to face appointments to phone/ video
- Joint clinical interface sessions (GPs and Consultants) to review pathways and quality of referrals
- Increased use of Advice and Guidance as pre-cursor to referral
- All patients on a waiting list will have priority status confirmed using the categories developed by the Royal College of Surgeons
- Recovery group reviewing the potential impact of inequalities on waiting times with a particular focus on BAME and learning disabilities in the first instance
- Maximise the utilisation of the theatre capacity available at CHFT and with independent sector

	19/20	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	YTD
Infection Control															
Number of MRSA Bacteraemias – Trust assigned	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	26	2	0	2	3	5	1	2	4	7	4	2	4	2	26
Preventable number of Clostridium Difficile Cases	5	0	0	1	0	0	1	1	1	0	0	0	0	0	3
Number of MSSA Bacteraemias - Post 48 Hours	19	2	2	4	1	0	0	2	3	2	1	2	2	0	12
Number of E.coli - Post 48 Hours	29	0	1	3	1	5	2	5	4	2	1	2	3	0	19
MRSA Elective Screening – Percentage of Inpatients Matched	96.22%	96.70%	94.20%	95.20%	94.90%	95.80%	77.00%	69.00%	73.00%	69.40%	61.40%	73.00%	96.40%	49.70%	68.50%

4.0 Recommendations

The Kirklees Clinical Commissioning Group Governing Body is asked to:-

- **NOTE** the performance against the key outcomes and measures for each CCG;
- **APPROVE** the action(s) being taken to address areas of under/over performance.

5.0 Appendices: Please find attached:

Appendix Ai (Greater Huddersfield CCG)
Appendix Aii (North Kirklees CCG)

Both contain performance against **all** NHS Constitutional measures.

NHS Constitution Rights and Pledges 2020/21 - CCG Level

Reporting Period: Jan-21

NHS GREATER HUDDERSFIELD CCG

	Measure	Target / Baseline	Period Actual	Period RAG	YTD	YTD RAG
Referral To Treatment waiting times for non-urgent consultant-led treatment	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral (EXCL - CHFT)	92%	74.3%	🔴	67.9%	🔴
	Patients on incomplete pathways waiting more than 52 weeks	0	1432	🔴	4746	🔴
Diagnostic Test Waiting Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	58.1%	🔴	52.5%	🔴
A&E Waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	86.4%	🔴	88.9%	🔴
	No waits from decision to admit to admission (trolley waits) of more than 12 hours	0	0	🟢	36	🔴
Cancer Waits - 2 week wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	98.7%	🟢	98.8%	🟢
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)	93%	95.5%	🟢	97.4%	🟢
Cancer Waits - 31 days	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	94.7%	🟡	96.7%	🟢
	Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	94.7%	🟢	85.9%	🔴
	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	97.1%	🟡	99.2%	🟢
	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	96.3%	🟢	97.9%	🟢
Cancer Waits - 62 days	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	79.3%	🔴	86.3%	🟢
	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.0%	🟢	61.0%	🔴
	Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	tba	50.0%	tba	70.0%	tba
Ambulance Calls	All handovers between ambulance and A&E must take place within 15 minutes * CHFT	95%	66.8%	🔴	73.5%	🔴
	All crews should be ready to accept new calls within a further 15 minutes * CHFT	95%	48.8%	🔴	37.4%	🔴
Mixed Sex Accomodation	Minimise breaches - **reporting suspended COVID 19**	0	0	🟢	0	🟢
MRSA	Number of MRSA reported infections	0	2	🔴	3	🔴
C_Diff	Number of C_Diff reported infections	39	4	🟢	56	🔴
Cancelled Operations	All patients who have operations cancelled, on or after the day of admission , for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice **reporting suspended COVID 19**	0	Q1 tbc	🟢	#REF!	🟢
Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period **reporting suspended COVID 19**	95%	Q1 tbc	🟢	#REF!	🟢

NHS Constitution Rights and Pledges 2020/21- CCG Level

Reporting Period: Jan-21

NHS NORTH KIRKLEES CCG

	Measure	Target / Baseline	Period Actual	Period RAG	YTD	YTD RAG
Referral To Treatment waiting times for non-urgent consultant-led treatment	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral	92%	72.0%	🔴	62.0%	🔴
	Patients on incomplete pathways waiting more than 52 weeks	0	648	🔴	2681	🔴
Diagnostic Test Waiting Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	87.2%	🔴	72.0%	🔴
A&E Waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	N/A	N/A	N/A	N/A	N/A
	No waits from decision to admit to admission (trolley waits) of more than 12 hours	0	0	🟢	8	🔴
Cancer Waits - 2 week wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	95.3%	🟢	96.2%	🟢
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)	93%	83.3%	🔴	86.3%	🔴
Cancer Waits - 31 days	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	96.6%	🟢	94.8%	🟡
	Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	92.3%	🟡	91.7%	🟡
	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100.0%	🟢	100.0%	🟢
	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	100.0%	🟢	100.0%	🟢
Cancer Waits - 62 days	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	47.8%	🔴	74.2%	🔴
	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	No data	No data	36.0%	🔴
	Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	tba	33.3%	tba	72.9%	tba
Ambulance Calls	All handovers between ambulance and A&E must take place within 15 minutes *MYHT	95%	68.1%	🔴	72.7%	🔴
	All crews should be ready to accept new calls within a further 15 minutes * MYHT	95%	36.8%	🔴	37.4%	🔴
Mixed Sex Accomodation	Minimise breaches - **reporting suspended COVID 19**	0	0	🟢	0	🟢
MRSA	Number of MRSA reported infections	0	0	🟢	6	🔴
C_Diff	Number of C_Diff reported infections	37	4	🟢	37	🟢
Cancelled Operations	All patients who have operations cancelled, on or after the day of admission , for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice **reporting suspended COVID 19**	0	Q4 #REF!	🟢	#REF!	🟢
Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period **reporting suspended COVID 19**	95%	Q4 #REF!	🟢	#REF!	🟢

NHS KIRKLEES CCG GOVERNING BODY WORK PLAN – APRIL 2021 TO MARCH 2022

No.	Agenda Item	Apr 21	Jun 21	Aug 21	Oct 21	Dec 21	Feb 22	Comments
Quality and Safety								
1	Quality and Safety Report	x	x	x	x	x	x	-
2	Equality and Diversity/Public Sector Equality Duty Report	-	-	-	-	-	x	-
3	Patient Story	x	x	x	x	x	x	-
4	Statement of Involvement	-	-	-	-	-	-	At AGM.
5	Safeguarding (Adults and Children) Annual Report	-	-	-	x	-	-	-
Finance, Performance and Contracting								
6	Finance and Contracting Report	x	x	x	x	x	x	-
7	Performance Report	x	x	x	x	x	x	-
8	QIPP Report	-	-	x	x	x	x	-
9	Financial Plans/Budgets	-	-	x	-	-	-	-
Commissioning/Transformation/Strategic Plans								
10	Right Care, Right Time, Right Place	-	-	-	-	-	-	As required.
11	Kirklees Joint Strategic Assessment Update	-	-	-	-	-	-	TBD
12	Better Care Fund Update	-	-	-	-	-	-	TBD
13	Health and Well-Being Plan Update	-	-	-	-	-	-	TBD
14	Operational Plan	-	-	x	-	-	x	-
15	Place-based Working Update	-	-	x	-	-	x	-
16	Service Redesign/Review	-	-	-	-	-	-	As required.

No.	Agenda Item	Apr 21	Jun 21	Aug 21	Oct 21	Dec 21	Feb 22	Comments
Primary Care								
17	Primary Care/Localities Update	-	-	x	-	-	x	-
Audit, Corporate and Governance								
18	Chief Officer and Chair's Report	x	x	x	x	x	x	-
19	Risk Register	-	x	x	x	x	x	-
20	Governing Body Assurance Framework	-	-	-	-	-	-	TBD
21	Workforce Report (including summary of staff surveys)	-	-	x	-	-	x	-
22	Green Plan	-	-	x	-	-	x	-
23	Annual Reports and Accounts	-	-	-	-	-	-	At AGM.
24	Committees – Work Plans	-	x	-	-	-	-	-
25	Communications (and Engagement) Strategy Updates	-	x	-	-	-	-	TBD.
26	Annual Complaints Report	-	x	-	-	-	-	-
27	Annual SIRO Report	-	x	-	-	-	-	-
28	Minutes of Committees	-	x	x	x	x	x	-
29	Policies (reserved for GB approval)	-	-	-	-	-	-	As required.
30	Constitution/SFIs/Scheme of Reservation and Delegation (amendments)	x	x	-	-	-	-	And as required.
31	Governing Body Recruitment/Appointments	x	-	-	-	-	-	And as required.